

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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28 October 2015

Your contact is: **Richard Woodford - Committee Services**

NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE - 5 NOVEMBER 2015

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Thursday 5 November 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 29 JUNE 2015		A1
3. MINUTES OF OTHER BODIES - Children's Trust Partnership Board - 8 July 2015 and 14 October 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.		-

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| 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. | | |
| 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. | SAFEGUARDING ACTIVITY REPORT - APRIL- AUGUST 2015 | BOROUGHWIDE | C1 |
| | A report providing the Committee with an update of the key activity areas from April 2015 to August 2015. | | |
| 8. | CHILDREN'S SOCIAL CARE RECRUITMENT AND RETENTION - PROGRESS REPORT | BOROUGHWIDE | D1 |
| | A report providing the Committee with an outline of the actions already taken and plans to improve recruitment and retention of Children's Social Care staff. | | |
| 9. | READING BOROUGH COUNCIL PREVENTION OF NEGLECT ACTION PLAN | BOROUGHWIDE | E1 |
| | A report detailing the manner in which Reading Borough Council will address the harm experienced by children and young people as the result of neglect. | | |
| 10. | FIRST QUARTER REPORT - CHILDREN'S SERVICES IMPROVEMENT BOARD | BOROUGHWIDE | F1 |
| | A report providing the Committee with a view of the progress made by the Children's Services Improvement Board since July 2015. | | |
| 11. | ANNUAL COMPLAINTS REPORT 2014 - 2015 FOR CHILDREN'S SOCIAL CARE | BOROUGHWIDE | G1 |
| | A report providing the Committee with an overview of complaints activity and performance for Children's Social Care for the period from 1 April 2014 to 31 March 2015. | | |

12.	READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT	BOROUGHWIDE	H1
	A report presenting the Committee with the Reading Local Safeguarding Children Board Annual Report.		
13.	SCRUTINY REVIEW INTO THE INCREASE IN MENTALLY ILL ABSCONDERS FROM PSYCHIATRIC HOSPITALS	BOROUGHWIDE	J1
	A report presenting the findings of scrutiny work carried out by a task-and-finish group set up by the Committee at its meeting on 29 June 2015, to look at the increase in mentally ill absconders from psychiatric hospitals and in particular from Prospect Park Psychiatric Hospital in Reading.		
14.	LEARNING DISABILITY TRANSFORMATION PROGRAMME - UPDATE	BOROUGHWIDE	K1
	A report providing the Committee with an update on the progress of the Learning Disability Transformation work, and to explain the key elements of the project.		
15.	IMPROVING DAY OPPORTUNITIES IN READING	BOROUGHWIDE	L1
	A report providing the Committee with an update on the day services improvement programme in Reading and seeking the Committee's approval to proceed to the next phase.		
16.	CARE ACT IMPLEMENTATION UPDATE - NOVEMBER 2015	BOROUGHWIDE	M1
	A report providing the Committee with a reminder summary of the 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 and an update on the timings of the Funding Reform changes (Phase 2 of the Act).		
17.	READING INTEGRATION UPDATE/BETTER CARE FUND IMPLEMENTATION	BOROUGHWIDE	N1
	A report providing the Committee with a half year progress report and the opportunity to plan for the Better Care Fund 2016/17		

18.	DELAYED TRANSFERS OF CARE UPDATE	BOROUGHWIDE	O1
	A report aimed at ensuring the Committee are fully aware of the local performance relating to Delayed Transfers of care and describing the challenges to both Health and Social Care from the anticipated impact of winter pressures to ensure a shared understanding of the anticipated pressures.		
19.	CHARLES CLORE COURT SAVINGS PROPOSAL	SOUTHCOTE	P1
	A report outlining the proposal for savings available from Charles Clore Court from restructuring and outsourcing.		
20.	AUDIT OF ADULT SAFEGUARDING PRACTICE AND PERFORMANCE	BOROUGHWIDE	Q1
	A report providing the Committee with a summary of the findings of an audit of the Adult Safeguarding function commissioned in order to measure compliance with both Safeguarding Adults policies and procedures as defined in the Care Act 2014, and with local policies and procedures of the West of Berkshire Safeguarding Adults Board.		
21.	ADULT SOCIAL CARE TRANSFORMATION PROGRAMME - POLICY IMPLICATIONS	BOROUGHWIDE	R1
	A report highlighting those areas where implementation of the Adult Social Care Transformation Programme currently underway requires Officers to implement a change of current practice in relation to existing policies, and to give early indication of instances where policy change may be required.		
22.	READING'S AUTISM STRATEGY AND ACTION PLAN	BOROUGHWIDE	S1
	A report presenting Reading's Autism Strategy, a document developed by a range of local partners that sets out the plans to improve support for children, young people and adults with autism in the Borough.		
23.	RAISING EDUCATIONAL ACHIEVEMENT IN READING - STRATEGY UPDATE	BOROUGHWIDE	T1
	A report providing the Committee with an update on the feedback from the Boroughwide consultation process on		

Raising Educational Achievement in Reading, highlighting the changes suggested and setting out the steps required to begin to implement the three year strategy and asking the Committee to approve the strategy and implementation plan.

24. SCHOOL PLACES

BOROUGHWIDE

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A short presentation to update the Committee on the progress of school construction across the Borough.

25. SCHOOL PERFORMANCE 2014/15

BOROUGHWIDE

Report to
Follow

A report looking at the provisional performance of schools in the Borough for the academic year 2014-15 at the five Key Stages.

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ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
29 JUNE 2015

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

1. MINUTES

The Minutes of the meeting held on 4 March 2015 were confirmed as a correct record and signed by the Chair.

2. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board, 1 April 2015.

Resolved - That the Minutes be noted.

3. RAISING EDUCATIONAL ACHIEVEMENT IN READING - CONSULTATION UPDATE

Further to Minute 40 of the last meeting, Kevin McDaniel, Head of Education, submitted a report providing the Committee with details of a consultation about a vision for education in Reading, the proposed establishment of The Reading First Education Partnership to oversee school to school support and a set of actions and commitments for the local authority and schools to achieve the vision in three years. A copy of the Educational Ambition and Achievement Strategy 2015-18 was attached to the report at Appendix 1, a copy of the Implementation Plan for Raising Standards was attached to the report at Appendix 2 and a consultation draft of the School Effectiveness Guide for the Academic Year 2015/16 was attached to the report at Appendix 3.

The report explained that since the last meeting the local authority had developed a proposed vision and approach to education in the Borough which would involve all schools. The proposals were based on international research of some of the best education systems, research from the Department for Education and national research on the role of the middle tier in government. This had suggested that strong collaboration among education leaders and practitioners that focused on teaching improvement for every child and organised school to school challenge and support was the most significant and common feature in the leading education systems for sustained improvement. There was a key role for the local authority as the middle tier to provide vision, drive, coordination of school improvement work and a range of services that supported education.

The following three draft documents appended to the report set out the vision:

Reading First - Raising Attainment Strategy 2015-2018 - This paper set out the vision for education in the Borough, the ambition being that achievements by summer 2018 would place Reading within the top 25% of local authority areas for

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educational achievement of children and young people and for every school and early years setting to be good or outstanding.

Reading First - Improvement Plan - This paper described the activities and behaviours required to deliver the outcomes and underlined the principle that the most effective school improvement was through joint partnership with open relationships among schools, and with the Council, in which schools lead improvement of others. The Plan proposed the establishment of the Reading First Education Partnership which would include the local authority, schools and other key partners such as the university.

Reading School Effectiveness Guide - This document took the role of the Council's School Improvement Strategy and set out how individual schools would work with the school improvement service. The guide proposed an assessment of the position and trajectory for each school and setting to enable resources to be targeted early to ensure continual school improvement.

The report stated that the role of the Reading First Education Partnership would be crucial in assessing the needs and commissioning support in line with a defined categorisation.

The consultation process with schools had begun on 5 June 2015, closing on 17 July 2015, with a half day conference which had been attended by representatives of 93% of schools. The event had used voting pads to take a straw poll of schools at key points in the discussion and the following general observations were made:

- 95% were in favour of the collaborative process;
- 82% believed the aspiration was realistic to hold;
- 60% had felt it was achievable by summer 2018 which had risen to 80% by summer 2019;
- 66% were in favour of a common assessment approach with the others unsure.

The report explained that all schools had been invited to give individual feedback and a number of schools had invited the Head of Education to discuss the proposals in more detail during July 2015.

The Committee discussed the report and agreed that the consultation process should continue beyond 17 July 2015 and that an additional meeting of the Committee should take place at the beginning of September 2015 to look at the results of the consultation and consider the way forward.

Resolved -

- (1) That the Raising Attainment Strategy 2015-2018, the Implementation Plan and the School Effectiveness Guide be noted;
- (2) That the consultation process and timetable, as set out in paragraphs 4.8 to 4.11 of the report, be noted subject to the consultation process continuing after 17 July 2015;

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- (3) That an extra meeting of the Committee be held at the beginning of September 2015 to look at the consultation results and to consider the way forward.

4. SAFEGUARDING ACTIVITY REPORT & IMPROVEMENT PRIORITIES - QUARTER 4

Further to Minute 31 of the last meeting, Helen McMullen, Interim Director of Children, Education and Early Help Services submitted 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. A copy of the Children's Services Improvement Plan was attached to the report at Appendix 1 and a draft copy of the terms of reference for the Reading Children's Services Improvement Board was attached to the report at Appendix 2.

The report was a summary of Reading's performance since the report submitted to the last meeting and highlighted areas for priority and scrutiny. Based on the current provisional data it also considered key performance for Children in Need and Looked After Children (LAC) against the previous year's performance. The report explained that benchmarking against other authorities including Statistical Neighbours for 2014/15 year end performance would be possible once the data was published later in the year.

The report stated that the necessary improvements which had been identified and were listed in the Improvement Plan Priorities were based on the following six key themes:

1. Leadership and Governance
2. Partnership Working
3. Quality and Consistency of Practice
4. Workforce Development
5. Performance Management and Quality Assurance
6. Improving Services for Children Looked After and Achieving Permanence

The report explained that the Improvement Plan was a 'live' document and as priorities were identified it would be modified and prioritised. In addition, it had been proposed to establish a small Improvement Board to oversee the implementation and the outcomes and impact of the work that had been identified in the Plan. The Board would be chaired by an independent Chair who would report directly to the Leader of the Council and the Managing Director. The Lead Councillor for Children's Services and Families would be a member of the Board, as would senior officers in partner agencies. The Board would have a clear remit which would not duplicate the work of the Local Safeguarding Children Board (LSCB) but it would scrutinise the development of the LSCB.

The Improvement Plan emphasised a number of things including the following:

- The completion of the Multi Agency Safeguarding Hub (MASH);
- Facilitating Step up/Step down work between Early Help Services and the MASH;

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- Implementation of a 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.

The Committee discussed the report and agreed that the Chair of the Improvement Board should attend the next meeting to report the on progress of the Children's Services Improvement Plan.

Resolved -

- (1) That the report be noted
- (2) That the revised Children's Services Improvement Plan be approved;
- (3) That an Improvement Board to oversee the developments of the Service be established;
- (4) That the Chair of the Improvement Board attend the 5 November 2015 meeting to report on the progress of the Children's Services Improvement Plan.

5. LOOKED AFTER CHILDREN'S SUFFICIENCY STRATEGY 2015-2017

Jean Ash, Service Manager, submitted a report presenting the Looked After Children's Sufficiency Strategy 2015-2017 that set out how the Council would fulfil its "sufficiency" responsibility to ensure, as far as was reasonably practicable, that the placement and accommodation needs of Reading's Looked After Children (LAC) and Care Leavers were met locally. A copy of a Marketing Action Plan 2015/16 was attached to the report at Appendix 1, a table setting out a Fostering Needs Analysis and Targets for Fostering Placements was attached to the report at Appendix 2 and a table providing information on placements within 20 miles of the Borough was attached to the report at Appendix 3.

The report explained that the Strategy established ambitious and challenging targets to increase the recruitment of Council foster carers and adopters who could offer a wide range of placement types. It also outlined the staffing resource that would be required to meet these targets. Such activity needed to be managed in parallel with the delivery of high quality supervision and support plus training and development for existing Council carers in order to retain their services. This work was underpinned by a focus on achieving the best outcomes for children and the matching process, access to a range of local placements plus support to the child and the carers, all of which would ensure the stability of the placement. Stability would be ensured further by the opportunity to move in a timely fashion to

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permanent placements including via Special Guardianship and Adoption where it was not possible to return the child to their birth family/extended family.

The report explained that the 0-19 population from the 2011 census had shown high numbers of children in the 0-4 age range, children who were now in the 5-7 age range. New LAC starters in 2014 still reflected high numbers in the under one year age group and the rest of the new LAC in 2014 were fairly evenly spread across the age range.

The report provided details of projected need, the current provision of foster carers and adopters, current placement arrangements, support available to Council carers and staying put arrangements.

Analysis of the profile of LAC and placement trends had resulted in a number of areas being identified for future work including the following:

- A requirement to revisit the permanency plans for a group of 40 plus children/young people who had been placed historically in Independent Fostering Agency placements and had remained with these carers as foster placements;
- Extensive marketing activity and highly developed recruitment practice would be essential to compete to recruit carers;
- Achieving timely adoptive placements for a cohort of children which included those who were aged from 0-8 years of age, sibling groups and a small number who had special needs had also been particularly difficult;
- Developing a broader range of placement options for vulnerable 16+ year olds should be given priority.

Finally, the report stated that the unpredictability of future demand despite best efforts to base projections on past trends and wider demographics remained a challenge when recruiting sufficient placements, as did recruiting sufficient numbers of Council carers to match the needs of the children requiring placements in a competitive local environment.

Resolved -

- (1) That the Looked After Children's Sufficiency Strategy and targets for recruiting carers for children living in the Borough be agreed;
- (2) That the commitment of resources to achieve the proposed recruitment targets be agreed.

6. CREATING A SINGLE PATHWAY TO EARLY HELP SERVICES

Helen McMullen, Interim Director of Children, Education and Early Help Services submitted 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.

The report explained that the "front door" for statutory services was provided by the MASH but there were a number of pathways for access for Early Help and a

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Business Case had been developed to streamline the access point and referral process for Early Help support by creating a single pathway. The aim was to improve the customer journey and ensure children and young people's needs were picked up appropriately and a number of workshops with partner agencies and services at the Council had been held in February 2015 to review the proposal and had confirmed that the proposal met the requirements of the referrers.

The report stated that there were a number of drivers to streamlining access point and referral processes to create a single pathway for requests for Early Help support including recommendations from the most recent Ofsted inspection in 2013, the need to target resources effectively in the context of improving outcomes for Troubled Families as part of the phase 2 programme, early identification and assessment of need being one of the key priorities in the Early Help Strategy 2013-2016 and feedback from partners.

The creation of a single pathway would be achieved through developing a single pathway and triage system to access Early Help Services, agreeing which services would be included in the single pathway, developing one form to request Early Help support that could be completed electronically, testing the new pathways using common scenarios and linking with the LSCB to review thresholds.

The report stated that there would be a number of benefits from the creation of a single pathway including reduced duplication and a simpler referral process, an increase in partnership/multi-agency working and access to a wider range of services, a less chaotic 'journey' for the family, more outcome focussed processes and a reduction in referrals that had escalated due to no early response.

Resolved - That the development of the access point and referral process for Early Help Services by creating a single pathway for this support be endorsed.

(Councillor Stanford-Beale declared an interest in this item. Nature of interest: Councillor Stanford-Beale was the Chair of Trustees of the Berkshire Autistic Society)

7. TROUBLED FAMILIES PROGRAMME

Further to Minute 33 of the last meeting Nigel Denning, Interim Service Manager, submitted 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 would be used to improve outcomes for families in Reading. A copy of the Troubled Families Outcome plan was attached to the report at Appendix 1 and an analysis of phase 1 was attached to the report at Appendix 2.

The report stated that the Council's approach to the Troubled Families programme had concluded with 93% of the Phase 1 families having achieved the outcomes by May 2015. Phase 2 would provide the Council with the opportunity to transform further the way the gap would be narrowed for vulnerable troubled families and would ensure that the best start was created for children. By 2020 the Troubled

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Families programme would have improved outcomes for a further 1,220 families who were being left behind and in order to deliver this the intention was that the Troubled Families Programme would provide a framework for delivery for the Council and its partners that would raise aspirations for individuals and their families. Each family would have a plan that would be focused on priorities to improve their lives and the right support to achieve lasting change. In order to achieve this it would require increased collaboration and a cohesive partnership between the Council, its partners and the Voluntary and Community Sector.

The next phase of the programme would be a catalyst for change. An integrated delivery model would be created that would maximise resources across the partnership that met the needs of families in need of early help and protection and would build more capable communities whilst achieving savings. The approach to the programme was not about a single team but was a whole service delivery model whereby outcomes for the families could be measured which would narrow the gap and give children the best start in life.

The expanded national programme would widen the eligibility to six criteria and a family would have to have two of the six headline problems to be deemed eligible. Guidance that had been issued by the DCLG had stipulated that local authorities had to produce a local Outcomes Plan for the expanded programme that had to show which families would be prioritised, what a significantly improved outcome was for all of the six headline family problems, what would be measured to establish that the outcome had been achieved and the timeframes against which the sustainability of the outcomes would be measured.

The Reading outcomes had been selected following consultation with partner agencies, consideration of local priorities, feedback from DCLG and learning from the early adopters of Phase 2. The Plan was a dynamic tool and could be refreshed during the life of the programme and had been designed to be a simple yet consistent way of tracking outcomes for families throughout their involvement with the programme. It was intended that every identified Troubled Family would have their own outcomes plan that would be reviewed and monitored by the identified lead worker for the family.

Resolved -

- (1) That the Troubled Families Outcome Plan be agreed;**
- (2) That the Payment by Results funding be ring fenced and used for workforce development and the creation of a Troubled Families Innovation Fund.**

8. READING YOUTH JUSTICE PLAN 2015/16

Nigel Denning, Interim Service Manager, submitted a report asking the Committee to agree the annual Youth Justice Plan. A copy of the Reading Youth Justice Plan 2015/16 was attached to the report at Appendix 1.

The report explained that the Crime and Disorder Act 1998 placed a duty on the local authority to produce an annual Youth Justice Plan and was a condition of the

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Youth Justice Board Effective Practice Grant. The production of the plan was overseen by the multi-agency Youth Justice Management Board chaired by the Local Policing Area Commander. The plan reported the performance of the Youth Offending Service for 2014/15 against the national and local performance indicators for reducing First Time Entrants into the criminal justice system, reducing reoffending and the number of young people going into custody. The plan also provided further analysis with regard to safeguarding, managing the risk of harm to others and other local performance indicators.

The report stated that overall the Youth Offending Service had performed strongly against the national and local measures but there was more work to be done to ensure that young people who offended accessed suitable education training and employment. Whilst the number of young people receiving youth justice disposals had continued to reduce, there was a higher concentration of young people with multiple and complex needs, many of whom were also vulnerable and in need of safeguarding services. The annual report had identified a number of priority areas for 2015/16 including reducing offending of prolific and persistent young offenders, improving education, training and employment performance, developing phase 2 of the Troubled Families programme and ensuring that transitions from Youth custody to adult services were robust and effective.

Resolved -

- (1) That the annual Youth Justice Plan be agreed;
- (2) That officers in the services be thanked for their hard work.

9. READING CHILDREN'S TRUST: CHILDREN AND YOUNG PEOPLE'S PLAN 2015-2018

Esther Blake, Business Manager for Reading LSCB and Children's Trust Partnership submitted a report presenting for endorsement the latest Children and Young People's Plan (CYPP) (2015-18) which set out the expectations the Trust had in priority areas that had been identified as issues for children and families in Reading. A copy of the Plan was attached to the report at Appendix 1.

The report explained that the Children's Trust Board members had taken part in dedicated sessions in 2014 to review data from the Joint Strategic Needs Assessment, data from the last Children and Young People's Plan and the priorities from key strategies and plans from partner organisations. The results of these sessions had produced a range of areas of concern which were collated and grouped into three overarching priorities: Having the best start in life and throughout, Learning and Employment and Keeping Children Safe. These priorities formed the basis of the new CYPP.

Resolved - That the Children's and Young People's Plan 2015-2018 be endorsed.

10. REVIEW OF THE INTEGRATION OF ADULT MENTAL HEALTH SERVICES IN READING

Wendy Fabbro, Director of Adult Care and Health Services, submitted 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. A summary of the "Have Your Say" Conference was attached to the report at Appendix 1, a summary of the results from the Reading Mental Health Survey was attached to the report at Appendix 2, tables showing performance information for 2010-2014 were attached at Appendix 3 and the terms of reference of the Mental Health Strategy Group were attached to the report at Appendix 4.

The report explained that following approval by Cabinet at its meeting on 18 February 2013, Minute 125 refers, 40 Council staff working within the Council's Adult Mental Health Services had been seconded to Berkshire Healthcare Foundation Trust (BHFT) with the aim of improving outcomes for service users and carers and delivering savings/efficiencies. By the end of September 2015 the secondment would 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'.

A local review of the current Mental Health Social Care Staff and Service Arrangements in Reading had been underway since September 2014 and had been conducted in the context of developments in Mental Health provision. The review had captured the views of service users and carers, stakeholders from across the Council, CCGs and BHFT, Healthwatch, Reading Voluntary Action and other Mental Health Service providers. A "Have Your Say" Mental Health service user and carer conference had been held in December 2014 and further meetings with service user and carer groups had been held including a conference that had been arranged by BHFT to develop the support and understanding of faith and BME groups. The recommendations included an initial list of priorities for service users and a Mental Health Charter for working in partnership. The report set out in detail the findings of the review in terms of performance, commissioning budgets, Care Act implications, a Mental Health Strategy and social care staff.

The report stated that there had been a focus recently within the Reading context on achieving closer structural integration. However, going forward there needed to be greater emphasis on improving outcomes and a closer focus on benefit realisation. Neither legal advice nor staff feedback had favoured protracted secondment arrangements for Council staff and it was recommended that the secondment arrangements be suspended pending the development of a joint commissioning strategy which would articulate an outcomes focused approach that had been informed by the views of all stakeholders.

The report explained that a robust partnership arrangement might provide a much more integrated solution in joining up pathways and access to holistic support and pooling resources for mental health services under a Section 75 agreement could be a mechanism to establish a whole system which would reflect shared accountabilities, standards, duties, governance and priorities and which was

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responsive to and developed in the light of patient and carer experiences. Key financial and performance measures had to be included in a Section 75 agreement and although a joint information system was not available currently, agreement on streamlining performance indicators and how they were collated was being developed and could be included in the Section 75 agreement. A section 75 agreement would also provide an opportunity to clarify expectations and responsibilities so as to recognise the distinct values that all disciplines brought.

The report therefore proposed that the current secondment arrangement ceased in order to enable work to be carried out to ensure the 'right' service offer was established.

Resolved -

(1) That the following be noted:

- (a) The governance arrangements proposed for a multi-stakeholder Adults Mental Health Strategy Group to include people who used the service and their carers;
- (b) The (co-production) development of 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) The setting out clearly of the Social Care vision, standards for which people who used services could hold the service providers accountable;
- (d) The development of a Section 75 (NHS Act 2006) agreement between the Council and Berkshire Health Foundation Trust to consider pooled resources for the future delivery of Adults Mental Health Services;

(2) That ending the current secondment arrangements of the Council's Mental Health Staff to Berkshire Healthcare Foundation Trust, pending the outcome of the joint strategic commissioning work, be agreed.

11. INCREASE IN MENTALLY ILL ABSCONDERS - ESTABLISHMENT OF TASK AND FINISH GROUP

Simon Hill and Richard Woodford, Scrutiny Officers, submitted 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.

David Townsend, Director Berkshire NHS Healthcare Foundation Trust, attended the meeting and provided the Committee with a verbal report about the issue and answered questions. He informed the Committee that the figures that had been

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reported in the press had originated from incorrect information that had been provided following receipt of a Freedom of Information request. Under the Mental Health Act within the Mental Health Service someone would be reported as absence without leave if they had left hospital and had failed to return by an agreed time. Two definitions were used: people who absconded and those who had absconded without leave. There were various reasons why people left the ward such as boredom, fear, worrying about things at home, seeking alcohol or drugs or an angry response to treatment. People were admitted for a number of different reasons but the aim was to provide care in the least restrictive environment and ensuring there was a balance between patient safety and maintaining an environment conducive to the therapeutic work carried out at the hospital, it was not a custodial environment.

Absconsions were monitored on a risk register and were reported by ward, status of patient and means by which the patient had left the ward. The numbers were reviewed on a weekly basis, monitored by the Director each month and reviewed within the team at the hospital each quarter. An in depth analysis was also carried out annually and reported in the annual accounts. The number of absconsions in the previous four years were as follows:

2010/11	173
2011/12	181
2012/13	112
2013/14	94
2014/15	140

A patient's status could change and they could be recorded in many ways, for example, in the previous year one patient had absconded 21 times. However, what was more important was the risk profile. There had been a slight increase in the number of absconders in the previous year and the Trust had been reviewing the reasons for this increase, one of which had been the higher level of bed occupancy, simply having more patients in the hospital and more detained patients. The other reason could have been the reduction in the height of fences around the hospital, the 'toppers' having been removed as they had been considered a 'ligature risk'.

An improvement plan had been put in place and training and awareness had been increased. The signing in and signing out process had been increased and improved, safe word initiatives had been introduced, conflict resolution strategies had been put in place, a review of the environment had been carried out, the fire alarm testing procedure had been changed and there had been an increased level of activity on the wards. Work was also being carried out with the police over the use of police cells as a place of safety.

Resolved -

- (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 Hospital in Reading;

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29 JUNE 2015

- (2) That the Chair and membership of the task and finish group be as follows:

Councillors Hoskin (Chair), Eden and Stanford-Beale;
- (3) That Councillors O'Connell and White inform the Chair who would be taking a place on the task and finish group;
- (4) That the task and finish group submit a report to the November 2015 meeting on the findings of their investigation.

12. CARE ACT IMPLEMENTATION - UPDATE

Wendy Fabbro, Director of Adult Care and Health Services, submitted a 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 had come into effect from April 2015. An analysis of the Funding Reform requirements as set out in the draft regulations was attached to the report at Appendix 1.

The report explained that where the local authority had been given discretionary powers under the Care 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 on Equality Impact Assessment of the proposed approaches.

The report also summarised the proposed Funding Reform changes that were to be implemented in April 2016 as part of the Act and the Council's planning so far in relation to these and a significant element of the Care Act Programme Office work for the remainder of 2015 would be preparing for the 2016 changes.

Resolved - That the report be noted.

13. PROGRESS REPORT ON THE BETTER CARE FUND

Wendy Fabbro, Director of Adult Care and Health Services, submitted a report informing the Committee about the progress to date on the Better Care Fund. A table incorporating details for the workstreams with the Better Care Fund was attached to the report at Appendix 1, a Governance chart for the Better Care Integration Programme was attached to the report at Appendix 2 and a draft Equality Impact Assessment was attached to the report at Appendix 3.

The report summarised the next steps that included reviewing the progress to date and governance arrangements for the whole programme, reviewing the programme against a corporate and departmental business case for the Council, agreeing the priorities of the programme once reviews had taken place and carrying out a stakeholder evaluation event during the summer to determine what was working well, what lessons could be learnt and what integration opportunities there were going forward.

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Resolved - That the report be noted.

14. DELAYED TRANSFER OF CARE

Wendy Fabbro, Director of Adult Care and Health Services, submitted a report providing the Committee with an update of Reading's performance relating to Delayed Transfers of Care (DTOC) from the acute hospital setting. A copy of the Underperforming Indicator Action Plan was attached to the report at Appendix 1 and a series of graphs and tables providing information on delayed transfers was attached to the report at Appendix 2.

The report stated that performance had reduced creating an increase in the number of delays and an increase in the number of people being admitted to hospital had had a material impact on performance. For the North West Reading Clinical Commissioning Group there had been a 7% increase in admissions into hospital and for the South Reading Clinical Commissioning Group there had been an increase of 11%. The performance data had identified the main reason for the increase in delays; those attributable to Adult Social Care had been due to the timely availability of residential and nursing home placements. Those attributable to health were due to non-acute NHS Care.

An Action Plan had been developed to improve performance locally and was being monitored via the Adult Social Care Performance Board and the system wide Urgent Care Network.

Resolved - That the current performance relating to Delayed Transfers of Care and the Action Plan in place to improve performance be noted.

(The meeting commenced at 6.30 pm and closed at 8.25 pm).

CHILDREN'S TRUST PARTNERSHIP BOARD - 8 JULY 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
Sasha Green	Chair of Reading Youth Cabinet
Jill Lake	Executive Member, RCVYS
Kevin McDaniel	Head of Education Services, RBC
Sally Murray	Head of Children's Commissioning Support, CSCSU
Robin Rickard	Reading Area Commander, Thames Valley Police
David Seward	RCVYS

Also in attendance:

Nigel Denning	Service Manager for Partnerships and Edge of Care, RBC
Andy Fitton	Early Help Service Manager
Sally Poole	Committee Services, RBC

Apologies:

Cllr I Ballsdon	Reading Borough Council
Sylvia Chew	Director of Children, Education and Early Help Services
Raj Bharkhada	Interim Head of Children's Services

1. MINUTES AND MATTERS ARISING

The Minutes of the meeting held on 1 April 2015 were confirmed as a correct record and the following updates were discussed:

Children and Young People's Plan (CYPP)

Further to Minute 3, partners were asked to notify Esther Blake once the CYPP had been signed off by their own partnership boards/governing bodies.

Strengthening Partnership Working

Further to Minute 4, the lead officers for the workshops for the following two meetings were confirmed, as detailed below. It was agreed that each session should have clear links to the Children's Trust Board's priorities to ensure that the sessions were appropriately focussed and challenging.

Meeting date	Theme	Lead
14 Oct 2015	Learning and Employment (including SEND, NEETs and City Deal)	Kevin McDaniel
20 Jan 2016	Children Going Missing (including	Head of Children's Social

	prevention, CSE and early help)	Care (tbc)
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2. YOUTH CABINET UPDATE

Sasha Green, Chair of the Youth Cabinet, reported that they were currently compiling responses from their PSHE (Personal, Social and Health Education) survey and that they would use the results to plan their work for the next year and report back to the next meeting. She added that they would be grateful for ideas and suggestions to help with the mental health project.

The Youth Cabinet had been invited to give a presentation to the Health & Wellbeing Board on their campaigns for this year.

AGREED:

- (1) That the work of the Youth Cabinet be commended;
- (2) That ideas, suggestions and the details of mental health projects be sent to Sasha to help to support this campaign.

3. EDUCATION STRATEGY PROPOSAL

Kevin McDaniel, Head of Education Services, RBC, presented the draft strategy, 'Reading First: Ambition, achievement and aspiration'. He explained that the purpose of this strategy was to raise educational standards, especially in primary schools, and to narrow the gap between the level of achievement in different schools.

He stated that their aim was that by 2018 every child in Reading would attend a school that was good or better and that for every group, children's achievement and progress would be in the top 25% of the country.

However, it was not possible for the Local Authority to achieve this in isolation. They could drive and support the strategy, but required schools to work together to become more effective. He added that the Strategy had support from secondary headteachers as they benefited from improved results at primary level and they were also, as academies, encouraged to collaborate. In addition, part of the strategy was to develop capacity and this would include support to enable governors to challenge their schools.

The Strategy Implementation Plan outlined the over-arching processes for operational delivery of the outcomes set out in the Strategy and these would be driven by the following groups/meetings:

- Reading First Partnership Board;
- School Monitoring Group;
- Targeted Task Clusters;

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- School Task Clusters.

Kevin explained that this was a 3-year programme that would start in Autumn 2015 and that it would be important to maintain an accelerated level of change to ensure that the ambitions were realised.

AGREED:

- (1) That the Reading First Strategy be noted;
- (2) That partners contributed to the consultation, as appropriate.

4. TROUBLED FAMILIES ACTION/OUTCOME PLAN

Nigel Denning, Service Manager, RBC presented a copy of the Reading Troubled Families Programme Outcome Plan and an analysis report of Phase 1. He explained that they had achieved a 93% success rate in Phase 1 of the Troubled Families Programme and so had secured the funding to proceed to Phase 2.

In Phase 2 the target number of families to have been supported in Reading by 2020 was 1220, with an initial target to have successfully supported at least 207 families in 2015/16. To be eligible for the expanded programme, families had to meet at least two of the six criteria (set by Government) as follows:

- a) Families involved in anti-social behaviour and crime;
- b) Children who had not been attending school regularly;
- c) Children who needed help;
- d) Adults out of work or at risk of financial exclusion and young people at high risk of worklessness;
- e) Families affected by domestic violence and abuse;
- f) Parents and children with a range of health problems.

Nigel Denning explained that the Outcome Plan provided details of referral indicators, outcome measures and sources of information as success against the criteria had to be measurable in order to prove that the programme had been effective and had to be achieved by all members of the family.

The payment for success was approximately £800 per family and this money would be put into a Troubled Family Fund which would be used innovatively to help families in Reading.

AGREED: That Nigel Denning and Kirsty Mooney be thanked for their work in ensuring the success of the Troubled Families Programme thus far.

5. LOCAL STRATEGIC PARTNERSHIP (LSP) PRIORITIES

Andy Fitton, Early Help Service Manager, RBC, reported on the Local Strategic Partnership workshop that had taken place on 4 June 2015, which had involved 30 senior leaders from public, private and voluntary sectors. The purpose of the

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workshop had been to review the range of issues facing Reading and to agree the strategic priorities for partnership working over the next 18-24 months.

The strategic priorities agreed were:

- a) Information sharing to enable joined-up frontline action;
- b) Pathways to employment for young people, care leavers and other vulnerable groups;
- c) Female Genital Mutilation - actions to minimise numbers subjected to FGM.

It was noted that the accountability for the prevention of FGM was with the Local Safeguarding Children Board (LSCB) but that they had a strategic role, so that the responsibility for protection, education and action was required at a partnership level but with a single action plan to prevent duplication.

It was also agreed that the Council and the health service, as large local employers, should be taking a lead on developing pathways to employment by offering work experience and apprenticeships.

6. ITEMS FOR FUTURE MEETINGS

The Board noted agenda items for the next meeting as follows:

- Transition between Youth Offending Service and the Probation Service (Nigel Denning)
- City Deal update - to be included in the workshop session

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

- Offender Strategy - an update of the Barnados project and other relevant projects (Andy Fitton)
- Reading Services Guide (Kevin McDaniel to ask officers to produce a report)
- Nursery Provision - sufficiency review (Kevin McDaniel)
- Impact of Welfare Reforms

AGREED: That suggestions for the next sequence of meetings be sent to Esther Blake.

7. WORKSHOP - TRANSFORMING EMOTIONAL HEALTH AND WELLBEING SERVICES FOR CHILDREN AND YOUNG PEOPLE IN READING

Sally Murray, Head of Children's Commissioning, NHS Berkshire West CCGs and Andy Fitton presented an overview of the report - 'Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing' that had been published in March 2015 by the Government's Children and Young People's Mental Health Taskforce.

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Future in Mind provided a broad set of recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS) and promote positive mental health and wellbeing for children and young people. There would also be greater system co-ordination and a significant improvement in meeting the needs of children and young people from vulnerable backgrounds.

The workshop would discuss the basis of a local Transformation Plan, which would also release additional Government funding, and develop a joint approach to meet the local challenge of increased expectation, rising demand and a system that families found hard to access. The Plan would also look at ways to promote resilience and strength based approaches (such as supporting families) and develop and expand the workforce so that everyone in contact with the children and young people (including teachers and the voluntary sector) were able to take responsibility for providing help and support.

A summary was also given of the responses to the emotional health and wellbeing questionnaire that had been circulated by the Youth Cabinet. There had been 25 responses from a range of organisations and there had been no overriding theme in respect of the type of mental health problems presented. However, it had become apparent that not many organisations were able to demonstrate that their service made a difference as they did not have measurable outcomes. It was agreed that excellent partnership working could only be achieved if everyone had consistent and measurable outcomes.

AGREED: That Sally Murray and Andy Fitton compile a summary of the outcomes from the individual working groups.

8. DATES OF FUTURE MEETINGS

- 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

All 4 - 6pm

CHILDREN'S TRUST PARTNERSHIP BOARD - 14 OCTOBER 2015



Present:

Councillor Jan Gavin (Chair)	Lead Councillor for Children's Services and Families, Reading Borough Council (RBC)
Sylvia Chew	Director of Children, Education and Early Help Services
Esther Blake	Partnership Manager, RBC
Penny Cooper	Head of Children and Families, BHFT
Ben Cross	Development Worker, RCVYS
Peter Dawson	Interim Public Health Programme Manager, RBC
Stan Gilmour	Reading Area Commander, Thames Valley Police
Jill Lake	Executive Member, RCVYS
Kevin McDaniel	Head of Education Services, RBC
Tom Woolmer	Participation Co-ordinator, RBC

Also in attendance:

Sally Poole	Committee Services, RBC
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Apologies:

Cllr I Ballsdon	Reading Borough Council
Cllr T Jones	Lead Councillor for Education and Schools, RBC
Sasha Green	Chair of Reading Youth Cabinet
Andy Fitton	Early Help Service Manager
Jonathan Hill-Brown	Children's Commissioning Lead, RBC
Fran Gosling-Thomas	LSCB Chair
Theresa Shortland	Head of Early Years, RBC

1. MINUTES AND MATTERS ARISING

The Minutes of the meeting held on 8 July 2015 were confirmed as a correct record and further to Minute 7, Workshop on Transforming Emotional Health and Wellbeing Services for Children and Young People in Reading, a copy of the Update Status report on Comprehensive CAMHs was tabled. This was a joint report from Gabrielle Alford, Director of Joint Commissioning, Berkshire West CCGs and Andy Fitton, Acting Head of Early Help and Family Intervention, RBC to the Health and Wellbeing Board that provided an update on service development and improvement across the comprehensive CAMHs system.

It was also noted that Peter Dawson and Stan Gilmour had both been present at the last meeting, but that their attendance had not been recorded.

2. YOUTH CABINET UPDATE

In the absence of members of the Youth Cabinet, Tom Woolmer reported that they were currently reviewing the Mental Health Treaties that some schools had signed up to and were also producing exemplar PSHE lesson plans that they intended to present to schools.

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The Youth Cabinet annual event was scheduled for Thursday 26 November and would include 100 young people from schools across Reading. Children's Trust Board Partners were invited to attend, even if only for part of the day.

The election campaign for new Youth Cabinet members had commenced with information sent to schools to encourage young people to stand. It was suggested that the Council's Communication Team could also help promote this by issuing a Press Release.

Tom also reported on the Young Inspectors Project in which young people would carry out inspections of service areas and provide a view of the service from a young person's perspective. It was agreed that this would provide useful feedback for the services and could include other partners, such as health.

Young people in Reading would also be taking part in the Take Over Challenge on Friday 20 November 2015. This Challenge was an extension to Take Over Days as it was designed to encourage further engagement beyond one day.

AGREED:

- (1) That the work of the Youth Cabinet be commended;
- (2) That the results of Young Inspections be reported to the next meeting.

3. READING SERVICES GUIDE

Kevin McDaniel, Head of Education Services, RBC, presented the Reading Services Guide. He explained that this had been launched in 2014 and provided information about a wide range of services in Reading under the following categories:

- Adult and Carers Support Services;
- Family Information Services;
- Reading Youth;
- NHS Choices
- Local Offer for children with Special Educational Needs and Disabilities (SEND);
- Community Directory and Venues.

The details about each service were provided and updated by the service providers, with the Council just hosting the database on their website. A statistical analysis of web hits showed a steady increase in use and a survey of services users showed a high level of satisfaction.

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He explained that they were currently running a pilot for school SENCOs to use the information under the SEND offer for pupil's Individual Education Plans.

The Board were asked for ideas as to other categories for inclusion and how the Reading Services Guide could be developed further. It was agreed that it was important that Council staff were aware of the Guide, especially social workers and staff in Children's Centres.

It was suggested that it would be useful to be able to search for local services so that people could find out what was in their neighbourhood and also to survey service providers to find out if inclusion in the Guide was effective and worthwhile.

AGREED: That a recommendation be made that information about the Reading Services Guide be included in induction for new staff.

4. CHILDCARE SERVICES

Kevin McDaniel outlined the offer for nursery provision for 2 year olds and tabled a flowchart that helped parents ascertain if their child was eligible for 15 hours a week of free early years education.

He explained that the Council had received a letter from the DfE to commend them on achieving an uptake from 65% of eligible families (which equated to 540 families). This compared to a national average of 63%, a South East average of 64% and a statistical neighbour average of 60%.

He also explained that this was a good increase from the previous year and that all eligible families that had requested places now had them and that the other 35% of families were either not aware that they were eligible or did not want to take up the offer. Staff at Children's Centres were working to contact these families to ascertain that they were aware of their eligibility.

The Council had created an additional 474 places for 2-year olds over the previous two years in early care settings, but it had not been possible to have these equally spread across the Borough due to the capacity of existing buildings.

Kevin stressed that there were also challenges for existing settings as the funding for 2-year olds was lower than that received for 3 and 4-year olds and the staff ratio requirement was higher for 2-year olds. The Council were currently reviewing the funding for 3 and 4-year olds as this came through the Schools Funding Formula, but the 2-year old funding came directly from the Government. There were further concerns about the financial viability of childcare settings if they had to provide a 30 hour offer if the hourly rate was not increased.

There had not yet been any guidance from the DfE with regard to the expectations for the 30 hour offer, which was due to be introduced from September 2017, and so it was not known whether there would be any additional funding or capital allocation, which would be required to increase the size of settings that were already at full capacity.

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Kevin also tabled a flow chart that outlined the process for the 2-year old integrated health check. He explained that there was a new duty to complete health checks for 2-year olds that had been introduced in September 2015. This had been welcomed as it gave an earlier opportunity for health and safeguarding issues to be picked up and referrals made as required.

Penny Cooper added that the uptake was around 70% and that her staff were adopting a flexible approach to accommodate the availability of parents, which included home visits and evening appointments.

AGREED: That the position be noted.

5. EMPLOYMENT AND LEARNING

Councillor Gavin introduced the Employment and Learning workshop by explaining that although the responsibility for education sat with the Council, the purpose of adding this as a priority to the Children and Young People's Plan (CYPP) was to enable members of the Children's Trust Board to contribute or to challenge performance.

Kevin McDaniel set out the background information for the discussion by giving a presentation on Education Performance in Reading. The main points were as follows:

- There had been a steady improvement in KS1 results, with reading and maths above the national average;
- The KS2 results were also improving with 57% (20 schools) achieving above the national average in 2015;
- The KS4 (GCSE) results were still to be verified from the academies, but were estimated at 59% achieving 5 or more GCSEs at A*-C (including English and maths), which was lower than that achieved in 2014;
- There had been a 30% reduction in the number of fixed term exclusions between 2013/14 and 2014/15 which was attributed to challenging schools to use early intervention;
- There had been 13 students permanently excluded from academies in 2014/15 and half of these were from out of Borough schools;
- An Ofsted rating of Good or Outstanding had been achieved by 77.8% of all settings (including nurseries and special schools) against a national average of 82%. The figure excluding academies was 85%;
- Progress for students eligible for Pupil Premium had improved but not at a higher rate than other students and so the gap between non-deprived and deprived children had increased and was wider than the gap for deprived children nationally;

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- Although the statutory school age was still 5-16, there was now a requirement for young people to be in Education or Employment with Training up to the age of 18. Although there were no legal consequences for those who were not participating, the Council were judged on the Not in Education, Employment or Training (NEET) figures;
- The NEET figures had been 8.1% in 2014 and the goals were 5% for 2015/16 and 2.5% for 2016/17. The figures did fluctuate as 16 year olds dropped out of courses over the year. Project Elevate through City Deal were working to achieve these targets through improved co-operation with schools and increased opportunities with employers;
- There was now a requirement for 16 and 17 year olds without qualifications in English and maths to study these at college alongside any other courses. In the current year, this had resulted in an increase from 200 students to 1200 students now on these maths and English courses. The challenge for colleges was that they would not get any funding for the students unless they also completed their maths and English courses and some students were reluctant to do these.

The three questions for consideration by the Board were as follows:

Q1 - There are key groups, especially those with Black heritage, living in poverty or with additional needs, that do less well than the rest of our community...

- How can we contribute beyond differentiated teaching in the class room?
- What specifically can you offer to help?

Q2 - There are more young people aged 16+ in Reading who do not access Education, Employment or Training than anywhere else in the south-east...

- How can we support the reduction in this?
- What specifically can you offer to help (have you thought about Apprenticeships and Traineeships?)

Q3 - There is a stubborn level of 'persistent absence' from schools in various communities across Reading...

- How can we contribute beyond the statutory legal processes?
- What specifically can you offer to help?

As there was insufficient time to discuss these questions at the meeting, it was proposed that partners email Kevin McDaniel and Esther Blake with their comments and responses. It was also suggested that it would be useful to do more research to ascertain specific reasons why individual young people in Reading were NEET and the reasons students cited for not attending school.

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AGREED:

- (1) That responses to the questions be submitted to Kevin McDaniel and Esther Blake;
- (2) That research be conducted to ascertain further information with regard to specific NEET young people and persistent absentees from schools;
- (3) That a summary report be submitted to the next meeting in January 2016.

6. LSCB ANNUAL REPORT

Due to insufficient time at the meeting, the report would be circulated by email.

7. SAFEGUARDING THRESHOLDS AND REFERRAL PATHWAYS WORKSHOP

Councillor Gavin reported that a series of training sessions were being held on safeguarding thresholds and referral pathways, especially to the Early Help Service.

8. ITEMS FOR FUTURE MEETINGS

The Board noted agenda items for the next meeting as follows:

- Keeping Children Safe - workshop session

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

- Transition between Youth Offending Service and the Probation Service (Nigel Denning)
- Supporting families with an adult in prison - an update of the Barnados project and other relevant projects (Andy Fitton)
- Impact of Welfare Reforms

9. DATES OF FUTURE MEETINGS

- 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

All 4 - 6pm

The meeting closed at 6pm.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	7
TITLE:	SAFEGUARDING ACTIVITY REPORT - APRIL- AUGUST 2015		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	ALL
LEAD OFFICER:	SYLVIA CHEW	TEL:	0118 9374479
JOB TITLE:	DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES	E-MAIL:	Sylvia.chew@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Reading Borough Council children's services work with over 2000 of our most vulnerable children including those who receive early help via our Children Action Teams, Children in Need, children assessed as being at risk of significant harm and the subject of a child protection plan and children in Reading's care.
- 1.2 This report provides an update of the key activity areas from April 2015 to August 2015 as reported through our internal performance reporting which is updated on a month by month basis. This is then submitted via the National Returns which all local authorities are required to submit to the Department for Education (DfE) in July and August each year.
- 1.3 As a result all comparative and trend data is provisional pending validation locally and nationally and it cannot be analysed against comparative data until later in the year.
- 1.4 The report also summarises the developments made since June 2015 to improve practice in the service and as a result better outcomes for children, young people and their families.

2. RECOMMENDED ACTION:

2.1 That the report is scrutinised and noted.

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 analysis of the data is taken from the Quality and Management of Information for Children Services report for 31 August 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.

4.0 CHILDREN IN NEED/ CHILD PROTECTION

4.1 Early Help continues to be a service with a positive trajectory, receiving referrals from a range of services and a low level of closed cases being referred back for a Children's Social Care (CSC) assessment in the 9 months following the service ending.

4.2 There were 251 Early Help Referrals in quarter 1 compared to 294 in the previous quarter. April and May experienced a slight referral drop from Schools, which picked up again in June and July towards the end of the academic year. Schools, Children's Centres, Early Help and Children's Social Care continue to be the main sources of requests for help.

4.3 The number of Common Assessments (CAF) completed has held steady with 94 completed in quarter 1 against 108 in the last quarter. All CAFs continue to be quality assured at point of submission to ensure that the importance of the Voice of Child, multi-agency contributions and clear analysis leading to a plan of support is in place.

4.4 There continues to be evidence of children and young people being 'stepped up' to children's social work services where required, being escalated by Early Help managers who hold a good grip on cases. All 'step up' referrals continue to go through the Multi Agency Safeguarding Hub (MASH) to ensure a greater consistency of thresholds. In addition to this the work of the MASH Early Help coordinator is beginning to have an impact as children are now

being successfully redirected from MASH into the Early Help hub for preventative support.

- 4.5 The project to simplify the process for accessing Early Help support is progressing well. Events are being run in October and November 2015 to communicate the important link to LSCB thresholds, and how a Single Early Help Pathway will work with Health and Voluntary and Community Sector (VCS) partners. A single pathway will be operational from January 2016.
- 4.6 Regular Early Help Audits are on-going and in quarter one 29 files were audited. Results saw improvements in timeliness of assessments, offer and quality of supervision and quality of analysis in case recording notes. The 9 month review process continues to tackle any concerns over case drift and in ensuring that the children's outcomes are the focus in any assessment and planning.
- 4.7 Work on the quality and use of chronologies, as well as asking workers to re assess cases regularly continues to be a priority from quarter 1.
- 4.8 The multi-agency safeguarding hub (MASH) has been in place throughout the reporting period with Thames Valley Police co-locating in June 2015. The service received 2073 contacts from professionals, families and members of the public between April 2015 and August 2015. Of these an increased number met the threshold for social work assessment and intervention. 721 children and young people were referred for social work assessment and intervention in quarter 1 compared with 423 in quarter 4 of the previous year. This was an average of 240 referrals month. The numbers dropped in July 2015 to 118 and in August to 146. This may in part relate to a seasonal dip during school holidays.
- 4.9 The majority of referrals originated from the Police (343 received April-August 2015) with schools being the second highest referrer at 196 for the same period. In 2014-2015 schools referred 204 in the whole year which highlights a significant increase in referrals from schools year to date and positively reflects the work undertaken by schools to identify children in need or those who may be at risk of significant harm.
- 4.10 Overall, domestic abuse has remained the highest reason for referral. This constitutes 17.8% of referrals. The MASH has significantly enhanced the screening of domestic abuse contacts to the MASH with the presence of members of Thames Valley Police co located with social work staff. Referrals concerning physical abuse (10.7%) and sexual abuse (10.9%) were similarly highly represented.

NUMBER OF REFERRALS TO CSC	
YEAR	No of Referrals
2012-13	1681
2013-14	1732
2014-15	1598
2015-16 (Q1)	721
July - Aug 2015	226

- 4.11 The percentage of referrals converting to assessment has risen over the reporting period to 64 % during quarter 1, rising slightly to 67% by end of August 2015. Sixty four percent continues to be a low level of conversion from referral to assessment and more work is being undertaken with the MASH and assessment teams to ensure consistency of threshold for social work services. This has included the review and re - launch of the threshold guidance by the LSCB in November 2015

% OF REFERRALS GOING ON ASSESSMENT	
YEAR	ASSESSMENT %
2012-13	96.0%
2013-14	83.0%
2014-15	59.26%
2015-16(Q1)	64%
July- August 2015	75%

- 4.12 At Quarter 1, 67.9% of single assessments were completed within timescales against a S.E Benchmark of 78.2%. This performance dipped during July and August with staff working on a backlog of out of date cases. The quality of assessment has been the subject of ongoing scrutiny as part of the monthly audit process and there is evidence of more robust management oversight. The Principal Social worker has identified a comprehensive training course for the Access and Assessment teams around the quality of assessment and analysis as part of her ongoing work to improve practice and which is being delivered over the autumn.

- 4.13 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 informs any further intervention including whether the Local Authority 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 and partners via a strategy meeting or discussions. There has been increased activity in this area with 177 S47 enquiries in quarter 1, a rise of 28% on quarter 4. This increase has been sustained over July and August 2015 with a total of 261 enquiries in the period April 2015 to August 2015.

SECTION 47	
YEAR	Number of S47 initiated
2012-13	618
2013-14	557
2014-15	577
2015-16 (Q1)	177
July - August 2015	84

- 4.14 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 and schools in strategy discussions needs to be strengthened.
- 4.15 The increase in S47 Enquiries is reflected in a similar increase in the number of Initial Child Protection Case Conferences (ICPC) held with the plan for 100 children and young people being considered at ICPC in Q1 and a further 46 held in July and August 2015.
- 4.16 The number of S47 enquires recommending an Initial Child Protection Conferences (ICPC) increased from the last Quarter to 100 from 84 in quarter 4. The percentage of S47 enquires leading to ICPC stood at 57.3% in June 2015 and 66.7% in August 2015. This is still lower than the South East Benchmark figure of 72.7 % (available as at January 2015). This suggests that the threshold for initiating S47 investigations remains slightly low but is an improving picture.
- 4.17 In the year to date, 79.9% of Initial Child Protection Conferences were held within the 15 day national target compared to 61.1% of Statistical Neighbours in Quarter 1 2014-15.

S47 recommending Initial Conference	
YEAR	Number of ICPC
2012-13	161
2013-14	226
2014-15	301
2015-16 (Q1)	100
July - August 2015	46

4.18 The number of children with a Child Protection Plan has been steadily increasing from 203 at the end of Q4 to 237 at the end of Q1 and 265 at the end of August 2015. The breakdown of plans is set out below.

Plan type	Number Q4	Number Q1	Number Aug 2015
Neglect		49.8%	44.9%
Physical Abuse		7.2%	7.5%
Sexual abuse		14.8%	10.6%
Emotional abuse		28.3%	37.0%

4.19 The data demonstrates that Neglect is the major reason for Children having a child protection plan. A multi- agency audit was completed on behalf of the LSCB and a Neglect Protocol has been developed to ensure that all partners are working together to tackle this serious issue. This protocol is underpinned by a Neglect Action Plan. The action plan aims to increase the identification of neglect by all RBC employees, facilitate early intervention with families where neglect is identified and increase the skills of children's services staff.

4.20 Child Protection Plans lasting two years or more continue to decrease and at the end of Quarter 1, 5 children had been the subject of a child protection plan over 2 years, a decrease of 2 from Q 4, mirrored by a further decrease in August 2015 to 4 children. 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 Q1 had increased from an average of 8.9 months at the end of 2014-15 to an average of 12 months, however, this has dipped again with the end of August 2015 showing an average of 7.7 months. This demonstrates the robust use of plans to improve the parenting provided to our most vulnerable children and a reduction in drift.

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	7	3.38%
2015-16 (Q1)	5	2.07%
August 2015	4	1.5%

- 4.21 Over the year 2014-15 55 (21.7%) children were subject to a plan for a second or subsequent time. This compares with 17.3% for statistical neighbours. Although this reduced to 32 (20.9%) at the end of August 2015 this number remains high. An audit of reasons behind this increase is being undertaken in October 2015, the results of which will inform future practice.
- 4.22 Child Protection plans require all children to be seen every 10 working days to ensure their safety and protection. Children should be seen alone and their views sought. In March 2015, 95% of Child Protection visits were completed within timescale, in June 2015 this was 68%, and in August 2015 this had increased to 90%. 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. Whilst this data is improving there continues to be a lack of consistency month on month and improvements need to be sustained. Managers are using weekly data to ensure compliance and this is reviewed by senior managers including the Head of Children’s Services weekly and at the monthly Challenge sessions.
- 4.23 Children who require ongoing social work intervention but who are not assessed as at risk of significant harm are designated as children in need. This has been an area of concern, with our performance being poor. Clear standards have now been set which include the visiting pattern and ensuring that every child has a Child in Need Plan. Standards are in place to ensure consistency; social workers are now required to see every child every 4 weeks as a minimum standard. Social workers are also required to update their plan of work for children in need at a minimum of every 6 months. This has resulted in a significant improvement in CIN cases having a plan in long term teams, with 84% of children with a plan in contrast to 39.9% in April. In addition to visits and plans there has been a huge drive to close or transfer relevant cases with regular meetings with the Children’s Action Teams have

been set up to ensure cohesive step down. The aim of this work is to ensure that the right level of intervention is provided for every child in need and in a timely manner.

5. LOOKED AFTER CHILDREN

- 4.24 At Quarter 1, 2015-16 there were 223 children and young people Looked After which is an increase on the last quarter of 16. This further increased in July and August to 230. This number represents 66.28 children per 10000 population (August 2015). This is higher than the statistical neighbour average rate of 60 per 10,000 and the South East Bench mark Q2 2014-15 was of 48.2 per 1000 and represents the remedial work undertaken since January 2015 to safeguard children and young people.

Looked After Children - numbers in care	
Year	Total number of children
2012	237
2013	227
2014	208
2015 (Q1)	207
August 2015	223

- 5.1 Of our Looked after Children, as at August 2015, 117 are male and 113 being female. 102 of these children are noted to have special educational needs. 166 are white and 64 are from ethnic groups. (72.2% white / 27.8% 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.
- 5.2 At Quarter 4, the profile of our Looked After Children demonstrated that 53 were aged 4 and under; with 126 aged between 5 and 15 and 45 aged 16 and over plus 6 unaccompanied asylum seeking children. There has been an increase of 7 under 1's from Q4 last year.

Looked After Children - numbers in age	
Year	Total number of children
Under 4 years	53
5-9 years	51
11-15 years	75
16+	45
UASC	6
Total	230

- 5.3 The Looked after Children's Sufficiency Statement Strategy 2015-2017 was considered by ACE on 29th June 2015. The document demonstrates how we plan to "take steps that secure, as far as is 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.

- 5.4 The lack of local placements in the Reading Borough Council area is demonstrated by the fact that 32% 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.
- 5.5 Work has been undertaken to recruit local foster carers including work with local faith groups and a target set to recruit 24 new carers by the end of March 2016.

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
2015 (YTD)	32%	67	230

- 5.6 73.6% of our children and young people are in stable placements, as at August 2015 (placements for 2 years plus or are placed for adoption). This compares favourably with the most recent South East Benchmark of 65%. However, we also have a cohort of 22 children who have had 3 or more placements (9.6%) and there has been an increase of 3 children since the end of March 2015. Whilst this compares favourably with the England average of 11% (as at 2013) there is still a need to be mindful of children's requirements

for stability and so we 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	9.2%	19	207
August 2015	9.6%	22	230

6.0 CHILDREN LEAVING CARE

6.1 At the end of August 2015 there were 71 young people entitled to services under the Children Leaving Care Act 2000 aged 19-21. This has increased by 7 young people since end of March 15. As a Local Authority we are committed to ensuring that children leaving our care have a good start as they move towards adulthood. At the end of August 2015 89% of young people had a Pathway Plan in contrast to 27% in April 2015 and against a target of 95%. This continues to improve and audit has demonstrated some good practice in this area. Despite this, there are 36.6% who are not in suitable employment, education or training which is slightly lower than the latest Statistical Neighbour benchmark of 39.0% but remains unsatisfactory. New targets have been set for Advizor who work with our young people to facilitate their ongoing learning and development.

6.2 Of the 71, 7 young people are in Higher Education and are supported via a bursary from the Local Authority. Fifty five out of 71 children (77.5%) were in suitable accommodation, this compares to the Statistical Neighbour average of 80.74%. Work continues with independent providers, which forms part of the sufficiency strategy, to remedy this.

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 after a reduction last year the average time has increased in the first quarter of 2015-2016. The national target is 420 days. 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 377 average days at the end of quarter 1 (August data not yet available). 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. There were 3 children who waited less than the 14 months as at June 2015, the average number of days between entering care and moving to adoptive placement was 736 at June 2015. Further diagnostic work was commissioned with independent providers Coram. This profiled 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 action plan has been developed by the Adoption service and work started to improve performance in this area.

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	22%	19	85
2015-16 (Aug15)	26%	11	42

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
2015	19%	16	85
2015-16 (Aug)	17%	7	42

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
2015-16 (Q1)*	736	7,362	10

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	285	5429	19
2015-16 (Q1)	377	3769	10

- 7.2 Performance is generally positive in terms of the numbers of children adopted from April-August 2015 which means that the number of children affected by an historical legacy of delayed matching is reduced. However the last cohort of these children are now being adopted which will prevent further impact on this indicator of the Adoption Scorecard. Children adopted in the first quarter of 2015-16 included older children and/or sibling groups who had also been subject to individual circumstances producing delay e.g the failure of a prospective adoptive placement during introductions and the requirement to re-commence family finding. Work has now also significantly reduced the number of children awaiting revocation of Placement Orders (for children who have been professionally assessed as needing long term care but are unlikely to achieve adoption as a permanent outcome). Looking at the cohort of children matched and placed with adopters (not yet adopted) at the end of

the last financial year and the first quarter of 2015-2016, the children were predominantly younger and have been placed much quicker. This will begin to reflect in the nationally collated data as these children are adopted.

7.3 The number of Special Guardianship Orders (SGO) remains in line with the numbers from the same point last year. The cumulative total at the end of August 2015 is 7 which equates to 17%

8. AUDIT AND QUALITY ASSURANCE ACTIVITY

8.1 A refreshed Quality Assurance Framework has been developed and provides a much more robust scope and methodology to obtaining performance information. Data on trends, performance trajectories and an ability to cross relate to other performance measures are now more easily accessible. The focus within audit activity is a mixture of both quantitative and qualitative data to ensure process and procedures are being followed and that areas for practice improvement are identified and actioned. The audit process incorporates the whole of children's Services and is supported by a range of revised audit tools.

8.2 A Moderation process is built into the audit process and quality assures the process of monitoring the quality of the auditing carried out. Random cases are, therefore, routinely re-audited by a manager or peer.

8.3 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.

8.4 A quarterly performance and quality meeting is chaired by the Head of Children's Services. The meeting will look at the various strands of quality assurance activity and will agree action plans to be developed as a result of activity. This meeting will act as a challenge meeting where the HOCS can scrutinise activity, receive exception and corrective action reports and call managers to account.

8.5 Quarterly reports continue to be produced that will pull together themes from audits that have been undertaken. The Service Improvement board will then consider the messages and learning from these processes in connection to learning and action planning that emerges from the framework.

8.6 Results from audits will be disseminated across Children's Services. The views/comments of staff are gathered in a range of fora, for instance, focus groups, staff briefings, whole service conferences and induction of new staff.

Feedback in respect of the findings of audits and the relevant themes will be disseminated at such events.

- 8.7 A range of audits have been undertaken over the past 3 months via routine monthly auditing by service areas and deep dive group audits. These audits found some evidence of improving work but also reported historical drift and delay is significant to all cases, lack of consistency on the timeliness of supervision, insufficient challenge of poor practice, a failure to seek the views of absent fathers as part of the assessment process and lack of consistency in representing the view of children and young people. Files frequently did not have chronology of significant events to inform practice.
- 8.8 Although assessments by the Access and Assessment service were generally viewed to be of a good standard it was recognized that assessments would have benefitted from ensuring that all key agencies and absent fathers were involved in the assessment process and that timescales were adhered to.
- 8.9 Over recent weeks the early shoots of change are beginning to be visible, with plans now being developed and statutory visits undertaken within timescales and in line with practice standards and regulations.
- 8.10 In addition, The LSCB also has a full audit programme in situ that considers the impact of issues such as domestic abuse/domestic abuse re-referrals, multi-agency evaluation of CP Conferences and Core Groups, partnership engagement with CAF and TAC meetings, LAC Health Assessment, Effectiveness of Early Help Pathway and CSE with a focus on information sharing.
- 8.11 A recent multi-agency audit completed in April 2015 by the LSCB identified themes and areas of learning and how well agencies are working together in order to address neglect. The need for chronologies to be used to support development work was highlighted, as was the need for all agencies to assist in support to reduce drift and target support at an earlier stage. The child's journey and the voice of the child need to be better evidenced and a clear system for schools to record child protection concerns. In addition, the threshold document, review of the neglect protocol and the Family Group Conference Service was identified as requiring a review and these actions have now been completed.
- 8.12 A Multi-agency Risk Assessment Conference (MARAC) audit was completed and identified lessons to be learnt in respect of formally recording on MODUS if a child is discussed at the forum so that all agencies can access this information, MODUS action plans to be completed by the agreed date and

that all agencies need to record this. All agencies are required to challenge any inappropriate risk assessment.

8.13 The evaluation of the Annual Report for Complaints and Compliments 2014-15 showed that there was 86 complaints received the following and of these 23 were resolved through Alternative Dispute Resolution (ADR) by the Social Care Teams. Of the 63 remaining complaints:

- 48 were investigated to an outcome;
- 13 were withdrawn part-way through the investigation; and
- 2 were still on-going at the end of the reporting period

8.14 The main themes identified are as follows. This includes all complaints resolved informally and investigated at Stage 1, but does not include complaints investigated at Stages 2 & 3, as themes are duplicates of Stage 1)

Theme of Complaint	Number	% of Total
Breach of Confidentiality	1	1.16
Communication	9	10.47
Contact	6	6.98
Data Protection Breach	1	1.16
Financial Issue	1	1.16
Lack of Action	1	1.16
Lack of Support	1	1.16
Looked After Child Payments	1	1.16
Service Provision	44	51.16
Staff Conduct	21	24.43
Total	86	100

8.15 Complaints were received from a variety of sources including parents, adopters, foster carers and 7 were received from children and young people themselves. The findings from the Report highlight the need for there to be a clearer focus on customer relations, better communication and improved service delivery. A reduction in complaints and an increase in compliments received will indicate an increase in customer satisfaction.

- 8.16 Twenty nine compliments were recorded within Children's Services between 1st of April 2014 and the 31st of March 2015 from across all Services.
- 8.17 The Independent Reviewing Service are now more robust in their challenges and hold staff at all levels to account in respect of the cases that they review.
- 8.18 The quality Assurance Framework will be kept under review to ensure that continual learning and improvement is embraced and embedded into all aspects of Children's Services

9. WORKFORCE RECRUITMENT

- 9.1 The recruitment of social workers and managers at a number of levels remains a priority for Reading Borough Council. The new recruitment strategy has been implemented which is already having a positive impact and in August 2015 there were 42 applications for social work roles with 6 preferred candidates identified. A new permanent recruitment process has been introduced in parallel, including a new media programme for advertising and a revised Reading Offer, to ensure that the Local Authority is promoted as a flexible and innovative employer. We are also actively recruiting an AYSE cohort to start in January 2016.
- 9.2 A similarly positive recruitment strategy has been put in place for Middle and senior management posts with permanent staff recruited to these posts.

10. THE IMPROVEMENT JOURNEY

- 10.1 The Improvement Journey is over seen by the Improvement Board, chaired independently and attended by the Managing Director, Lead Member for Children, the DCEEHS and partner agencies including the Borough Commander and senior representatives from health.
- 10.2 The Board meets monthly and, in addition to scrutinising progress against the plan, has looked in depth at specific actions\ including changes in governance and audit.
- 10.3 Work lead by the Head of Children's services has underpinned the improvement journey with a robust change management process. This includes:
- Changes in the governance structure aimed at increasing management oversight and scrutiny
 - Changes in the quantity of work undertaken aimed at improvement against key performance indicators and compliance with care standards and regulations.

- Changes in the quality of work undertaken including changes to the culture of social work practice
- Changes in the support and supervision given to social work staff and managers.

Changes in governance

- An access to resources panel has been set up chaired by the Head of CSC. This panel is multi-disciplinary and reviews all children coming into LA care and the care plans of those children already in care where the placement is high cost or at a distance. The Panel scrutinises the decision making, quality of work undertaken and makes recommendations for further action. By the 21st September 2015 the panel had reviewed the work undertaken and made recommendation for practice on 100 children and young people.
- A performance challenge panel has been introduced. This meets monthly to review the data set and key performance indicators. The purpose of this panel is to consider the reasons/blockages that prevent targets from being achieved and to identify solutions, based on best practice, to improve the data set and inevitably the outcomes for children, young people and their families.
- The improvement plan has been developed and shared with managers. A managers group meets to progress the plan with practice leads identified for each of the key areas.
- A children's services improvement board has been developed with partners to review the progress of the plan, offer support and challenge outcomes.

Changes in the quantity of work undertaken

- The challenge meeting reviews all key indicators and challenges staff where outcomes are poor and identifies and monitors actions for improvement. Clear timescales are put in place to improve performance.
- The staff newsletter is used to message key areas for improvement and celebrate successes
- Two whole service meetings, with other regular meetings planned throughout the year, have been set up to ensure key messages are delivered across the service.
- Standards have been set for specific areas of practice including children in need plans and Pathway plans for children leaving care to ensure that all staff are aware of visiting patterns and engaged in the improvement journey.

Changes in the quality of work undertaken

- An audit programme is in place led by the service manager for quality assurance. This programme looks at both the quantity and the quality of practice. The programme includes group audits involving staff at all levels and peer auditing in order to engage all levels of staff in the process and embed change.
- Audits take place across the service all managers from the DCS to ATM complete at least 2 audits a month.
- The access to resources panel provides scrutiny, challenge and senior management guidance to social workers and managers on individual cases to ensure that appropriate and best value services are delivered and drift and delay is avoided.
- The principal social worker has identified training and coaching for teams on thematic issues including planning and assessment, chronology compilation, analysis and case recording.
- Standards have been set in key practice areas.

Changes in the support and supervision given to staff

- The Principal social worker has developed a programme of work for social work staff and managers providing training on key areas of practice to underpin change.
- The training programme is being reviewed regularly to reflect the outcomes of audit.
- Supervision standards have been set which stipulate a requirement that each case be supervised at least every 4 weeks to ensure plans are progressed and appropriate outcomes are achieved for children, young people and their families and in a timely manner.
- Changes in the recruitment strategy have resulted in increasing interest in work in RBC as an employer with recruitment to 6 social work posts, employment offered for two vacant service manager positions and final interviews due to the Head of Children's services post.

11. PRIORITIES GOING FORWARD

The best place for children to thrive is within their families and within their local environment, where this is not possible, RBC will provide the best care for young children by ensuring that we carry through our statutory responsibility with passion and enthusiasm. This will require good partnership working with our partnership agencies, including those from within RBC. We will need to ensure that we all work towards the same objective, which is to bring the best outcomes for our children.

As part of continuing on our improvement journey, the following will be necessary for us to achieve our objectives for young people:

- We need to ensure that the new directions set are embedded over the next few months and provide the quality of care to young people in our care, those on a child protection and children in need plans.
- We continue to develop our auditing culture in the department and cascade the learning through training events and regular workshops.
- That the voice of the child emerges strongly throughout our practice.
- That the core standards are fully understood and the key priorities are adhered to; these include the voice of the child, regular and reflective supervision, performance management, timeliness of our assessments, good analysis of our work and intervention with children and families that is outcome focussed.
- That we achieve stability in staffing, by recruiting good quality staff and retaining them and developing those currently in the Department to their full potential.
- It is essential that all staff have an understanding about our budgetary pressures and learn to live within the budgets allocated but continue to provide high quality services.
- Ensure that residential care is only considered when all their options have been exhausted.

12. CONTRIBUTION TO STRATEGIC AIMS

12.1 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'.

13. COMMUNITY ENGAGEMENT AND INFORMATION

13.1 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.

14. EQUALITY IMPACT ASSESSMENT

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

15. LEGAL IMPLICATIONS

15.1 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.

16. FINANCIAL IMPLICATIONS

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

17. BACKGROUND PAPERS

17.1 None.

GLOSSARY:

CSC - Children's Social Care

MASH - Multi-agency Safeguarding Hub

DfE - Department of Education

LSCB - Local Safeguarding Children's Board

VCS - Voluntary and Community Sector

TVP - Thames Valley Police

ICPC - Initial Child Protection Conference

UASC - Unaccompanied Asylum-Seeking Children

SN - Statistical Neighbour

FGC - Family Group Conference

MARAC - Multi-agency Risk Assessment Conference

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	8
TITLE:	CHILDREN'S SOCIAL CARE RECRUITMENT AND RETENTION - PROGRESS REPORT		
LEAD COUNCILLOR:	JAN GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	ALL
LEAD OFFICER:	BEN MORGAN	TEL:	01189 373254
JOB TITLE:	OPERATIONS & SUPPORT MANAGER	E-MAIL:	Ben.morgan@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Recruitment and retention of social workers continues to be a challenge for local authorities on a national level. This problem is fuelled by a shortfall in experienced social workers which is predicted by Policy Exchange to continue until at least 2022.

As an area of high employment, relatively expensive housing and due to its geographical location competing for talent with both neighbouring authorities and London, Reading finds itself in an acutely competitive market.

From both a practice and financial perspective the preference is for permanent workers rather than agency staff. However, Reading continues to be reliant on sourcing workers through the agency route to ensure that we can continue to deliver services. This is an equally competitive labour market.

This paper outlines the actions already taken and plans to improve recruitment and retention of Children's Social Care staff.

2. RECOMMENDED ACTION

2.1 That the Committee notes progress and endorse the planned actions

3. POLICY CONTEXT

3.1 This work forms part of the Children's Services improvement plan.

4. THE PROPOSAL

4.1 Below are details of the current staffing situation in Children's Social Care. Agency staffing currently exceeds Establishment vacancies as additional resource has

been sourced to address workload. The majority of substantive vacancies are covered by agency staff.

4.2 Current substantive vacancies by FTE are as follows:

Vacancy FTE Team	Role				Grand Total
	ATM	HS	IRO	SW	
A&A and MASH	4.0			5.0	9.0
Adoption				1.0	1.0
CYPDT	1.0	1.0		2.0	4.0
East, North Leaving Care				6.0	6.0
Family Support South	3.0	1.0		5.0	9.0
Family Support West	1.0	1.0		6.0	8.0
Fostering1				0.5	0.5
Fostering2				1.5	1.5
Safeguarding & Quality Assurance			1.0		1.0
Grand Total	7.0	5.0	1.0	26.0	39.0

4.3 Current agency staffing by FTE

Sum of Agency FTE Team	Role				Grand Total
	ATM	HS	IRO	SW	
A&A and MASH	5.0			14.0	14.0
Adoption					
CYPDT				4.0	4.0
East, North Leaving Care				7.0	7.0
Family Support South	3.0	1.0		5.0	9.0
Family Support West	2.0	1.0		5.0	8.0
Fostering1				1.0	1.0
Fostering2	1.0			1.5	1.5
Safeguarding & Quality Assurance			1.0		1.0
Grand Total	11.0	2.0	1.0	37.5	45.5

4.4 This translates to a relatively high percentage of agency workers for these staff categories. Gaining definitive, up to date intelligence from other authorities for comparison has proved difficult. However we understand that our levels of agency staff are about the same as other authorities in our region.

4.5 Percentage of agency workers covering substantive posts

Team	Establishment	Agency staff	%
Assistant Team Manager	24.2	8	33%
Higher Specialist Social Worker	18.6	2	11%
Independent Reviewing Officer	7	1	14%
Social Worker	68.4	27	39%
Totals	118.2	38	32%

The initiatives to improve recruitment and retention that have already been implemented and also those that are planned are listed below.

4.6 Market Supplement Policy Review: This policy states that market supplements will be reviewed annually. This review took place recently and the payments to the RGSW5 and 6 grades in Access & Assessment, MASH, Family Support, Fostering & Adoption and the North & East and Leaving Care Team has increased from £2,000 to £3,000 per year. The other grades are within market ranges with the market supplement taken into account. This was implemented in July 2015.

4.7 Development of an Academy: Work is underway to explore the development of an Academy where the Council trains Social Workers and provides the support to newly qualified workers especially for their portfolio work in the Assisted Year in Supported Employment (AYSE). We're also participating in the Step up to Social Work initiative and currently have 5 workers completing MAs.

4.8 AYSE: We are recruiting for a cohort of 8 AYSE workers to join in January 2016. A strategy to ensure recruitment of 2 cohorts of 8 AYSE workers each year has been implemented. This includes links with selected universities and ensuring promotion at University job fairs and ensuring internal processes are in place to support the new workers.

4.9 Transport: To enable us to recruit workers from further afield who travel into Reading on public transport and to better enable our the business travel of our current workers, additional pool car availability will be assigned from the existing fleet.

4.10 Agency Recruitment of Social Workers: Feedback from Team Managers was that the process of approaching agencies, screening CVs, interviewing candidates and negotiating rates as well as internal processes such as IT set up, are very time consuming and take time away from the delivery of services. To help with this "recruitment time" and to ensure that Reading is well placed to secure the best agency workers available, a Recruitment Co-ordinator was hired in May on an agency basis specifically for Children's Social Care recruitment. This role is working alongside the existing agency management team who together handle most of the processes involved, from screening candidates, negotiating rates and terms to generic inductions and organising the IT set up for new starters. Agency performance has improved since this new approach was adopted.

4.11 Results are that

- The new screening service provided by the RBC Agency Management Team including a telephone pre-screen, saves the managers significant time and has been well received.
- The attendance at interview has increased from 65% to 92%
- The average time from application to appointment has improved, averaging one week, this is considered to be very fast and makes the Authority more competitive as candidates know quickly if they have a job offer.

4.12 Review of permanent recruitment process for Children's Social Care

Work here included:

- From the beginning of August we changed the way in which Social Work applications are managed. Applications are now handled individually with candidates shortlisted and interviewed within a week. Contact and support throughout the process is provided by the agency management team to both applicant and hiring manager, this has reduced candidate drop off before interview from around 50% to almost zero. It also ensures adherence to process and makes Reading stand out from other recruiting authorities.
- Interview questions were revised to ensure fitness for purpose.
- Additional recruitment training was provided for all Children's Social Care hiring managers.
- The time taken to complete DBS checks has previously caused delays to workers starting with the Authority. We have recently started to use an online checking service, it is anticipated that this will reduce the time taken significantly.

Overall results so far have been encouraging, averaging one hire per week since implementation. This could translate to 50+ hires over the year which would mean a significant reduction in the reliance on agency staffing.

4.13 Promotion of working in Social Care at Reading: A targeted 12 month national marketing campaign was launched on 17th August. This includes online advertising of our vacancies on Community Care, The Guardian and LinkedIn, alongside a print presence in The British Association of Social Work magazine. This had an immediate impact in increasing the number of applications received. Additionally a stand has been booked at the next Compass Event - the market leading recruitment event for qualified social care.

4.14 Use Recruitment Agencies for Permanent Recruitment: Alongside the approach described in paragraph 4.12, we have agreed preferential terms with a panel of suppliers, and a process with HR to implement this recruitment approach for hard to fill roles. We have also set up arrangements with suppliers for international recruitment. Since implemented in July results have been encouraging and have already translated to 4 additional hires.

4.15 E-Recruitment: We intend to use functionality within I-Trent and the E-recruitment system. This will mean applicants to jobs at Reading will set up an account registering the type of work they are looking for, along with their qualifications skills and experience. Over time this will create a talent pool database allowing potential workers to be contacted proactively about opportunities in Reading. I-Trent allows a similar methodology to be applied to those that have left employment at the Council.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The planned actions and progress in this report are in line with the overall direction of the Council and the priorities in the corporate plan. Particularly a social care workforce that contributes to safeguarding and protecting those that are most vulnerable, as well as contributing to early help provided to families.

All planned actions and progress contribute to financial and workforce sustainability.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Feedback from Children's Services managers and staff has been considered and used to shape this new recruitment approach.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The new recruitment approach is in line with HR policies and all applicants follow the council's recruitment and selection procedures.

8. LEGAL IMPLICATIONS

- 8.1 Nil for this progress report as procedures comply with the Council's HR policies.

9. FINANCIAL IMPLICATIONS

Revenue Implications

- 9.1 Budgeted spend on advertising is £17,000 to date
- 9.2 Impact of market supplement increase by £1,000 from July 2015
- 9.3 Budgeted funding of the Recruitment Co-ordinator post is £25,000 pa

Value for Money

- 9.4 These costs are netted against better negotiated rates from staffing agencies, reduced management time spent on recruitment and by recruiting permanent staff as opposed to agency workers, this saves £20,000 per worker recruited, per year.

10. BACKGROUND PAPERS

- 10.1 None

READING BOROUGH COUNCIL

REPORT BY DIRECTOR of CHILDREN'S, EDUCATION AND EARLY HELP

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	9
TITLE:	READING BOROUGH COUNCIL PREVENTION OF NEGLECT ACTION PLAN		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S AND EARLY HELP SERVICES	WARDS:	All
LEAD OFFICER:	SYLVIA CHEW	TEL:	0118 937 4771
JOB TITLE:	DIRECTOR OF CEEHs	E-MAIL:	Sylvia.Chew@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report details the manner in which Reading Borough Council (RBC) will address the harm experienced by children and young people as the result of neglect.
- 1.2 In 14/15 the percentage of Reading children subject to a Child Protection Plan and classified under the category of neglect stood at 48%. This was above the performance of statistical neighbours (34.1%) and nationally (42.1%). As of the 31st August 2015 the number of children with Child Protection Plans and a category of neglect had reduced to 45%.
- 1.3 Reading's LSCB approved a Neglect Protocol in September 2015. This protocol is attached (Appendix 1). Reading Borough Council's response is to set out an action plan to ensure that neglect is identified and interventions are put in place at the earliest possible stage. This action plan is set out in Appendix 2.

2. RECOMMENDED ACTION

- 2.1 That the Prevention of Neglect Action Plan is considered and endorsed.

- 2.2 That all services working with Children, and Young People familiarise themselves with the protocol, ensure staff are equipped to identify neglect and are aware of referral pathways.
- 2.3 An update on progress made against the Prevention of Neglect Action Plan to be brought back to ACE committee in June 2016.

3. POLICY CONTEXT

- 3.1 The Department for Education guidance 'Working Together to Safeguard Children' (2015) defines neglect as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- 3.2 Neglect is frequently found alongside other forms of abuse - emotional, physical and sexual. Neglect has historically been under-identified and affected families often make short term changes to improve the situation at home with professional support but are not able to sustain changes into the long term. This is then experienced as re-referrals back into Early Help or Social Care teams for more cycles of intervention.
- 3.3 Child Neglect is a criminal offence as set out in section 1 of the Children and Young Persons Act 1933. This provides that any person aged 16 or over who has responsibility for a child under that age commits an offence if they wilfully assault, ill-treat, neglect, abandon or expose that child (or cause or procure him to be so treated) in a manner likely to cause him unnecessary suffering or injury to health.

4. THE PROPOSAL

- 4.1 The LSCB have identified Neglect as a priority as it continues to be the highest category on Child Protection Plans. Whilst the % trend of neglect categorisation on Child Protection Plans over last four years is down from a high of 73% (end of year 11/12 figure) the end of year figure for 14/15 still

remains significantly above statistical neighbours (34.1%) at 48%. In addition to the statistical information neglect will also be present alongside other forms of abuse.

- 4.1 The impact of neglect is significant, both in the short term for children as well as long term as children become adults.

The LSCB protocol is a call to action for all partners to respond to this priority. As a consequence Reading Borough Council has set out its response to tackling Neglect in family life.

- 4.2 Evidence from both local and national case reviews highlight the reasons why services need to change their practice to ensure sustained change.

These include:

- Work with families where neglect is a feature may 'drift' with a loss of professional interest or purpose leading to either no change or a lack of sustained change.
- Work may have a lack of focus on the lived experience of the child, with professionals failing to take regular account of the impact of neglect on the child through their own words or lived experience.
- There may be a de-sensitisation or professional failure to identify what is the impact on children of neglect. Often known as professional accommodation, this can lead to reluctance to repeatedly challenge standards that need to be addressed.
- Aligned to professional accommodation can be the acceptance amongst professionals that providing resources will alleviate neglect. This can lead to a false or un-sustained change within the family as the more fundamental reasons for neglect in the family are not assessed and worked on.

Therefore 4 objectives have been identified to be the focus of RBC's Prevention of Neglect Action Plan. These are:

1. To ensure that all relevant RBC staff are confident and capable of identifying and responding appropriately to potential/ actual neglect.
2. To ensure that a common understanding of the language used to describe neglect and thresholds for intervention are in place for all relevant RBC staff.
3. To improve the recognition at the earliest point and that an assessment and response to children and adolescents living in neglectful situations before statutory intervention is required is available.
4. To ensure the effectiveness of service provision that is addressing Neglect in families.

The action plan will be monitored regularly by the Department management team and a six monthly update will be provided to the Lead Member on the

progress made against actions and outcomes expected.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The development and writing of a Prevention of Neglect Action Plan contributes to these RBC strategic aims;

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

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 As part of the action plan communication a review of existing consultation with service users in Children's Services will be completed and gaps in information and knowledge will be added to action plan updates.

7. EQUALITY IMPACT ASSESSMENT

7.1 As part of the action plan communication the council will complete an Equalities Impact Assessment to inform our public duties of:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications for RBC in this piece of work

9. FINANCIAL IMPLICATIONS

9.1 The action plan is expected to be delivered within current resources.

10. BACKGROUND PAPERS

10.1 LSCB Neglect Protocol - Appendix 1

10.2 Prevention of Neglect Action Plan - Appendix 2

Appendix 1

LSCB Neglect Protocol

Reading Local Safeguarding Children Board

Neglect Protocol 2015

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Introduction

Awareness of child neglect and its consequences on the future wellbeing and development of children has increased during the last two decades. It is notoriously difficult to evidence and research shows that it often co-exists with other forms of abuse and adversity. It is also the most common reason for child protection plans in the UK. In the year ending 31st March 2006, 43 per cent of child protection registrations in England related to children considered to be at risk of neglect (DfES, 2006a).

The purpose of this document is to raise awareness and provide direction on how agencies and professionals should deal with neglect in families. This document outlines a set of partnership commitments from the LSCB to reduce the impact of neglect on children's lives.

Throughout this document any references to child, also include unborn children and young people.

This document was agreed by the Reading LSCB Board on 17th September 2015.

Definition

Working Together defines neglect as:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There is overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect so when working with children subject to neglectful situations an understanding of emotional abuse is also important.

Working Together defines emotional abuse as:

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

It should also be noted that child neglect is a criminal offence as set out in section 1 of the Children and Young Persons Act 1933. This provides that any person aged 16 or over who has responsibility for a child under that age commits an offence if he wilfully assaults, ill-treats, neglects, abandons or exposes that child (or causes or procures him to be so treated) in a manner likely to cause him unnecessary suffering or injury to health.

Effects of Neglect

Apart from being potentially fatal, neglect causes great distress to children and leads to poor outcomes in the short and long term. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity, length of exposure and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child.

Short term effects

Living within a neglectful environment may result in short term effects for a child or young person, many of which may reduce or disappear with support and care. These can include:

- Persistent illness or infections
- Persistent nappy rash
- Under / over weight
- Difficulty in establishing friendships / few friends
- Withdrawn
- Lack of confidence
- Lack of trust
- Bullying

Long term effects

Children who have been neglected may experience long-term effects that last throughout their life. These can be similar to the short term effects and can include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self harm, suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- failing to thrive, not meeting developmental milestones
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others
- difficulties in learning, lower educational attainment, difficulties in communicating
- behavioural problems including anti-social behaviour, criminal behaviour.

In addition children who don't get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children. They are more likely to experience mental health problems including depression and post-traumatic stress disorder, and may also engage in risk taking behaviour such as running away from home, breaking the law, abusing drugs or alcohol, or getting involved in dangerous relationships.

Reading's LSCB threshold criteria incorporates a range of specific indicators across the levels two to four regarding the identification of emerging to significant neglect in children's lives. The LSCB recommends that all practitioners reference the threshold guidance document (<http://www.readinglscb.org.uk/information-professionals/threshold-criteria/>) when making a decision on how to best support and tackle the issues of neglect in families.

Why is this a priority for the LSCB?

Neglect is the highest category for children and young people in Reading on a Child Protection Plan and has been for some time. It has been routinely above 50% for the last three years, which is significantly above the national figure of 43%.

However reliance on the numbers of children on a child protection plan alone potentially conceals the extent of neglect and hinders attempts to understand the impact on the lives of children of measures to address it. LSCB discussed the lack of visibility of this issue and has included it in one of the 5 priorities for action and improvement.

There has been two recent publications highlight the national agenda at Government level about neglect. In July 2014, the National Institute for Clinical Excellence (NICE) published a draft scope for consultation on a social care guideline for child abuse and neglect. The Ofsted Report: "In the Child's Time: Professional Responses to Neglect" was published in March 2014. It is based on the findings of a survey of 11 local authorities across England.

Current Learning

National Serious Case Reviews

Serious Case Reviews in relation to cases of neglect have identified a number of lessons with regard to professional practice. These should be considered when recognising and responding to neglect, and explored within supervision where possible.

Professional Accommodation: It is often observed that professionals want to think the best of families with whom they work. In cases of neglect where professionals have worked hard to establish a precarious relationship which is contributing to the maintenance of a 'just good enough' situation, there may be a reluctance to confront unacceptable standards for fear this would jeopardise future working. Workers can become desensitised and fail to differentiate the just good enough from the unacceptable. Practitioners should be challenging themselves (and others) when such accommodation is evident, and using reflective supervision to explore.

Drift: This is closely allied to professional accommodation. Drift can be identified as a loss of interest or a loss of purpose in a particular case, and it is a particular danger in long term cases of neglect, where much of the necessary work may be repetitious. Supervision, consultation and clear planning with specific objectives are essential to counter this. In addition to the consideration of the need for an "outside perspective" from another agency or professional, it may be beneficial to provide a fresh set of eyes from within the team, e.g. for another colleague, Team Manager, Advanced Practitioner or Safeguarding Lead to undertake joint visits with the long term worker.

Provision of Resources: It is dangerous to assume that the provision of material resources will alleviate neglect. This may on occasion be a necessary and appropriate part of a plan of work, but it may also be an inappropriate alternative to confronting more fundamental problems in patterns of care and family relationships. It is essential to analyse the impact of the provision of material resources. (E.g. if a fridge has been provided, has this in fact led to the children being better fed? If a washing machine has been provided, has this led to an appreciable improvement in the presentation of the children?). If a family is in receipt of regular Section 17 payments the Children's Social Work Service the chronology should include an analysis of the impact of this provision. For other services records should reflect some consideration of the impact on the child. Ideally views from the different agencies working with the families where neglect is thought to be an issue should share their opinions on the impact of resource provision.

Focus on the Child: In cases of physical or sexual abuse practitioners are used to talking to even young children about their experience of what has happened to them. Neglect cases, by contrast, virtually never start with an allegation from a child; invariably they are from an observation by a professional, or perhaps a member of the community.

The focus is not on what has been done to the child, but on the standard of care provided to him or her. However to understand the impact of that standard of care it is essential that the child is spoken to, and his/her experience explored. For children who cannot verbally communicate their experiences, feelings and wishes should still be gathered using

alternative methods. Neglect needs to be understood from a child centred perspective, focusing on the child's unmet needs, and on the consequences for the child of parental behaviours e.g. is the child bullied or ostracised at school because of poor hygiene.

In situations whereby external factors such as domestic violence or substance misuse are creating or impacting upon a neglectful situation, although responses should be considered within a Think Family, Work Family approach, the needs and voice of the child should not be lost.

Local Learning

Local learning from a LSCB Multi-Agency Neglect Audit has identified the following key points:

- Lack of evidence of holistic assessments being undertaken led to gaps or inconsistencies in assessments.
- Inconsistent use and standards of chronologies had a direct impact on the outcome of assessments.
- Lack of coordination between agencies and lack of escalation at an earlier stage led to drift in some cases.
- Voice of the adult appeared to overshadow the voice of the child which resulted in over optimism of parents and disguised compliance.
- Inconsistent communication between agencies particularly prior to cases escalating to the child protection process led to delay.

Further information can be found on the LSCB website:

www.readinglscb.org.uk/training/learning-audits/

LSCB Recommendations

Based on the learning above, the LSCB recommends that:

- A regular review of the LSCB threshold document is undertaken to ensure the inclusion of new signs and symptoms of neglect from research or Serious Case Reviews
- That key agencies ensure that their safeguarding policy and protocol adequately addresses the risks related to neglect and the need for timely and proactive intervention
- That all agencies provide access to training for staff in their organisation to assist with the identification and response to neglect.
- That all agencies ensure that staff are briefed or trained on the importance of listening to the voice of the child and mindful of the risks of the child's voice being overshadowed by adult opinion or circumstance.
- That all agencies ensure that there is a record of significant events over time in the form of a chronology or log on order to assist with the identification of neglect and its impact on the child.
- That all agencies ensure that staff understand how to escalate concerns and are confident in the escalation process
- That all agencies fully participate in multi - agency assessments including the CAF and single assessment

Specific to Reading Borough Council:

- That RBC ensure that CAT and CSC staff are upskilled to be 'experts' in assessing the impact of neglect
- That RBC staff are trained in the use of the 'graded care profile' assessment tool.
- For RBC Children's Services to consistently use chronologies in assessment, analysis and decision making.

Appendices

1. Recognition of Neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child's neglected appearance, other signs may include:

- Short stature
- Faltering Growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided
- Severe and persistent infestations (for example, scabies or head lice) in a child
- Parents or carers who have access but persistently fail to obtain NHS treatment for their child's tooth decay
- Parents or carers who repeatedly fail to attend essential follow up appointments that are necessary for the health and well-being of their child
- Medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain
- A child who is persistently smelly or dirty particularly if the dirtiness is ingrained.
- Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening
- Child or young person is not being cared for by a person who is able to provide adequate care
- If parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm
- Repeated observation or reports of any of the following home environments that are in the parent's or carer's control
- Poor standard of hygiene that affects the child's health
- Inadequate provision of food
- Living environment that is unsafe for the child's developmental stage
- Re/purple mottled skin, particularly on the hands and feet are seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite (at school or nursery)
- Dry sparse hair
- General physical apathy
- Dental Decay
- Childhood Obesity
- Unresponsiveness or indiscriminate relationships with adults (may be attention-seeking or seek affection from any adult)

NICE, Quick Reference Guide: *When to suspect child maltreatment*, (2009)

2. Causes of Neglect

It is not easy to say what causes a person or persons to neglect someone. An individual may purposefully choose to neglect another, or it may be the result of other contributing factors such as parental ill-health, parental learning disabilities, substance misuse, domestic abuse, unemployment and poverty. It is the presence of one or more of these factors which impacts on the ability to parent a child and which may result in neglect. In addition neglect may be contributed to by factors which relate to the child rather than the parent / carer, but which may still impact on parenting capacity, for example illness or disability.

The relationship between poverty and neglect is problematic. It is important to separate material impoverishment and emotional impoverishment. It may be difficult to distinguish between neglect and material poverty. However, care should be taken to balance recognition of the constraints of the parents' or carers' ability to meet their child's need for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs. Neglect can be viewed as a persistent failure to meet the essential needs of a child by omitting basic parenting task and responsibilities despite parents having the economic resources to meet the needs.

Situations of neglect can also be heightened as a result of the carers response to those who recognise it and offer support. For example a parent / carer who refuses to engage in support, or change neglectful actions will be adding to the situation. Practitioners should be aware of non-engaging behaviours (for example disguised compliance, non-engagement with services [adult or childrens]) and how to respond to them.

3. National Publications

Two recent publications highlight the national agenda at Government level about neglect. In July 2014, the National Institute for Clinical Excellence (NICE) published a draft scope for consultation on a social care guideline for child abuse and neglect. NICE has been asked by the Department of Health (with approval from the Department for Education) to develop this guidance. In March 2014, Ofsted published a summary of a thematic inspection on the quality of professional responses to neglect. The Ofsted report makes a number of recommendations to Government, LSCBs and Local Authorities.

The Guideline Scope from NICE notes that the common parental and socio-economic factors associated with neglect are parental alcohol and drug misuse, parental mental health problems, domestic abuse, poverty and residential instability (particularly in combination). These factors are common features of the lives of the population of children in Reading who become the subject of child protection plans or who are children in need.

NICE anticipates that its guidance will enable practitioners to determine more effectively the seriousness of need and risk experienced by children and young people. Areas and issues that will be covered include recognition, multi-agency assessment, preventative and targeted interventions. The focus will range from early help preventative interventions to more intensive social work led interventions. It should be noted that the guideline is intended to be published in September 2017.

The Ofsted Report: “In the Child’s Time: Professional Responses to Neglect” was published in March 2014. It is based on the findings of a survey of 11 local authorities across England.

The key findings of the survey are:

- Variable quality of professional practice
- Insufficient account of history or consideration of impact of neglect on the child
- Good support - meeting short-term needs
- Lack of use of models measuring extent of neglect: underestimation of extent and reduced capacity to measure the effectiveness of interventions - at an operational and strategic level
- Inconsistent approaches by practitioners across services in use of effective strategies and evidence based practice to address neglect.

The report challenges local authorities, partners and LSCBs to review the current approaches to neglect and ensure more effective responses are in place.

Appendix 2

Prevention of Neglect Action Plan for Reading



The Role of Reading Borough Council Children's Services in Neglect

In response to the LSCB neglect protocol RBC has created a short term action plan to tackle many of the protocols recommendations and practice improvements to prevent and respond to the negative impacts of neglect in families.

A clearly understood threshold for access to Children's Services is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of neglect - cumulative harm, non - incident focused, improving and worsening often in line with the advance and retreat of professional help - can present challenges for practitioners assessing parental behaviours and the impact on children.

Children's Social Care services can be accessed via the contact form to the Multi-Agency Safeguarding Hub (MASH) where decisions are made about whether to progress and assess a child under S.17 or s.47 Children Act 1989. The Level 3 and 4 of need to access Children's Social Services is set out in Reading LSCB threshold document, which is available on the LSCB website at:
<http://www.readinglscb.org.uk/information-professionals/threshold-criteria/>

Reading's Early Help offer can be accessed via the Early Help pathway, where decisions are made about offering an intervention to meet the needs of children as described in the Reading LSCB threshold document in Level 2.

All agencies that make contact into Children's Services can expect clear communication about whether the contact and subsequent referral has been accepted and the role of the referrer going forward. If the referral has not been accepted clear reasons why this is the case will be provided and what support the referrer can offer or seek for that child outside of Children's services.

Any child who is subject of an assessment and on-going support from Children's Services will have a plan that identifies their needs, what outcomes the plan hopes to achieve and what actions the adults in the child's life will have to take to achieve the outcomes. These plans are multi-agency and the ambition of all our plans is that children have permanent and secure homes where the adults are able to meet their needs without on-going support of statutory safeguarding services.

All front line workers in Children's Services will be trained to understand how neglect presents, the long and short term effects on children and will be supervised and supported to make judgements required to safeguard a child from neglect.

Children's Services will work with universal services throughout their involvement with the child or young person and will work with these services to ensure a clear plan is in place both for the period of intervention and beyond.

RBC aims to ensure early recognition of neglect and improve agency responses to children and young people affected by neglect through strong and effective multi-agency leadership. To that end this action plan has 4 core objectives. These are:

1. To ensure that all relevant RBC staff are confident and capable of identifying and responding appropriately to potential/ actual neglect
2. To ensure that a common understanding of and language used to describe neglect and thresholds for intervention is in place for all relevant RBC staff.
3. To improve the recognition at the earliest point, assessment and response to children and adolescents living in neglectful situations before statutory intervention is required
4. To ensure the effectiveness of service provision that is addressing Neglect in families.

Governance and accountability

The implementation of this plan will be overseen by the Department Management Team on a bi-monthly basis and the LSCB Quality Assurance Sub group which meets six times per year.

What the action plan is looking to achieve.

This plan is looking to achieve a continued reduction over time of the % of Child Protection Plans that has Neglect as the primary category. Our ambition is to achieve a reduction that puts us in line with National averages and then eventually with statistical Neighbouring Authorities by Sept 2016. This target takes into account the likelihood that the Local Authority will experience an initial increase in CP neglect plans, as a result of the increased awareness but then be followed by improved interventions to prevent and reduce effects of Neglect in families.

End of Year 14/15 figures

- Current rate: 48%
- Stat neighbours: 34%
- National rate: 42%

In addition to this we would expect:

- A reduction in the number of children who experience a repeat child protection plan process. We would aim to reduce this by 4.7% (to 16% from 20.7%) over the next 12 months, by September 2016.
- A 10% reduction in number of cases open as Children in Need in the Local Authority by September 2016.

Other key measures that will help us understand the impact of this action plan will be to follow;

- Number of cases that are being worked in the Early Help Service with neglect as a feature and the % of these that result in a positive change
- Number of cases in our Early Help Service that are reporting positive change through the use of the outcome star tool in areas related to Neglect
- Number of cases in the Edge of Care Service (that have Neglect as a feature) that are reporting positive change through the use of the outcome star tool in areas related to Neglect.

Action plan covers period 1st Oct to 31st March 2016

Objective 1: To ensure that all relevant RBC staff are confident and capable of identifying and responding appropriately to potential/ actual neglect					
Action	Lead	Timescale	Progress Update	Outcomes - what will the difference be?	How will we know this is achieved?
Prevention of Neglect Action plan to be presented to ACE	Lead Member for Children's Services	02/11/2015		There will be clear political and corporate governance in place to support the delivery of actions across the council.	Minutes of ACE provide evidence of corporate and political support.
Understand the baseline of current corporate staff use of LSCB universal safeguarding training (can be online package) and discuss with relevant corporate service managers results.	Workforce Development Team	31/01/2016		A clear understanding of strengths and gaps in the current corporate training safeguarding programme to ensure that staff are aware of signs of Neglect and action to take.	Report on numbers of relevant staff who have attended training against a target of 85%. Analysis of LSCB training courses demonstrates that 100% include reference to neglect and all include details of referral pathways
Presentation at 'Team talk' on the prevalence and our corporate response required to tackle Neglect	Director of CEEHs	31/12/2015		Corporate leads are made aware of the neglect agenda and referral pathways	Follow up Questionnaire to participants in 3 months demonstrates that 80% can identify 3 signs of neglect and 100% can identify referral pathways
Staff presentation provided to key RBC teams: <ul style="list-style-type: none"> • Housing officers and maintenance teams. • Refuse collection teams • Community safety and community development teams. • Environmental officers 	Children's Services - range of service managers	31/03/2016		Presentation will be available for RBC managers enabling them to provide clear information on signs of Neglect and expectations of staff. This will increase awareness and confidence of staff members to respond appropriately to Neglect.	End of staff meeting confidence and 'test' measures from presentation for each staff groups. Expectation that 75% staff participating can confirm how to identify and respond to Neglect including an

					understanding of the referral pathways.
Awareness raising in schools to ensure that teachers are confident in identifying neglect and referral pathways.	Virtual head for children missing out on education + Service manager for Early Help.	31/03/2016		All school designated Child Protection leads are equipped to deliver a presentation to a school staff meeting on signs and response to Neglect in families.	End of staff meeting confidence and 'test' measures from presentation for each staff groups. Expectation that 75% staff participating can confirm how to identify and respond to Neglect including an understanding of the referral pathways. During review of application of Thresholds in MASH and Early Help pathway, contacts from schools demonstrate good identification of Neglect.
Produce some simple 'help' guides for staff to use as reminders in their team offices and accessible on the LSCB website on 'Signs and Responses'	Head of Children's Services	31/12/2015		LSCB website information to download and view.	Positive visual check and feedback from services on availability and use of Neglect information and ease of referral from at least 2 other services in RBC
LSCB Threshold document & Early Help pathway launched	LSCB Business Manager	20/11/2015		Participant RBC staff members will gain an understanding of what are thresholds in Reading, how to apply and respond to them. This will lead to more informed and improved decisions for children, over time, to access support.	End of events confidence and 'test' measures from events for each RBC staff attending. Many staff from which teams/ services attending and an aim to have 75% success of learning from these identified groups.

Complete an equalities impact assessment of our work on neglect to inform our actions in reference to protected groups	Service Manager - Early Help	31/12/2015		Impact assessment completed that confirms any actions to add to this plan to improve our effectiveness of working with families from protected groups	Actions added to this plan to improve our effectiveness in objectives 2 to 4.
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Objective 2: To ensure that a common understanding of and language used to describe neglect and thresholds for intervention in children's services					
Action	Lead	Timescale	Progress	Outcomes - what will the difference be?	How will we know we've achieved this?
LSCB Threshold document & Early Help pathway launched	LSCB Business Manager	20/11/2015		Participant Children's Services staff members will gain an understanding of what are thresholds in Reading, how to apply and respond to them. This will lead to more informed and improved decisions for children, over time, to access support.	End of events confidence and 'test' measures from events for each RBC staff attending. Children's Service staff from which teams/ services attending and an aim to have 100% success of learning from these identified groups.
Review and update LSCB safeguarding training, universal, to include information Thresholds and Early Help pathway and resources on key topics (e.g. Neglect, CSE)	Workforce Development Team (LSCB lead)	31/12/2015		All safeguarding training courses include an element on Neglect and application of Thresholds. Participants will be more confident and knowledgeable on Neglect and use of Thresholds	Feedback mechanism at end of course to demonstrate significant (90%) learning of participants
Complete a group audit to look at 15 Neglect cases, following the child's journey through Children's Services. This needs to be understanding; Assessment quality and language used Supervision quality and identification of Neglect signs and impact	Service Manager Early Help & Service Manager YOS and intensive support	31/03/2016		Findings to show Neglect identified in assessments SMART Plans in place addressed to change neglect at home Quality supervision that discussing key issues engagement, drift and achieving outcomes for children identified in the plan	Audits will demonstrate 50% are Good 50% are Requires Improvement as a minimum standard

Review the of application of Thresholds in MASH and Early Help pathway to ensure consistency of application on 30 cases	Head of Service Children's Services	31/03/2016		Consistent use of thresholds across MASH and Early Help pathways.	Review will demonstrate 50% are Good 50% are Requires Improvement as a minimum standard

Objective 3: To improve the recognition at the earliest point, assessment and response to children and adolescents living in neglectful situations before statutory intervention is required.					
Action	Lead	Timescale	Progress	Outcomes - what will the difference be?	How will we know we've achieved this?
Complete an audit of children currently on a repeat Child Protection Plan that have Neglect as the CP category	Service Manager review and quality assurance	30/11/2015		Clear learning points identified for the service to prevent children experiencing repeat CP processes	Audit demonstrates 50% are Good 50% are Requires Improvement as a minimum standard Follow up audit will demonstrate that remedial action has been taken if required.
All social work and early help staff to be trained in the 'Graded care profile' tool to assess neglect	Principal Social Worker	31/12/2015		Staff will be more confident and capable to identify and address neglect in families. This will lead to improved planning and interventions.	90% attendance of relevant staff. Audits planned will show graded care profile in place
Outcome star training to be delivered to all relevant RBC children's services staff.	Workforce Development	31/03/2015		Staff will be more confident in using the star as a way of reviewing the success of intervention and ascertaining the feedback of children and parents.	80% of relevant staff will have received training. 50% of relevant staff will use the star on a regular basis.
All files to have a high quality chronology of significant events.	Principal Social Worker	31/12/ 2015		Planning and intervention will be informed by historical events	Monthly audits will demonstrate that 100% of case files audited have a

Training delivered on Chronologies, case summaries and analytical writing for relevant staff.					chronology on file. 80% of chronologies are a good quality.
Voice of Child to be evident on all files (CSC and Early Help) and used in decision making and planning meetings with families. Tool boxes for Direct work to be re-issued to relevant staff Direct work training to be delivered to relevant staff	Principal Social Worker plus Service Managers	31/03/2016		Children's views will be sought, recorded and affect our decision making and planning.	Monthly audits will demonstrate that 100% of case files audited is showing Voice of Child is in place. Evidence in group audit reports that Voice of Child is affecting decisions in meetings (TACs, Core groups, LAC reviews etc)

Objective 4: To ensure the effectiveness of service provision that is addressing Neglect in families.					
Action	Lead	Timescale	Progress	Outcomes - what will the difference be?	How will we know we've achieved this?
Themed audit of repeat Child protection Plans under the category of neglect.	Service Manager review and quality assurance	October 2015		A clear understanding of why and how to reduce the number of children on repeat CP plans.	Report on the audit going to the improvement board with action plan
Signs of safety to be used in monthly case file supervision. A package of support and training delivered to managers on reflective supervision	All Service Managers	Ongoing		Planning and intervention will be informed by the signs of safety model which will be used consistently.	Reporting will identify that 90% of case supervision occurs monthly Monthly audits will demonstrate that 100% of supervision records use Signs of safety
All Children subject to ongoing work under the auspices of early help, CIN due to neglect to have a	All Service Managers	31/03/2016		Children's plan will be progressed in a timely manner and stay focused on addressing neglect in the family. Cases will be escalated or stepped	Report on the number of reviews completed: Early Help - 100% of relevant cases reviewed

formal management review at 9 months or the second CP review.				down appropriately in a timely manner	CiN - 80% of relevant cases reviewed at 9 months
Service user feedback collated on the effectiveness of our interventions and support	Service Managers Early Help LT teams	31/03/2016		Children and families will be identifying the changes made and impact on reducing Neglect in family life	70% of children and families participating in the feedback can identify positive changes and impact (mainly using outcome star)

READING BOROUGH COUNCIL

REPORT BY THE INDEPENDENT CHAIR OF THE CHILDREN'S SERVICES IMPROVEMENT BOARD

TO:	ADULT SOCIAL CARE, CHILDREN'S AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	10
TITLE:	FIRST QUARTER REPORT - CHILDREN'S SERVICES IMPROVEMENT BOARD		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	IAN WARDLE	TEL:	0118 937 2067
JOB TITLE:	MANAGING DIRECTOR	E-MAIL:	ian.wardle@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Following the establishment of the Children, Education and Early Help Services Directorate, the Administration and Managing Director drove forward a robust programme of review to lead to improvements in outcomes for children. Following a report presented to the ACE Committee on 29 June 2015, the Committee agreed to set up a Children's Services Improvement Board (CSIB) to oversee the improvements and to ensure that the pace of improvements was maintained. It was also agreed to appoint an Independent Chair.
- 1.2 The Improvement Board meets monthly. The Board has met three times since it was established in July 2015 and this is the first of four reports to ACE. To date the Board has had good representation from partners including Health and the Police. The Council have yet to identify representatives from Education.
- 1.3 This report is being brought to ACE Committee to provide Elected Members with a view of the progress made since July 2015.
- 1.4 In summary, it is too early for the Board to report that there is evidence of consistently high standards of practice, that there is strong learning culture and that there is evidence of an outcome focused approach to practice although there are some 'green shoots'.
- 1.5 There is however, evidence that a strong recruitment drive underpinned by the

Reading Offer is paying dividends in the recruitment of more permanent social workers and that day to day management of staff is beginning to set high expectations on social work practice but there is much to be done if the local authority were to be deemed 'good' and the pace of improvement needs to be accelerated across all services and embedded into day to day practice and management.

- 1.6 This report reflects the views of the Board over three meetings, provides an update to ACE Committee and identifies the foci for the next three months.

2. RECOMMENDED ACTION

2.1 That the report be noted.

2.2 That Members identify any particular issues, which they would like the CSIB to focus on over the next few months.

3. POLICY CONTEXT

3.1 At the meeting of the Adult Social Care, Children's Services and Education Committee held on 29 June 2015, it was agreed to establish a Children's Services Improvement Board (CSIB) to oversee the implementation of the Children's Services Improvement Plan and to ensure that system wide leadership is in place and creates the conditions for effective partnership working and practice will make a difference in improving outcomes for children. That there is a golden thread of oversight from top to bottom, with clear line of sight between leaders, practitioners and children; that the voice of the child informs everything that Children's Services does; that there are robust and effective quality assurances in place to support the Improvement Plan; that impactful support and challenge from the Board with a clear oversight of improvement plan delivery is welcomed and embedded and that the work of the Board supports Reading Borough Council to be a confident learning organisation which aspires to be 'good'.

3.2 The Terms of Reference and objectives of the CSIB are attached at Appendix 1 and Appendix 2.

3.3 The priorities agreed by ACE Committee were based upon 6 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

3.4 This is the first of 4 reports to ACE Committee over the year. The Board has met three times since it was established in July 2015

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 The decision to establish the Children's Services Improvement Board (CSIB) and the work of the CSIB is aligned with the strategic priorities of Reading Borough Council's Corporate Plan 2015-2018 and in particular to 'safeguarding and protecting those that are most vulnerable.

4.2 The CSIB does not duplicate the work of Reading Safeguarding Children Board (RSCB) but does scrutinise and receive reports from the RSCB in order to meet the objectives.

4.3 The Director of Children, Education and Early Help Services is writing a paper to set out the governance arrangements which will also show links between the Children's Services Improvement Board (CSIB) and other statutory boards. This is due to be circulated to Board members prior to the next CSIB meeting.

5. PROGRESS ON PRIORITIES

5.1 Leadership and Governance - the Director of Children, Education and Early Help Services took up her permanent post on 1 July 2015. A number of key posts have yet to be filled, however a permanent Head of Service has been appointed and will take up her post in the next two months. The interim staff have brought some strong practices to the services and have established regular challenge meetings, a resources panel and have weekly monitoring meetings to ensure any drift and delay, particularly in child protection visits are addressed swiftly. It is reported to the CSIB that the Managing Director and Lead Member have regular meetings to monitor on-going and day-to-day developments. While there are signs that some of these management initiatives are making a difference, it is too soon to say whether the culture is embedded into practice, which will tackle some of the drift and delay previously reported. Officers have reported that 73% of activities in the Improvement Plan have been delivered.

5.2 Partnership working - the CSIB is well represented by partners, including Health and Thames Valley Police who play an active role in the CSIB. The RSCB provides a regular update on progress. The latest report has confirmed that good progress has been made on implementing the Child Sexual Exploitation (CSE) action plan, signing off the Neglect Protocol and agreeing thresholds across all partner organisations, which are being supported by multi-agency training events. The local authority has yet to identify a Primary and a Secondary Head Teacher to attend the CSIB. Further work is required to develop the Multi-Agency Safeguarding Hub (MASH) and the Access and Assessment Team to ensure that referrals to assessment are carried out more swiftly. Officers report that workshops on process mapping and standard setting have been set up.

5.3 Quality and Consistency of Practice - the most recent report on the Improvement Plan showed that significant tasks have yet to be completed.

The CSIB received a report on the Audit Framework and the planned programme of audits at its meeting in September. To date the CSIB has received a report following the audit of children referred for a second time having been stepped down. This revealed that of the 10 cases audited 1 was deemed to be good and 9 required improvement. The Board was re-assured by officers that this audit had been acted upon by managers. The audit covering the first quarter of the Board's life was not available and will be presented to the next CSIB. There is insufficient information at this stage to say whether audits are showing improved practices across all service areas. It was reported that improvements had been made in carrying out child protection visits according to a child's plan and for the last month this stood at 96%. The national requirement of year to date data from July 2015 remained a cause for concern and the Board have asked for regular updates on this data. The other two areas of focus for the Board over the last two meetings has been the number of days from referral to assessment and the number of Personal Education Plans (PEPS) for Looked After Children. It was thought that the latest data was not accurate because of the change to MOSAIC from Frameworki. Officers have reported to the CSIB that a new quality assurance framework has now been implemented and a greater level of scrutiny is in place and are confident that this will bring improvements.

- 5.4 Workforce Development - it was reported to the CSIB that all tasks identified in the Improvement Plan are on target and that no tasks are overdue. An overall strategy has been approved by the Corporate Management Team and has now been presented to the Corporate Parenting Board. There is still a high percentage of agency staff in post, with 30% of agency workers covering substantive posts. Some good work has taken place, which has included RBC improving the Market Supplement for a number of grades, recruiting Assisted Year in Supported Employment (AYSE) in two cohorts each year, pushing ahead with the development of a Social Work Academy and providing additional pool cars and closer working with Agency Recruitment organisations. RBC has also launched a marketing campaign with national media.
- 5.5 Performance Management - at the most recent CSIB it was reported that no tasks are overdue in the Improvement Plan and that activities show an upward trend. This is an area of particular focus for members of the CSIB with members requesting an improved quality assurance framework to underpin the Improvement Plan and more aligned with Ofsted's Annex A, supported by a forensic analytically report each month. The Board have asked for this for the next meeting.
- 5.6 Services for Looked After Children and Permanency - officers have reported an upward trend with much work being done but significant work still needs to be done. It would appear that this area of work remains fragile. Officers reported that all LAC would have an up to date PEP by the end of October 2015. The most recent report shows that there is a weekly management focus on the outcomes of the review of placement orders and that the LAC and Care Leavers Strategy and action plan is being progressed. CSIB will continue to monitor this work closely.

- 5.7 In summary, the CSIB recognises the work that is being done at all levels to bring about consistently good practice, it is too early for this report to say that there is evidence of this consistency or that there is evidence of an outcome focussed approach to practice. More work needs to be done to embed the findings of audits into a quality assurance framework and to demonstrate that services are being co-designed with children, young people, families and staff.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 Whilst an EAI has not been completed in compiling this report, CSIB members do focus on making sure some of the needs of the most vulnerable children and young people's needs are being met in a timely and appropriate way.

7. LEGAL IMPLICATIONS

- 7.1 There are no known legal implications.

9. FINANCIAL IMPLICATIONS

- 8.1 The CSIB has no budgetary responsibilities.

9. BACKGROUND PAPERS

- 9.1 Minutes of the CSIB meetings
9.2 Children's Services Improvement Plan highlight reports and reports by officers to the CSIB have been used to compile this report.

APPENDIX 1

1. Purpose of the Board

- 1.1 The Reading Children's Services Improvement Board was created following the approval of the Adult Social Care, Children's Services and Education Committee.
- 1.2 The Reading Children's Services Improvement Board will advise on, and challenge the content of delivery, progress and outcomes of the Improvement Plan to support immediate and sustainable improvement of services and outcomes for children and young people in need of help and protection and/or looked after children in Reading.

2. Chair

- 2.1 The Board will be chaired by an independent chair.
- 2.2 Helen McMullen has been appointed by the Council to undertake this role.
- 2.3 If the Chair is unable to attend any meeting then she shall appoint an appropriate person from the existing Board membership to deputise in her absence.

3. Membership of the Board

- Independent Chair
- Lead Member for Children's Services and Families
- Managing Director
- Children's Safeguarding Board Chair
- Director Children, Education and Early Help Services
- Head of Children's Services
- Director of Joint Commissioning - Reading Clinical Commissioning Group
- Local Policing Area Commander - Reading - Thames Valley Police
- Head Teachers - Primary and Secondary
- Principal Social Worker

4. Ex Officio Members

- 4.1 Ex Officio Members are:
 - Children's Services Transformation Business Manager
 - Programme Manager
 - Secretariat
- 4.2 Additional participants will be invited to Board meetings as appropriate with the agreement of the Chair.

5. Meeting Frequency:

- 5.1 The Board will meet on a monthly basis and a schedule of meetings will be agreed for 2015 in the first instance.

6. Quorum

- 6.1 The Improvement Board has no specified quorum. It will be a matter for the chair to determine whether there are sufficient members either present or able to attend to undertake the necessary business of the Board.

7. Alternates

- 7.1 Members of the Board will be required to attend in person or send their apologies. Deputies can only attend in place of Board Members in exceptional circumstances, with prior agreement of the chair. For others attending the Board to support its work, deputies may attend with the prior agreement of the Chair.

8. Roles and Responsibilities

8.1 The Board will:

1. Consider, comment upon and agree the detail of an Improvement Plan (to be prepared and agreed formally by the Council) which will provide a focus for the Board's work;
2. Receive proposals for addressing the key performance issues identified by the Director of Children, Education & Early Help Services as well as independent reviews and audit themes, including the receipt of relevant performance management information;
3. Oversee, monitor and challenge progress on, the implementation of the Council's Improvement Plan;
4. Advise on the implementation of the Improvement Plan, assessing risk and considering issues that arise that may be impeding on the delivery of the plan;
5. Assure itself that children, young people, families/carers, front-line practitioners and partners are all being appropriately engaged by the Council in addressing the key performance issues identified within the Improvement Plan;
6. Assure itself that the Council has appropriate governance arrangements and practices which are sustainable in the longer term, in order to maintain a high standard of performance across children's services;
7. Agree the future work plan of the Board by maintaining a relevant forward programme;
8. Support the chair in agreeing the key issues to be formally reported to the Council and the ACE Committee as part of the formal reporting requirements, and;
9. Consider reports from the Council and its partners, as may be required, on the wider improvement agenda in children's services.

10. Members of the Board are responsible for reporting progress and key issues through their own organisations' governance structures;
11. 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; and
12. The Independent Chair will attend the Adult Social Care, Children's Services and Education Committee meeting to report on progress in delivering the Children's Services Improvement Plan.

9. Administration

- 9.1 The Council will be responsible for the preparation of the agenda and papers for the meetings of the Board, in consultation with the Independent Chair. Papers will be distributed to Board Members at least five working days in advance of the meeting.
- 9.2 The Council will also be responsible for the administration, clerking and hosting of the Board meetings and will ensure that minutes are taken and distributed to Board members within one week of a Board meeting. The Chair should agree minutes before circulation.

10. Accountabilities

- 10.1 The Improvement Board will be accountable to the Leader of the Council and the Managing Director. Regular updates will be provided to the Corporate Management Team and the Adult Social Care, Children's Services and Education Committee.

11. Review

- 11.1 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 six months.
- 11.2 Independent quarterly reviews will be commissioned by the Managing Director when work is completed from the Improvement Plan. These will:
 - Check that outcomes and success measures are in place;
 - There is clear evidence of impact and practice is embedded;
 - Staff are aware and understand the position and that the actions have made a clear difference; and
 - Be developmental and supportive with staff - by engaging in conversations and providing feedback.
- 11.3 Once the Council and the Improvement Board have assured themselves that their work has been embedded into Reading Borough Council's normal service governance and business as usual, a report will be submitted to the Adult Social Care, Children's Services and Education Committee explaining that the responsibility for the Children's Improvement Plan will then be transferred to

the Corporate Management Team and the Improvement Board would be dissolved.

APPENDIX 2

Reading Borough Council Children's Services Improvement Board

Objectives for the CSIB

The main objectives for the board are to ensure that:

- system wide leadership is in place and creates the conditions for effective partnership working and practice which will make a difference to children and young people who fall under responsibility of Reading Borough Council.
- there is a golden thread of oversight from 'top to bottom 'with a clear line of sight between leaders, practitioners and children.
- the voice of the child informs everything that the children's services in Reading Borough Council does.
- there are robust and effective quality assurance framework in place to support the Improvement Plan.
- impactful support and challenge from the board with a clear oversight of the improvement plan and subsequent outcomes for children, young people and families is welcomed and embedded.
- it supports Reading Borough Council to be a confident learning organisation.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	11
TITLE:	ANNUAL COMPLAINTS REPORT 2014 - 2015 FOR CHILDREN'S SOCIAL CARE		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	NAYANA GEORGE	TEL:	0118 937 3748
JOB TITLE:	CUSTOMER RELATIONS MANAGER	E-MAIL:	Nayana.george@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Children's Social Care recognises that there will be occasions when the service provided to children, young people and their families is not to a satisfactory standard or where the customer is unhappy with the service they have received and complaints are made. Complaints are an important source of information to help the Council understand where and why changes need to be made to improve the service provided.

1.2 The purpose of this report is to provide an overview of complaints activity and performance for Children's Social Care for the period from 01/04/14 to 31/03/15.

1.3 During this period the service received 86 statutory complaints of which:

- 23 were resolved through Alternative Dispute Resolution (ADR) by the Social Care Teams

Of the 63 remaining complaints:

- 48 were investigated to an outcome;
- 13 were withdrawn part-way through the investigation; and
- 2 were still on-going at the end of the reporting period

1.4 During the same period 9 complaints progressed to a Stage 2 investigation and 2 Stage 3 investigations were carried out.

1.5 The Customer Relations Team have continued to raise awareness of the complaints process and in accord with recommendations from OfSTED have in particular worked with operational teams to encourage children and young

people to submit complaints where they are dissatisfied with the service they receive.

- 1.6 The 'Children's Social Care Complaints 2014/15 - Summary Report' attached at Appendix A provides an analysis of the data; it explains how complaints are managed and how the learning is used to improve services. This will also be made publicly available through the Council's website from the 6th of November 2015.

2. RECOMMENDED ACTION

- 2.1 That the Committee notes the contents of the report and intended actions to further improve the management of representations and complaints in 2015/16 for Children's Social Care.
- 2.2 That the Committee notes the continuing work to raise awareness of the complaints process and encourage its use by children and young people.

3. POLICY CONTEXT

- 3.1 The NHS & Community Care Act 1990, Children Act 1989, The Children's Act 2001 and Department of Health, and Department for Education and Skills Guidance & Regulations require that the Children's Social Care service sets up and maintains a complaints procedure. They also require that Local Authorities operate the procedure within specified time scales and methods of investigation and that a summary of statistical information on complaints and a review of the complaints process are included in the annual report.

4. ACTIVITY

- 4.1 The Council operates a 3-stage procedure in respect of statutory complaints about Children's Social Care made by 'qualifying individuals', as specified in the legislation. Qualifying individuals are defined in national guidance as the child or young person, their parent, carer or foster carer or 'anyone who could be seen to be acting in the best interests of the child'. The timescale for responding to complaints at Stage 1 is 10 working days, which can be extended to 20 working days in certain circumstances. The Customer Relations Manager, who is the designated Complaints Manager for the Council, also has to be aware of all complaints as they are being dealt with.
- 4.2 Reading Borough Council's Corporate Complaints Procedure gives an opportunity for those who are not 'qualifying individuals' under the social services legislation, to still be able to complain about Children's Social Care.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The Complaints Service provided by the Customer Relations Team contributes to the Service's aims to enhance emotional wellbeing and deliver outstanding services for children in need and those needing protection. It does this by providing an impartial and supportive service to children and families who wish to complain or raise a concern and ensuring that there is learning from complaints.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Information about the complaints process is provided verbally to service users via the Social Care Teams and Independent Reviewing Officers as well as the Customer Relations Team. Leaflets on the procedures are widely distributed and available in a variety of formats and languages on request. Approximately 700 compliments / complaints leaflets were distributed in 2014/15, compared to 880 in 2013/14, and 630 in 2012/13.
- 6.2 In all Looked After Children's Care reviews and all Child Protection conferences, the Chair always specifically mentions the complaints process so that our most vulnerable children are regularly reminded of their right to complain and a leaflet is given out. Service users are also able to register a complaint via the web, text, e-mail direct to the Customer Relations Team, in person, by phone and in writing or via an advocate.
- 6.3 The Children in Care website continues to have a direct link to the complaints service and the Customer Relations Team has published the details of the Customer Relations Manager and our advocacy provider with Care Matters, Voice and National Youth Advocacy Service (NYAS). These are organisations who all offer a free help line support to children in care.
- 6.4 Translation services are provided for complainants whose first language is not English and advocacy support is available for young people who wish to make a complaint.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The Customer Relations Manager will ensure that the statutory complaints process is accessible to all customers regardless of their race, gender, disabilities, sexual orientation, age or religious belief.
- 7.2 The statutory complaints process is designed to ensure that any concern or issue faced by vulnerable children and their carers is addressed in a timely and impartial manner.

8. LEGAL IMPLICATIONS

- 8.1 The Statutory foundation for the Children's Social Care Services Complaints Procedures are The Local Authority Social Services Act (1970), The Children Act (1989), The Children Act (2001), The Human Rights Act (1998), The Adoption and Children's Act (2002) and The Children's Act 1989 Representations Procedure (2006).
- 8.2 It is a requirement of the Department of Health's Standards and Criteria for Complaints Management for Children's Social Care that an annual report on complaints activity is presented to a public meeting.

9. FINANCIAL IMPLICATIONS

- 9.1 There are no Capital or Revenue implications arising from this report.
- 9.2 **Value for Money** - The Council's Customer Relations Team provides value for money in effectively discharging the complaints process for the Council by

attempting informal resolution of complaints and also ensuring that most statutory complaints are resolved within the Stage 1 process so that expensive Stage 2 investigations and Stage 3 Panels are minimised.

9.3 **Risk Assessment** - There are no specific financial risks arising from this report.

10. BACKGROUND PAPERS

10.1 'Getting the Best from Complaints' Government Publication, August 2006

CHILDREN'S SOCIAL CARE COMPLAINTS 2014/15 SUMMARY REPORT

Introduction

This is a summary report of the data for complaints received by Children's Social Care for the financial year 2014/15. This report will also be made available to the public through the Reading Borough Council (RBC) website following agreement of the report at the Committee Meeting on the 5th of November 2015

In addition to the quality of service provided there are many factors that can affect the number of complaints received such as satisfaction, customer expectations, awareness of the complaints process and the extent of promotional activity. Therefore a high number of complaints should not be interpreted simply as meaning the Council is providing a bad service, whilst at the same time a low number of complaints should not be interpreted as meaning people are satisfied with the service.

When interpreting the meaning of the complaints statistics it is important to take into account not just the number received but the number and proportion that are upheld.

The Council welcomes feedback through the complaints process which, as well as providing the opportunity to identify where services have not been provided as they should be, also provides customer insight and helps identify any deficiency in practice, policies and procedures. It is from these that the Service and those who work in it can continue to learn and improve practice and service delivery.

Summary of Compliments and Complaints Activity, Quality Assurance & Learning

This report details information for the past year and analysis of the data, quality assurance and information on service developments as a result of learning from complaints.

Under the current monitoring system, information about complaints received directly by teams is reported to the Customer Relations Manager upon receipt. This is to ensure that the Customer Relations Manager is aware of all current complaints in order to monitor their progress and highlight cases that can be resolved through Alternate Dispute Resolution (ADR) to Team Managers and senior staff.

The Respite Units at Pincroft and Cressingham also have a "log book", in which they record any complaints or issues raised which they are able to resolve immediately. Any complaints which they are unable to resolve are escalated and forwarded to the Customer Relations Team to deal with. The keeping of a "log book" is welcomed by Children's Services Directorate Management Team, and will be used as a "best practice" example across the service, and a similar system will be implemented at other units and outstations, as appropriate.

Statutory Complaints Procedure

Complaints dealt with through the statutory procedure involve three stages.

At Stage 1, complaints are investigated and responded to by a manager in the relevant service area.

If the complainant feels that the issues they have raised remain unresolved, they have the right to progress their complaint to Stage 2. Consideration of complaints at Stage 2 is normally achieved through an investigation conducted by an Investigating Officer and an Independent Person. The Independent Person is involved in all aspects of consideration of the complaint including any discussions in the authority about the action to be taken in relation to the child. At the conclusion of their investigation the Independent Person and the Investigating Officer prepare independent reports for adjudication by a senior manager (usually the Head of Children's Services).

Where Stage 2 of the complaints procedure has been concluded and the complainant is still dissatisfied, they are eligible to request a review of the Stage 2 investigation of the complaint by a Review Panel at Stage 3. The Panel must consist of three independent people.

The Statutory Children's Social Care Complaints process encourages the complainant and the Local Authority to consider Alternate Dispute Resolution (ADR) at every stage of the complaints process. This means resolving a complaint or concern informally through a face to face meeting or telephone discussion. Entering into ADR does not restrict the complainant's right to request a formal investigation at any stage. It is the complainant's right to request the presence of the Customer Relations Manager at any face-to-face meeting.

Quality Assurance

The Customer Relations Team carry out checks of all complaint responses to ensure the quality of the response and that the language and terminology used is made easy for the complainant to understand, particularly if the complaint is from a child or young person. Statistics indicate 100% of responses were checked by the Customer Relations Team before being sent out. The findings and recommendations are shared regularly with senior managers. The Customer Relations Manager and her Team are also available to the complainant and the investigator for advice on best practice during the complaint investigation, but remain impartial.

The Customer Relations Manager delivers training on investigating and responding to statutory Stage 1 complaints and also on the Corporate Complaints Procedure. The Customer Relations Manager also attends Team Meetings to provide training and advice to front line staff.

The Customer Relations Team promotes the Social Care complaints service. Promotional activity has included outreach work to external groups, publicity material for staff, children and young people and close links with the National Youth Advocacy Service (NYAS). This is the body which is currently providing advocacy support for children and young people wanting to make a complaint or

representation. Parents or carers with learning difficulties or other needs will be signposted to local charitable advocacy providers.

The Customer Relations Team has also improved processes to ensure upcoming responses are discussed and monitored at weekly meetings. The Social Care staff are in more regular contact with the Customer Relations Manager and her team and are aware of their processes which has led to improved joint working for the benefit of the complainant.

Quarterly reports are prepared for the Head of Children's Services and their Senior Management Team on Social Care complaints received.

Support Network

The Customer Relations Manager participates in the Southern Region Complaints Managers' Group, which continues to support Customer Relations and Complaints Managers in sharing good practice, both nationally and locally. Where cases are complex the Customer Relations Manager often seeks advice and guidance from Legal Services and the Local Government Ombudsman's advice line.

Learning from Complaints

Complaints and concerns provide essential and valuable feedback from our clients and customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service delivery). Even if a complaint is not upheld, lessons can be learnt from that complaint with service developments and improvements as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services. Learning from complaints is reviewed by Social Care teams regularly at their team meetings. Below are two key themes around learning and some examples of learning from complaints in the past year.

Service Provision

- Improvements on writing and completing Later Life Letters and Life Journey books for children who have been adopted need to be consistently provided and in a timely manner to ensure that children and young people understand why they have been adopted and have sufficient details of their family history as they grow into adulthood. Foster carers and adopters should be involved in this process.

Communication

- When a professional seeks permission to remove a piece of written correspondence from a Service User this permission is sought by written consent prior to the taking of said item.
- When an Independent Consultant is commissioned by Reading Borough Council arrangements for their supervision and consultation must be clarified and

made explicit in the contract setting out commissioning arrangements and that these arrangements are made clear to respective Service User/s.

- Staff need to be more mindful of how they communicate information to parents. A new written handover form for parents has been developed. This form is much more detailed, and enables parents to read it at their leisure, instead of receiving a verbal handover from staff.
- Communication with adopters post the adoption process must be fluid and timely. This has been taken forward by Operational services in conjunction with Fostering and Adoption Team.
- When meeting with parents at the beginning of the transition from children's to adult service, we need to explain in more detail what the role of the keyworker is.

Staff Conduct

- Children's Services to give consideration to either a Team or Assistant Team Manager should accompany Social Workers when challenging particular families about complex issues so that there is always a witness to the conversation. This will also allow the manager to intervene and assist the conversation with the cases where the worker may find the moment challenging.
- Staff to ensure that the information they provide to parents is accurate and up to date.
- Managers and IROs to ensure that social workers address all the actions that are required of them within appropriate timescales. To be monitored through supervision.
- Consideration is given to staff training in the Children & Young Persons' Disability Team to ensure that there is the appropriate balance between a person-centred approach to assessing need and achieving this in the most cost effective way. This particularly relates to young children who have life limiting conditions.

Complaints Activity Statistics

In the year 2014/15, Children's Social Care received **86** statutory complaints, an increase of 5 (6.17%) compared to the **81** received in 2013/14.

To give this some context, in 2014 - 2015, 1489 individuals in total were referred to Children's Social Care. The number of statutory complaints represents 5.78% of the total number of referrals for the service last year.

Of the **86** complaints received during 2014/15, **23** (26.747%) were resolved as representations informally through Alternative Dispute Resolution (ADR) by the Social Care Teams.

13 of the remaining 63 complaints were withdrawn by the complainant after the investigation had commenced.

48 of the remaining 50 complaints were investigated to an outcome, with the remaining 2 complaints still being investigated at the end of the period covered by this report.

Of the 48 complaints investigated to an outcome, 26 (54.17%) were responded to within timescale and 22 (45.83%) complaints were responded to over timescale.

Of the 26 complaints responded to within timescale, 11 (22.92%) were responded to in 10 working days or less, and a further 15 (31.25%) responded to within 20 working days.

Of the 48 complaints investigated to an outcome, 8 (16.67%) were recorded as Fully Upheld, 7 (14.58%) as Partially Upheld, 17 (35.42%) as Not Upheld, and 7 (14.58%) as having no achievable outcome. The remaining 9 (18.75%) were complaints with multiple strands where several outcomes were recorded. These 9 complaints involved 38 separate complaint points, of which 12 were found to be Upheld, 10 were Partially Upheld, 13 were Not Upheld, and 3 had No Outcome recordable against them.

Total number of Stage 1 complaints (including those resolved by Alternative Dispute Resolution (ADR) and eventually withdrawn) received in the last 5 years

Year	Number of complaints received	% Increase against previous year
2010/11	63	-4.5
2011/12	55	-13
2012/13	76	38
2013/14	81	6.5
2014/15	86	6.17

Outcomes for those Investigated to a completion (excluding those resolved via ADR and those eventually withdrawn)

Outcome	Number	% of Total
Upheld	8	16.67
Partially Upheld	7	14.58
Not Upheld	17	35.42
No Outcome	7	14.58
Multiple Outcomes	9	18.75
Total	48	100

Comparison of Complaints either Upheld or Partially Upheld for Children's Social Care

Complaints with Single Outcomes

	2014-15	2013-14	2012-13	2011-12	2010-11
Total Received	86	81	76	55	63
Total Investigated to an Outcome	48	42	44	47	45
% Investigated to an Outcome	55.81%	51.85%	57.89%	85.45%	71.43%
Total Upheld	8	8	5	6	8
% of Total Investigated recorded as Upheld	16.67%	19.05%	11.36%	12.77%	17.78%
Total Partially Upheld	7	9	3	14	15
% of Total Investigated recorded as Partially Upheld	14.58%	21.43%	6.82%	29.79%	33.33%

Complaints with Multiple Outcomes

	2014-15	2013-14	2012-13	2011-12	2010-11
Number of Complaints with Multiple Outcomes	9	15	21	5	2
Number of Complaint points Investigated	38	72	104	18	7
Number of points Investigated recorded as Upheld	12	16	29	6	3
% of points Investigated recorded as Upheld	31.58%	22.22%	27.88%	33.33%	42.86%
Number of points Investigated recorded as Part Upheld	10	17	20	1	1
% of points Investigated recorded as Part Upheld	26.32%	23.61%	19.23%	5.56%	14.29%

Timescales

Total Investigated to an Outcome	In Timescale	% of Total	Over Timescale	% of Total
48	26	54.17%	22	45.83%

Main Theme of ALL complaints received during 2014/15

(NOTE: This includes all complaints resolved informally and investigated at Stage 1, but DOES NOT include complaints investigated at Stages 2 & 3, as themes are duplicates of Stage 1)

Theme of Complaint	Number	% of Total
Communication	9	10.47
Contact	6	6.98
Data Protection Breach	2	2.32
Financial Issue	1	1.16
Lack of Action	1	1.16
Lack of Support	1	1.16
Looked After Child Payments	1	1.16
Service Provision	44	51.16
Staff Conduct	21	24.43
Total	86	100

Who the complaint was received from

Who Made the Complaint	Number	% of Total
Adoptive Parent	2	2.33
Advocate	1	1.16
Child / Young Person	7	8.14
Foster Carer	5	5.81
Extended Family	4	4.65
Other	3	3.49
Parent	64	74.42
Total	86	100

Methods used to make a complaint

Method	Number	% of Total
E-mail	21	24.42
Feedback Form	12	13.95
In Person	1	1.16
Letter	12	13.95
Telephone	35	40.7
Webform	5	5.82
Total	86	100

Demographic Information

Ethnicity	Number of complaints received	% of Total
Asian Other	2	2.33
Black British	2	2.33
Black British / African	9	10.46
Black British / Caribbean	6	6.98
Black Caribbean	1	1.16
Mixed Other	3	3.49
Mixed White & Black African	1	1.16
Not Known / Unstated	16	18.6
White British	44	51.16
White Other	2	2.33
Total	86	100

For Equality Monitoring purposes in 2014/15 Officers have been encouraged to seek personal demographic information from people who make a complaint to help in assessing if there are groups of people who are proportionally complaining more or less and to explore the possible reasons.

Complaints from Young People Involving Advocates

Between 1st April 2014 and 31st March 2015, 7 complaints were received from Young People and, having been offered advocacy support by the Customer Relations Manager, 4 of them were referred to the advocacy provider. This compares to 8 complaints from Young People and 5 being referred to the advocacy provider in 2013/14. The Customer Relations Manager has regular contact with the National Youth Advocacy Service (NYAS) and works closely with them to ensure the complaints

process and advocacy provision is promoted to ensure that young people are aware of their right to submit a complaint.

NYAS has commended the Customer Relations Team on good complaint management process on behalf of young people.

The Customer Relations Manager also meets teams and managers to reinforce the importance of capturing verbal complaints. Staff are encouraged to record and analyze comments or concerns, as many children's and young people's issues are resolved this way rather than using the complaints process. If the young person is unhappy but does not wish to make a formal complaint the Customer Relations Team also offers to try to resolve matters informally.

Local Government Ombudsman

Between 1st April 2014 and 31st March 2015 the Local Government Ombudsman (LGO) received 11 representations from dissatisfied service users for issues relating to Children's Services. This is a significant increase to the 4 cases which were received in 2013/14. Of these 11 cases, 3 were rejected by the LGO following their initial enquiries, 4 were returned to RBC for local resolution, and 3 were investigated. The remaining case was still being considered by the LGO at the end of the period this report covers.

Of the 3 cases which were investigated by the LGO, 2 were upheld, and 1 was not upheld.

Compliments

The Customer Relations Team now own the logging of compliments for Children's Services and the directorate as a whole. Staff are reminded and encouraged to pass on all compliments to the Customer Relations Team generic mailbox.

29 compliments were recorded within Children's Services between 1st of April 2014 and the 31st of March 2015. These were received by the following Teams:

Access & Assessment	-	7
Business Support	-	2
Children's Action Team (CAT) South	-	1
East & North Area	-	8
Family Placements	-	3
Multi-Agency Safeguarding Hub (MASH)	-	1
Children & Young Persons' Disability Team (CYPDT)	-	1
Pincroft & Cressingham	-	1
South Area	-	1
West Area	-	4

Subject Access Requests

The Council employs an Access to Records Social Worker who assists Children's Social Care customers who have been in care through Reading Children's Services (Closed cases) with this process and distributes leaflets on the procedure, which are available in a variety of formats and languages on request.

During 2014/15, 18 requests were received from individuals wishing to have access to their records. 1 of these requests was received from a young person who had been in care.

During the same period, 10 sets of records were prepared and shared with the requestor. All of these were completed within the agreed timescale.

Subject Access Requests from customers of current (open) cases are dealt with directly by the operational teams and the Customer Relations Team does not currently hold any data on these. The possibility of recording this information for future reporting is being explored.

Contact Information: How to make a complaint

Some complaints can be sorted out by discussing your problem with your Social Worker or a manager. If you want to make a complaint, you can contact the council by phone, letter, in person or by email. Telephone the Customer Relations Manager (Complaints & Representations) on 0118 937 2905 or e-mail:

Complaints@reading.gov.uk. If you wish to make your complaint to us in writing, our address is: The Customer Relations Team, Reading Borough Council, Civic Offices, Bridge Street, Reading, RG1 2LU. You can also text us with your complaint, type SPKUP & your message to 81722. Your complaint will be recorded and if we can't sort out the problem immediately it will be passed for further investigation and action. The Customer Relations Team can take your complaint over the telephone and explain the complaints procedure in more detail or send you a leaflet explaining how to complain. The leaflet is also available in Council buildings or via the Council's website. You can also use these contact details to tell us if you have a concern (but do not want to make a complaint) or if you want to make a compliment about a service.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	12
TITLE:	READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
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 Reading Local Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they do (Working Together To Safeguard Children 2015).
- 1.2 This Annual Report is being presented to the Adult Social Care, Children's Services and Education Committee to ensure members are informed about the achievements of the LSCB for the 2014/2015 financial year. The Annual Report has a wide distribution and is sent to key stakeholders and partners so that they can be informed about the work and use the information in planning within their own organisations to keep children and young people safe.

2. RECOMMENDED ACTION

- 2.1 That the Adult Social Care, Children's Services and Education Committee note the attached annual report.

3. POLICY CONTEXT

- 3.1 As required by Working Together 2015, the LSCB Chair is required to publish an annual report on the effectiveness of child safeguarding and promoting welfare of children in Reading.
- 3.2 In line with this statutory guidance the report is presented to the Adult Social Care, Children's Services and Education Committee for information. It has also been presented to the Children's Trust Board and will be presented to the Health and Wellbeing Board in January 2016.

4. THE PROPOSAL

4.1 Partnership working is a vital ingredient for an effective LSCB and this report contains information on some of the activities and achievements which have taken place that demonstrate this. Board members both champion and lead the safeguarding agenda within their agency and bring to the LSCB issues regarding safeguarding that relate primarily to their own agency, but which have implications for the co-operation between agencies and the monitoring role of the Board.

4.2 Unlike previous years, this report focusses on the achievements and ongoing challenges for the LSCB and partners specifically against our priorities. These priorities were reviewed and revised in October 2014 and are:

Priority 1. Domestic Abuse

Priority 2. Strengthening the Child's Journey and Voice

Priority 3. Child Sexual Exploitation (CSE) and other Particularly Vulnerable Groups

Priority 4. Neglect

Priority 5. Effectiveness and Impact of Reading LSCB

4.3 Evidencing the impact of safeguarding work is key to understanding what works and how we can improve. Throughout this report the impact of work is highlighted.

4.4 In summary, key LSCB achievements for 2014/15 are listed below. Also listed are the ongoing concerns which the LSCB will continue to challenge in 2015/16.

LSCB Achievements:

Domestic Abuse

- LSCB input and endorsement of the Domestic Abuse Strategy 2015-18.
- Continued support for the Family Choices Programme for families affected by domestic abuse.
- Support, through Public Health, for the IRIS project to support and training GP practices in how to identify domestic abuse and make referrals.
- RBC Early Help services able to show clear improvements in families where domestic abuse is a feature.

Strengthening the Child's Journey and Voice

- Recruitment campaigns for potential adopters and foster carers has improved outcomes for children and young people needing permanency.
- The Robust Challenge process was signed off by the LSCB. It enables Independent Reviewing Officers and Child Protection Conference Chairs to improve the lived experience of the child by strengthening the challenge to the Local Authority.
- Children's Action Team key workers use the My Star/Family Star to inform support plans and directly capture the child's voice in the case file.
- The Youth Cabinet carried out a domestic abuse survey which was presented to the Board and recommendations discussed and agreed.

CSE and other Particularly Vulnerable Groups

- LSCB governance and oversight of the CSE and Missing Strategic group was established, along with an operational group which focusses clearly on individual cases.

- A clear multi-agency LSCB CSE strategy is now in place with a live action plan.
- CSE training has been rolled out throughout the LSCB partners at universal, targeted and specialist levels, with attendees reporting that their knowledge had either significantly or very significantly improved.
- The CSE toolkit and screening tool has been devised and rolled out.
- There is improved knowledge of the numbers of CSE victims and their levels of risk, and perpetrators have been charged.
- A Virtual Head for Children Missing out on Education has been appointed to ensure oversight of all cases of children and young people missing education, as they are particularly vulnerable to exploitation.
- An LSCB task and finish group was established to gain a better understanding of the risk of Female Genital Mutilation in Reading, establish the processes already in place and what improvements are required. This is an ongoing area for concern with further work continuing.

Neglect

- The LSCB have produced a Neglect Protocol with clear recommendations for all partners.
- RBC Early Help Services work with many cases where neglect is an underlying issue. The use of outcome measuring tools enables the service to highlight particular areas for improvement which contribute towards neglect, such as domestic abuse, mental health issues, substance misuse, worklessness in the household and housing.
- Partner agencies have carried out training on neglect with their workforce.

Effectiveness and Impact of Reading LSCB

- LSCB structure was re-structured to ensure decision making and accountability rested with the LSCB Board. Board members have been instructed to be more openly challenging in meetings.
- A risk and concern log has been established which is reviewed at each Board meeting to ensure any concerns are kept live until resolved.
- LSCB Sub Groups have been restructured to ensure a local focus on quality assurance and performance. Performance data and auditing outcomes are expected at every Board meeting.
- The LSCB training offer has been discussed at Board level to ensure all Board members had oversight of this vital element of the LSCB.
- The thresholds for access to children's services has been reviewed and revised by the LSCB and is now a multi-agency owned document.
- A new LSCB website has been established which contains a wealth of information and support for professionals, families, children and young people.
- Partner's financial contribution to the LSCB has been challenged with some success but there is still great disparity between the Local Authority contribution and that of partners.

Key Ongoing Challenges identified and captured in the Risk/Concern Log :

- Multi-agency and community informed approach to Female Genital Mutilation is required.
- The numbers of known privately fostered children remains extremely low.
- Children's Social Care staffing concerns remain.
- Significant progress is required to address the issue of neglect.

- Young people's involvement with the Board needs to be strengthened.
- LSCB communication needs to be improved to ensure the right safeguarding information gets to the right people.
- Partner contribution to the LSCB both financially and engagement in meetings and auditing.
- Clear and meaningful data, with commentary, is required to ensure effective review and challenge.

4.5 The Annual Report relates specifically to the 2014/15 year, however there have been a number of developments since March. These include:

- CSE strategy and Screening Tools launch event in June to a hundred managers across the partnership.
- CSE Champions are established in a range of agencies, providing support for front line workers and the CSE Coordinator is now in place, providing a central strategic support to progress the CSE action plan.
- CSE Training pathway has been agreed by the Board and workshops for the CSE Screening Tool are currently being organised.
- 11 sessions of the Chelsea's Choice theatre production are being organised and offered to schools.
- CSE awareness business cards have been produced and shared with all partner agencies, including taxi drivers, schools, GPs.
- Return home interviews are now taking place through the RBC Youth Service and have been well received. Reports are now regularly being reported to the CSE and Missing Sub Group and the LSCB Board.
- Key CSE documentation is available on the website, along with a progress report from the CSE Coordinator: <http://www.readinglscb.org.uk/information-professionals/child-sexual-exploitation/>
- The review of the thresholds has been completed and signed off by the Board. A guidance booklet has been produced to accompany the existing thresholds poster. Workshops are in progress which launch the revised thresholds and guidance and clearly shows how they link to the new Early Help Hub and pathway and the Troubled Families Programme (phase 2). Hundreds of front line staff from across the partnership are attending. Documentation from the workshops and the guidance can be found on the website: <http://www.readinglscb.org.uk/information-professionals/threshold-criteria/>
- A virtual communications sub group is being established and time has been secured from a National Management Trainee to work on improving LSCB communications. Work is being undertaken with Reading Football Club, including the use of a safeguarding video to be shown before matches.
- Our Lay Member organised a successful event with local BME groups to raise awareness of safeguarding issues in the BME community.
- Private Fostering workshops have been organised with agencies with improved take up following discussions at the LSCB Board meetings.
- The issue of Female Genital Mutilation is high on the list of key issues to address, with a new task and finish group being established to progress work. RBC, with partners, have already produced an action plan which has been shared across the West of Berkshire. The voluntary sector are very involved with this work, and are key in progressing the community awareness raising aspects.
- The LSCB dataset has been reviewed to ensure the right information is being received. A new format for reporting on data has been agreed which should allow for a more coherent and comprehensive data report to come to Board

meetings. New Chair of the QA & P group has taken post and is driving forward the required progress.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The work of the LSCB aligns with 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 LSCB partners and circulated to the Board. It will be disseminated to all partners, the Health and Wellbeing Board and Children's Trust Board.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 An Equality Impact Assessment (EIA) has not been carried out for this report however, equality and diversity continues to be a key theme for the LSCB.

8. LEGAL IMPLICATIONS

- 8.1 There are no legal implications with this report. Working Together to Safeguard Children 2015 requires that the LSCB to produce an annual report and that it be submitted to the Chair of the Health and Wellbeing Board.

9. FINANCIAL IMPLICATIONS

- 9.1 None

10. BACKGROUND PAPERS

- Reading LSCB Annual Report 2014/15



Reading Local Safeguarding Children Board

Annual Report 2014-2015

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Foreword

Welcome to the Annual Report of Reading Safeguarding Children's Board for 2014/15. This report provides an account of the work undertaken by the Board and its multi-agency partners over the last year and the extent to which it is making a difference in terms of safeguarding children and young people and the effectiveness of front line services. Our vision is that every child and young person in Reading grows up safe from abuse, exploitation, neglect and crime. We aim to build and sustain a strong safeguarding culture and arrangements where the focus is firmly on the experience of the child or young person and their journey to getting early help and support. The report also seeks to summarise the journey of the Board to become more effective and to better evidence the impact it is having.



At the heart of our plan is a strong integrated approach to early intervention and prevention underpinned by the Children's Trust Partnership's 'Think Family' Strategy. This is set in the context of the need to target resources in the most effective and efficient way. The Board has set the direction and commitment by agency partners to this vision which is evidenced in the breadth of work outlined in this report.

I was delighted to take over as the new Independent chair of Reading's LSCB in October 2014. It was immediately evident that while there was a high level of commitment across the partner agencies in the work of the Board and its sub-groups, there was not always the evidence to show the added value the Board was giving local people and accountabilities were not as clear as they needed to be. Since that time the Board arrangements have been

streamlined with more emphasis on work across the Partnership to accelerate the rate of progress. Significant work has taken place to strengthen the information available to the Board on the quality and performance of local services in safeguarding children and to drive and inform the Board's priorities. Priorities have been reviewed and five priorities were agreed by the Board for 2015-17. These are: Domestic Violence, Neglect, Child Sexual Exploitation, the Voice and Journey of the Children and Improving the impact and effectiveness of the Board.

Significant further work is required across the Partnership to make all the improvements we know are required. Examples include the need to further strengthen the contribution and influence of young people in the work of the Board; to implement and embed new approaches to tackling neglect and further developing our approach to child sexual exploitation and female genital mutilation.

Some of the highlights for me through this last year include: spending time and listening to the views of staff in front line services; the energy and commitment of over a hundred staff from across agencies and the voluntary, community and faith sector at the launch of the Child Sexual Exploitation Strategy; and the event jointly hosted with the Barbados Association and Reading Borough Council to raise awareness of all aspects of safeguarding with members of Reading's black and minority ethnic communities.

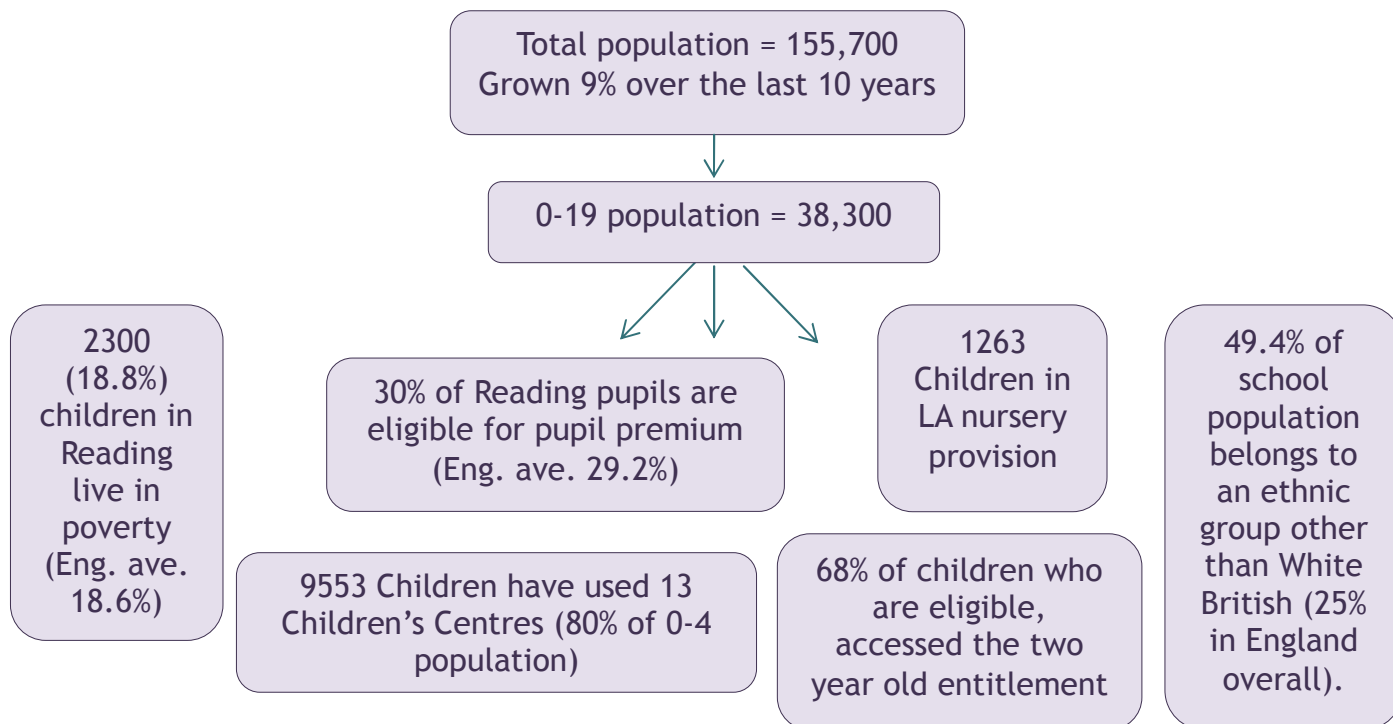
I would also like to thank and recognise the contributions of the LSCB Team and Sub-Group Chairs and members who play such a huge role in delivering the Board's priorities and in supporting and challenging agency practice.

A handwritten signature in blue ink that reads "Fran Gosling-Thomas". The signature is written in a cursive style with a long horizontal stroke at the end.

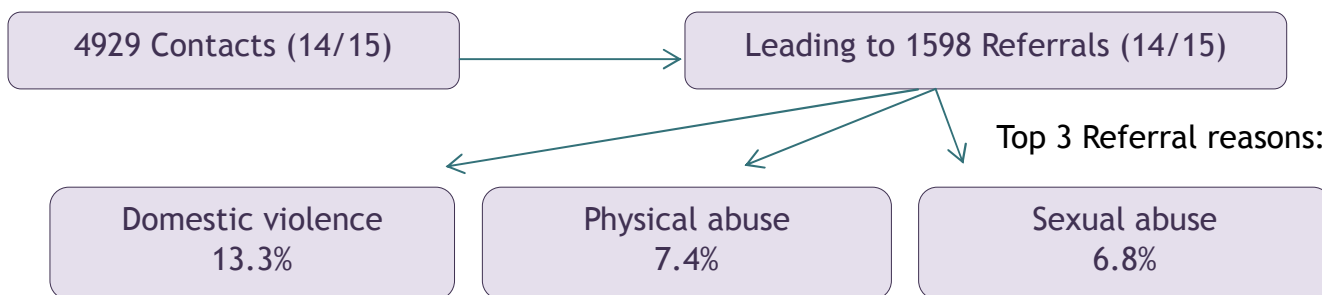
Fran Gosling-Thomas
Independent Chair, Reading Local Safeguarding Children Board

Local context

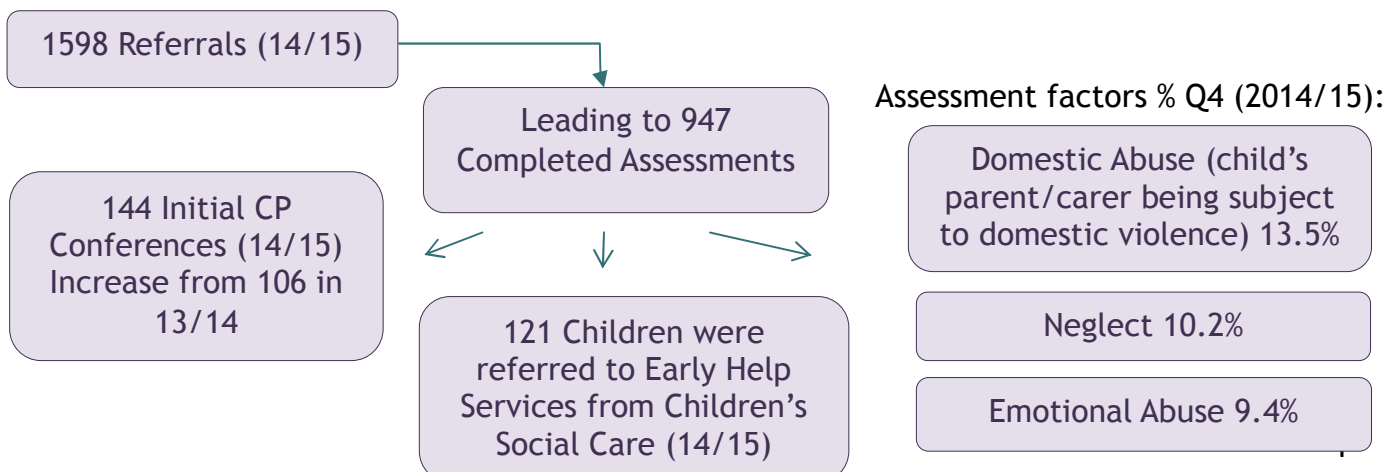
Reading is a vibrant multi-cultural town: the second most ethnically diverse in the South East outside London. Reading has a history of good community relations and is a place where diversity and cohesion are celebrated and embraced.



What's coming in our Children's Services front door?



What happens next?



What are the needs? (Figures as at 31st March 2015)

203 children and young people subject to Child Protection Plan

481 children and young people identified as 'Children in Need' by Children's Services

501 identified Young Carers

104 Looked After Children and Young People are known to the Special Educational Needs (SEN) Team with 47 having a statement of SEN

26 Families (56 children including unborn) engaging with Reading Borough Council (RBC) Edge of Care Service

100 Young Offenders

23 Looked After Children and Young People have a disability (March 15)

207 Looked After Children

4 Unaccompanied Asylum seekers

123 young people engaged with Source - RBC drug and alcohol service

289 reported incidents of missing or absent relating to 146 actual children and young people

56 Teenage Conceptions (2013)

21 Child Sexual Exploitation cases (March 15)

0 known Privately Fostered Children

During 2014 there were 100 children admitted to the children's ward with mental health related concerns. This includes self harm, psychosis, eating disorders and anxiety.

Approx. 600 children and young people related Domestic Abuse notifications received from Thames Valley Police (Q4)

297 referrals to Child and Adolescent Mental Health Service (CAMHS) common point of entry (Q3)

134 Cases Reviewed by MARAC (Multi-Agency Risk Assessment Conference, for domestic abuse cases), with 182 children and young people in the household

275 -Parents/carers receiving drug, alcohol or substance misuse support (Q4)

13.3% of Missing children and young people episodes are for over 24 hours

24 (18%) of cases to the MARAC are repeat cases

10% of initial and 11% of review Health Assessments for Looked After Children completed on time

6 CIN have been missing 3 times in 90 days

33% of Looked after Children are placed more than 20 miles away from their home address

74.7% of Looked After Children are in stable placements

47.8% of children and young people are on a child protection plan for neglect

Description of Need:

Early Help

RBC 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. 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 the Multi-Agency Safeguarding Hub (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.

Children on Protection Plans

At the end of Quarter 4, 203 children and young people had Child Protection Plans. Of those children, 47.8% were subject to plans under the category of Neglect. A multi-agency neglect audit was completed in January 2015 and the findings were considered by the LSCB in May 2015. The audit findings and recommendations helped to inform the Neglect Protocol (see page 20).

An embedded Children's Services audit cycle includes auditing Child Protection Plans that are of 18 months plus duration. The result is that Child Protection Plans lasting two years or more continue to decrease from 8.9% in 2012-13 to 6.2% in 2014-15.

Looked After Children (LAC)

On the 31st March 2015 there were 207 children and young people who were Looked After. This is a decrease from the 31st March 2014 where the number of Looked After Children and young people was 211 (a decrease of 1.9%)

The number of LAC children and young people can vary from month to month as children and young people move in and out of the system. During the last reporting year 1st April 2014 to 31st March 2015 there were 79 new LAC entrants and 87 children and young people who ceased to be looked after. Children and young people can cease to be looked after for a number of reasons for example returning home to live with parents, adoption or leaving care.

As at the 31st March 2015 comparing the rate of LAC per 10,000 of the population Reading was at the same rate as its Statistical Neighbours and the England average - 60, however higher than South East Benchmarking which sat at 48.2. 139 (61%) out of 207 of Looked After Children are described as White British and 68 (39%) are BME. 105 were male and 102 were female

In March 2015 only 27% of LAC were in Reading Borough Council placements, excluding Family & Friends. The use of Independent Fostering Agencies over the same period was 37%. Looked after Children's Sufficiency Statement Strategy 2015-2017 demonstrates how RBC plans 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. 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 is too high and must be reduced. It is important for children and young people to live locally so that they can remain in contact with their family and community and retain stability in education provision, receive local health services.

74.7% of our children and young people are in stable placements (placements for 2 years plus or are placed for adoption) which compares favourably with the most recent South East Benchmark of 65% and Statistical Neighbour figure of 67.7% (as at Quarter 1).

Children Leaving Care

At Quarter 4 there were 64 young people entitled to services under the Children Leaving Care Act 2000 aged 19-21, which is a stable figure. 39.1% are not in suitable employment, education or training which is slightly higher than the 39.0% average for comparative areas. 6 are in Higher Education and are supported via a bursary from the Local Authority. 79.7% were in suitable accommodation, which is broadly in line with statistic neighbours. The work of the leaving care team is being re-focused with more dedicated staff available to support this cohort of young people.

Adoption

Performance for the 2014-15 financial year remained strong in terms of the numbers of children adopted (19 children). However, when looking at the cohort of adopted children, the performance (in terms of timescales to achieve adoption for children) declined in comparison to the previous year. The Reading 3 year average time between a child entering care and moving in with their adoptive family from April 2012-2015 was 669 days against 628 which was the England average. In-service analysis identified that for the 19 children who were adopted during 2014-2015, the national timescale targets were met for approximately one third, they were missed (by a margin of between a few days to 4 months) for another third and for the remaining third (7 children) there was substantial delay. A review of those 7 cases shows that there were a number of different reasons for the delay.

A more positive picture however is developing for the next cohort in terms of timescales. Looking at those children matched and placed with adopters (not yet adopted) at the end of the last financial year and the first quarter of 2015-2016 the children were predominantly younger and have been placed much quicker. This will begin to appear in the nationally collated data as these children are adopted.

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%.

Further diagnostic work has been commissioned and actions arising from the work will be included in the RBC Children's Services Improvement Plan. This information will provide a strong foundation for consistently improving permanency outcomes for children.

Our Board

Reading's Local Safeguarding Children Board (LSCB) makes sure that key agencies work together to keep local children and young people safe. Our job is to safeguard and promote the welfare of children, and ensure the effectiveness of what is done by each agency that works with children.

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. Our current membership is listed in appendix 4.

Partners in the Board financially contribute specifically to the LSCB to enable it to operate and undertake work against the priorities. Information relating to financial contributions can be found in appendix 5. Some further work is needed to increase both the overall level of funding to the Board and agency contributions to enable the Board to meet all its statutory duties.

Reading LSCB meets up to six times per year for standard Board meetings, where updates on the work against priorities is expected, performance and audit information is reviewed and emerging issues discussed. The Board also convenes at least once a year for business planning sessions. These sessions allow us to review our impact, recent performance data and audit evidence, to decide if our priorities remain relevant. In October 2014 we agreed our current priorities:

- Priority 1. Domestic Abuse
- Priority 2. Strengthening the Child's Journey and Voice
- Priority 3. CSE and other Particularly Vulnerable Groups
- Priority 4. Neglect
- Priority 5. Effectiveness and Impact of Reading LSCB

Reading is one of six Unitary Authorities in Berkshire and the Board endeavours to work collaboratively with our neighbours to ensure a more joined up approach to safeguarding concerns. This is particularly necessary for example on relation to child sexual exploitation and female genital mutilation, where there are common concerns and where some partner agencies work across several LSCBs.

The six Berkshire LSCBs work closely together and many partners are represented on all six Boards. We have three sub-groups of the Board which operate across the whole of the county, and two which focus on the West of Berkshire. Specific sub groups for quality assurance and performance, and child sexual exploitation are Reading specific to maintain a local focus on current issues. Our LSCB Structure chart can be found in appendix 3.

LSCB Business Managers and Chairs from across the county, and Thames Valley wide, meet regularly to ensure issues and protocols are shared along with examples of good practice.

The LSCB has clear links with Reading Children's Trust and the Health and Wellbeing Board. This relationship was strengthened in 2014 with the introduction of the 3 way protocol agreement which details how we work effectively together. The protocol can be found on the LSCB website: www.readinglscb.org.uk.

Our Priorities

Priority 1: Domestic Abuse

Why this is a priority: Reading has a high prevalence of domestic abuse and this is also one of the two key areas resulting in children being subject to a Child Protection Plan. The Board needs to scrutinise partner agencies responses to domestic abuse advising agencies when change is required to improve safeguarding of children and young people.

LSCB Challenge on Domestic Abuse:

In 2014 the Domestic Abuse strategy (2011-14) came to an end, with some notable achievements including the Family Choices programme and commissioning of the IRIS project. However, the prevalence of domestic abuse as a referral reason or as an aspect of a case remains as high as ever. A revised strategy is required to effectively join up the approach to this issue across children's and adult services, and across both the children's and adults safeguarding board partners and the Community Safety Partnership. This has been identified as a priority for a challenge session later in 2015.

Domestic Abuse Strategy 2015-18

The new strategy has been produced during 2014/15, with input from LSCB partners and extensive consultation. It outlines key areas for the Domestic Abuse Strategy group to focus on and includes a clear action plan.

Key themes relating to children and young people:

Priority 1 relates to improving information and education, with a particular focus on continuing to improve the level and quality of PSCE education in schools. Learning what a healthy relationship looks like and how to keep safe. The LSCB Education Task and Finish Group has been tasked with taking this forward in view of the key role schools can play and as the approach taken by schools is variable.

Priority 2 relates to providing the right response the first time, and the Multi-Agency Safeguarding Hub (MASH) takes a key role in this process. In autumn 2015 the single pathway for Early Help will be created which together with the MASH should improve referral processing and will mean the right support is offered to children and families at the right time.

Impact: The strategy is in the final stages of sign-off so it is too early to see direct impact. However that doesn't mean that the work hasn't yet started, as many projects, services and programmes continue to support victims and their families.

In general

All safeguarding training includes domestic abuse, this includes the LSCB training and that offered by individual agencies. Partners are aware that disclosures of domestic abuse involving children should lead to a discussion with Children's Social Care. A range of partners are included on the Multi-agency risk assessment conference (MARAC) meetings.

Berkshire Healthcare Foundation Trust (BHFT) employ a Specialist Practitioner for Domestic Abuse who provides training across the organisation regarding basic awareness, asking the question, completing the screening tool (DASH form) and the MARAC. BHFT receive all Police Domestic Abuse notifications for families with children under the age of five years which are cascaded to Health Visitors, School Nurses and health partners such as GP's and Midwives. BHFT staff have regular discussions with Children's Social Care regarding joint working with families to reduce the impact of domestic abuse on children. Information about known domestic abuse in families will be available to all staff from September 2015 with the amalgamation of the RIO patient record.

CAFCASS report that all private law applications made to court are screened and assessed at the first point of contact for signs indicating Domestic Abuse, with referrals and signposting undertaken as appropriate. The area figures show that over 60% of these applications indicate domestic abuse. Staff are trained in providing signposting advice to all parties including those affected by domestic abuse. This includes referral to local and national domestic abuse services.

The National Probation Service, Public Protection Unit in Reading is tasked to manage local high risk offenders who have been convicted of sexual and violent offences, including the serious end of Domestic Violence. They are often subject to Multi-Agency Public Protection management which ensures robust risk management plans for offenders, including access to appropriate offending behaviour programmes. With regard to those convicted of domestic violence, if suitable, capable and eligible, they are referred on to the local Community Rehabilitation Company for inclusion onto the Building Better Relationships (BBR) programme. The delivery of this programme is based on the tested "What Works" principles in changing offending behaviour and has been accredited by the Ministry of Justice through the Correctional Services Accreditation Panel. BBR is an updated programme rolled out across the country in the past 18 months. We have as yet to see definitive research to state its positive effectiveness, however it is widely believed to have a positive impact on reducing re-offending and preventing further victims.

Impact: With increasing awareness raising, training and clear actions to tackle the issues, the stigma surrounding domestic abuse can start to lift. Victims should be able to receive appropriate support to allow them to become survivors.

Identification of domestic abuse in court applications has improved in both quantity of number of cases identified and the quality of support.

Robust risk management plans for offenders, including access to appropriate offending behaviour programs has a positive impact on reducing re-offending and preventing further victims.

Family Choices Programme

This programme is for families affected by domestic abuse, offering support to the whole family. Support is provided via group work and 1:1 sessions, looking at parallel themes including - different forms of domestic abuse, the impact abusive relationships have on partners and children, and ways to resolve conflict in a non-abusive way.

Impact: Feedback from those attending the programme suggest that families find it helpful in a number of ways. Perpetrators have commented on how the work undertaken has had a positive impact on their behaviour, highlighting increases in respect for their partners, with understanding of how to control anger and alternative non abusive ways of behaving. Victims have found the support particularly helpful in overcoming isolation through the opportunity to meet others with similar experiences. Learning how to identify signs and traits of Domestic Abuse has led to participants feeling more able to set appropriate boundaries within their relationship with their partner, and a subsequent improvement in relationships with their children.

IRIS Project

Public Health currently jointly fund and commission the IRIS Domestic Abuse GP referral programme, provided by Berkshire Women's Aid. GP practice staff are trained in recognising signs of potential domestic abuse and are given the skills to discuss issues with patients coming into the practice. Practice staff can then offer to make a referral to local DA services. The Clinical Commissioning Groups (CCGs) actively encourage the GPs to engage with this programme, and provide support to GPs and clinicians working with families where domestic abuse is occurring.

The steering group review referral numbers coming from GP practices and identify actions to make improvements. The service co-ordinator works with and supports individual practices with the intention to improve their skills and confidence to engage effectively with patients who may be victims of domestic abuse.

Challenges: Budget limits and staff capacity only allow so many practices to be engaged with. Practices have received session 1 training so far (session 2 to follow) and referral rates to services by practice are currently inconsistent. A more focused, key partner, steering group is now in place to support and deliver improvements where identified.

Impact: To date, only 38 referrals have been made from GP practices in Reading (24 from one practice). However the programme has raised awareness with GPs, helps them to ask the right questions in the right way and challenges stereotypes. Clients of the service receive practical advice and support on how to deal with their particular DA issue.

Early Help Services

Many of the families referred to RBC Children's Action Team (Early Help) services have domestic abuse as an underlying issue.

By changing the way impact is monitored it is now possible to identify how many families have made positive changes, against clear categories, as a result of the work of the Children's Actions Team (CAT) workers. This year the Outcome Star tool has been introduced which helps families and their workers agree on the range of changes in key areas such as 'your wellbeing' and 'keeping your children safe'. In addition, at the end of case closure the CAT worker will identify whether there has been a range of improvement from 'significant' to 'none' against established criteria in key areas such as domestic abuse, mental health or substance misuse.

Training in the Outcome Star is going to be rolled out across the whole of RBC Children's Services which should enable greater impact evidence to be collated.

Impact: 54% of cases using Family Star Plus demonstrated significant change, and 17% of cases using My Star demonstrating significant change and 50% demonstrating smaller change.

Out of 692 cases closed, there were 95 cases where domestic abuse was identified. Out of these 71% showed an improved outcome. In where there were recorded mental health issues there was evidence to support 80% with improved outcomes. 74 cases with issues of substance misuse issues, 51% showed an improved outcome.

Priority 2: Strengthening the Child's Journey and Voice

Purpose: To evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.

LSCB Challenge:

How do we improve accessibility of services and the journey through services for our children and young people? Can we hear the child's voice in our case work, and how do they contribute to service design and delivery and the priorities of the LSCB?

Transition Planning for Looked After Children (LAC) at Key Stage 2/3

The move from primary to secondary school can be stressful, especially for children with additional vulnerabilities.

Achievements: Support and advice has been given to carers/social workers to select most appropriate secondary school placement, with extra visits to schools as required. 1:1 meetings with the Year 6 LAC pupils identify any anxieties about transition, and offer support to help children to complete the RBC transition booklet. 1:1 meetings with year 7 LAC pupils allow children to express any difficulties at their new school and discuss strategies for overcoming these.

Impact: There has been increased targeted interventions through Pupil Premium Plus, improved safeguarding in relation to attendance and missing children, and increased stability of placements. It is hoped that key stage 3 results will also show improvement.

Fostering and Permanency

Drift and delay in permanency planning has been an issue, as has the recruitment of sufficient numbers of local foster carers. All children who require long term fostering have been allocated to Permanency Fostering Social Workers in order to achieve this.

Achievements: Recruitment campaigns for potential adopters and foster carers have improved performance to meet more challenging targets. Investment in a partnership with a charitable organisation representing local churches has begun to generate results in terms of targeted recruitment (the Home for Good project). The implementation of "KEEPSafe" training (4 month, evidence based programmes) now provides high quality training for foster carers and those with Special Guardianship Orders in order to support stability for placements for 11-17 year olds. Likewise the delivery of therapeutic support services to foster carers by a dedicated multi-disciplinary team based in the Fostering Service has produced positive feedback in terms of supporting placements.

Impact: 16 Special Guardianship Orders (as at 31st March 2015) and 19 adoptions in 2014/15 has meant stability and permanency for young people within a family environment.

The Home for Good project aims to identify, encourage and support people from church and other faith communities to foster and adopt children. In the 7 months since launch enquiries from this scheme have led to one couple and two single people attending preparation groups, 1 enquirer has been approved as an adopter and a couple are being assessed as a family and friends carers.

Two Year Old Entitlement Offer

This statutory scheme offers childcare to certain eligible groups. This early intervention will provide real developmental benefits for children and progress their readiness for school. However, in spring 2014 the percentage take up was only around 30%.

Achievements: A partnership task group was set up to focus on improving take up and access. Outreach and engagement with families has been sharper and marketing has improved. Matching families to open childcare has improved access to available spaces.

Impact: The percentage of take up has now increased to 68%. The pilot programmes for South Reading for the first cohorts of children has shown real impact by tracking them into reception.

Robust Challenge (Dispute Resolution)

The Robust Challenge (RC) process referred to in the IRO Handbook as the Local Dispute Resolution Process has now been rolled out through the Child Protection process, signed off by the LSCB in December 2014. The Robust Challenge Process enables Independent Reviewing Officers (IROs) and Child Protection Chairs (CPCs) to effectively improve the lived experience of children. The process strengthens challenge to delay and drift in the Local Authority's approach to LAC, and has introduced greater monitoring and challenge.

Achievements: This year has seen an increase in challenges made from the Reviewing and Quality Assurance Service. Challenges have been made at all levels from the informal stage through to formal stages (27) escalated at all levels from level 1 Social Worker and Assistant Team Manager through to level 5 the Director of Children's Services. Themes have included delay in progressing to permanency, drift and delay in assessments, challenges in relation to case decisions, visits not happening, lack of input onto the child's record, drift in assessing risk, including Chair seeking independent legal advice and lack of Health Assessments / Health Care Plans.

Impact: There were 27 robust challenges in 2014/15, including a collective challenge in relation to 37 children. The group challenge identified systemic failures and deficiencies in permanency planning. The outcome of the challenge was the allocation of additional resources within the Fostering Service.

Focus for 2015/16:

- IROs continue to use the Robust Challenge process, ensuring that the service maintains a tracking sheet and that there is evidence of challenges and resolution to challenges on Frameworki.
- IROs ensuring that challenges are escalated within timeframes if the initial response is not satisfactory or has not been received.
- Reviewing and Quality Assurance Service to identify any patterns or themes to the challenges which can be fed back to Children's Services.

Voice of the child in services

We can only improve services when we know what works and what doesn't for the children and young people concerned.

Achievements: Children's Action Team key workers use My Star/Family Star to inform support plans and capture the child's voice in the case file. To help incorporate the lived experience of the child in foster carer reviews new forms have been implemented to request feedback from the child that are more child friendly and signs of safety compliant. The LSCB has funded the MOMO app, which allows looked after children to directly feedback their experiences. Health services have dedicated parent forums and routinely ask young people for their views on services and opinions on the development of new services or on their transition from one service to another. Health for Youth offers tours for young people to experience and see what is available in hospital. GPs are encouraged to speak directly to children, use accredited/approved translators when needed and use alternative means of communication where a child, young person or parent has a learning difficulty.

Impact: Family Plans (CAT service) focus on the wishes and feelings of the children, and they have a role in their own planning and intervention. LAC children's views and experiences are being fed into their reviews either indirectly from the Independent Reviewing Officers, or directly through the new forms. The MOMO app is an example of providing more flexible ways for LAC children to communicate with us, and although use has so far been limited it is increasing. Children and young people are given a say in health services.

Cafcass Young People's Board

Achievements: The Young People's Board has been successful in developing work tools, training materials and undertaking audits and inspections of the work done. This has now been expanded to the wider justice system including judges, court staff and legal representatives to ensure that that child's voice is always heard in legal proceedings.

Impact: The work done so far in supporting the Child's Voice in practice has been positively commented upon by Ofsted and the development of a child focussed approach to Family Justice is supported by the President of the Family Division.

Voice of the child in relation to priorities and work of the LSCB

It was clear that we needed to improve our ability to hear the voice of children & young people at the Board, and there had been no direct input from children and young people at Board level.

Achievements:

- The Youth Cabinet carried out a Domestic Abuse survey and a number of recommendations were made. The Member of Youth Parliament reported the survey finding to the LSCB at a Board meeting and the recommendations were discussed and agreed.
- The Youth Cabinet were consulted and their recommendations regarding engagement with the LSCB have been accepted by the Board.
- The Youth Cabinet will attend later in 2015 to provide an update on their campaigns.
- The LSCB Independent Chair and Business Manager regularly meet with the Youth Cabinet.

Message from the Member of Youth Parliament, Adrian Rodriguez:

As the Member of Youth Parliament for Reading, and as a young person myself, I recognise the relevance of the priorities set by the LSCB in October 2014. It is paramount that we aim to alleviate the difficulties that young people in Reading face, in order to allow us all to achieve our potential - ensuring that there are no barriers to success. Having lived in Reading for almost all of my life, I believe that the priorities set by the LSCB are ones which need tackling urgently, therefore I welcome them and am willing to do as much as possible. I will continue to offer my support to generate the strongest, most impactful outcome that the board can achieve.

Ongoing LSCB Challenge:

Looked After Children Health Assessments

Data relating to the timeliness of LAC health assessments presented to the Board in March 2015, raised significant concerns in relation to the timeliness of health assessment for Looked After Children. The Board has requested immediate action to be undertaken in order to meet the required timeframes and ultimately ensure that the health needs of our Looked After population are met.

Young people's involvement with the Board

Although engagement has increased (as described above) further work is required to ensure that the voice of the child is regularly heard at Board meetings.

Priority 3: CSE and other Particularly Vulnerable Groups

Purpose: To ensure that those children and young people who are particularly vulnerable or likely to be exploited can be identified and supported appropriately.

LSCB Challenge on CSE:

At the beginning of this reporting year there was a limited multi-agency approach to CSE, no strategy or action plan, the CSE Strategic Group did not report to the LSCB and information relating to CSE, particularly the children and young people involved, was poor. This year has seen a huge shift in the prioritising of CSE, raising the profile of the issues and how to address them, understanding the local picture through vital information sharing and clear positive outcomes for individual young people.

Multi-agency approach to CSE

Issues: There was no multi-agency strategy in place, CSE mapping was not effective, levels of awareness needed to be improved and there were uncoordinated approaches when meeting the needs of victims.

Achievements: Clear multi-agency LSCB CSE strategy is now in place with a live action plan. A CSE Mapping meeting was established to better understand the local picture in detail, which then combined with the Missing Children meeting to provide a clearer more joined up view. This is now an LSCB Sub Group which ensures robust LSCB oversight. An operational meeting has been established which identifies young people at risk and potential offenders. CSE training has been rolled out through the LSCB at universal, targeted and specialist levels. 111 staff have attended LSCB CSE training since April 2014. To date 252 staff have attended CSE training hosted by Reading CSE intelligence training has also been provided and well received by 41 managers and CSE champions. CSE toolkit and screening tool has been widely disseminated and all partners are encouraging staff to use these. 21 CSE Champions have been established to ensure teams have access to a specialist worker when issues/queries arise. Established services are available to support victims, including Targeted Youth Support and Youth Outreach Nurse.

Following the significant work undertaken in 2014/15 (described above), 99 managers from across the partnership attended a multi-agency CSE launch event on 4th June 2015. All the processes and tools were officially launched and the voice of victims at the event clearly reinforced the need make this work for those young people at risk.

Impact: As at 31st March 2015 20 young people have been identified as being at risk of CSE, where appropriate multi-agency support has been provided. There is improved knowledge of the numbers of CSE victims and their levels of risk. Staff training has improved the confidence of the workforce across the partnership. 80% of those who attended LSCB CSE training during 2014/15 stated that their knowledge and confidence in the subject after attending had significantly or very significantly improved.

But most importantly we have cases where perpetrators have been charged (4 cases in the past year where one or more persons have been charged) and positive feedback from victims and parents. One parent explained he felt his worker listened to him. Often his concern for his child would occur late into the evening or at night, and he appreciated having the workers mobile phone number so that he could leave messages on the phone at night, knowing she would pick up the message the following day and discuss his concerns with her. One of the victims told the worker who conducted the return interview that they were "alright....am I going to see you again?" The young person was then allocated to that worker and the number of missing episodes have already significantly reduced.

Children Missing out on Education (CMoE)

Children and young people who are missing education can be more vulnerable and liable to exploitation.

Achievements: A Virtual Head for CMoE has been appointed to ensure clear oversight of all cases. A CMoE tracking group meets regularly to discuss cases and an action and communications plan is now in place. Cross border meetings take place to ensure those moving in and out of our boundaries do not get lost. All those assessed to be at level 1 (highest risk) have a level 1 plan in place, monitored by a lead professional. Pupils in year 12 who are NEET are now tracked, ensuring responsibility is handed over to an appropriate service, such as Adviza (formerly known as Connexions Thames Valley).

The Virtual Head now has the details and monitors all pupils who are on reduced timetables in Reading primary, secondary and special schools for return to full time education. The

Impact: Cross checking CMoE, CSE and Missing Children lists has improved awareness and information sharing, plus the Virtual Head CMoE links directly with schools ensuring that the children are better safeguarded. Through the lead professional, the children are 'case worked' ensuring they do not get lost, and 'stuck' cases can be progressed through multi-agency planning meetings.

LSCB Challenge on Female Genital Mutilation (FGM):

The population profile of Reading indicates that FGM could be a potential issue for certain groups of children and young people. The LSCB initiated a task and finish group in 2014 to gain a better understanding of the issue, identify what processes were already in place and identify a way to widen awareness of the issue. The group reported back to the Board in March 2015.

The task and finish group established that across Berkshire West there is some awareness of FGM amongst local agencies and that some agencies are developing good practice to recognise and respond to women who have suffered FGM. The Berkshire LSCBs Child Protection Procedures support practitioners in referring girls at risk of FGM to Children's Social Care Services who then inform Thames Valley Police.

However, there is much still to be done locally. A co-ordinated strategic direction is required to progress local developments that will ensure girls living in Berkshire West who might be at risk of FGM are identified and protected. Most successful models of addressing FGM currently existing within the UK are based upon the recognition that tackling FGM warrants a co-ordinated approach, from statutory and voluntary organisations as well as representatives from community groups of those affected. Without such co-ordinated strategic direction it will be difficult to progress key policy recommendations locally.

FGM awareness training is made available through the annual LSCB training programme and FGM has now been incorporated in to all Universal safeguarding Children training courses

The group recommended that the local response to FGM should be a matter raised at the Health & Wellbeing Boards, in order to ensure that addressing FGM is a priority for all agencies. This will require commitment from Directorates of Public Health. It is essential that affected communities are represented from the start.

The LSCB Independent Chair has challenged the Health and Wellbeing Boards across the West of Berkshire to take a lead on FGM. A new task and finish group will shortly be formed to clarify next steps and produce recommendations which will be reported to the Board.

Ongoing LSCB Challenge:

CSE Information Sharing

Board members have raised concern that there is no clear protocol in place regarding the appropriate sharing of information in relation to CSE cases. The Board has set up a task and finish group to review this, and in conjunction with neighbouring authorities, develop a suitable pan Berkshire protocol. Work on this is nearing completion and will be reported to the Board in late 2015.

FGM

As discussed on page 18, the LSCB Chair has challenged the Health and Wellbeing Boards across the West of Berkshire. The LSCB will continue to keep this issue a high risk area until progress is made.

Privately Fostered Children and Young People

The numbers of known privately fostered children are extremely low yet we know there will be more children who are in this arrangement and need additional support. This has been the subject of robust challenge at the Board and a number of initiatives, with Board members support, are now underway. For example, targeted communications with schools, GP surgeries and youth clubs have taken place. Further reports during 2015-16 are expected.

Priority 4: Neglect

Why this is a priority: Neglect remains the highest category for Child Protection planning in Reading. Research has shown the negative impact this can have on children and young people's emotional and physical development. There are many forms and reasons for neglect and the children's workforce must be able to recognise the early signs to ensure support is provided as soon as possible and action taken to safeguard children when required.

LSCB Challenge on Neglect:

Although identified as a key issue in Reading, in 2014 there was no clear strategy or multi-agency approach to its reduction.

Neglect Protocol

To raise the profile of neglect as an issue, in 2015 the LSCB produced a Neglect Protocol for all partners which highlights the effects of neglect, short and long term, plus it reviews national and local learning on this subject.

The protocol makes a number of recommendations for all partners including:

- A regular review of the LSCB threshold document is undertaken to ensure the inclusion of new signs and symptoms of neglect from research or Serious Case Reviews
- That key agencies ensure that their safeguarding policy and protocol adequately addresses the risks related to neglect and the need for timely and proactive intervention
- That all agencies provide access to training for staff in their organisation to assist with the identification and response to neglect.
- That all agencies ensure that staff are briefed or trained on the importance of listening to the voice of the child and mindful of the risks of the child's voice being overshadowed by adult opinion or circumstance.
- That all agencies ensure that there is a record of significant events over time in the form of a chronology or log on order to assist with the identification of neglect and its impact on the child.

There are specific recommendations for Reading Borough Council including training and the use of the 'graded care profile' assessment tool and the consistent use of chronologies in assessment, analysis and decision making.

Challenge: It is not yet possible to assess the impact of this protocol but the LSCB will review progress against the recommendations in 2015/16.

Early Help Services

Many of the families referred to the RBC Children's Action Team (CAT) have neglect as an underlying issue. Three common factors, known as the toxic trio, contribute to neglect - domestic abuse, mental health issues and substance misuse. The CATs are now able to report significant positive change in these areas in a proportion of cases (see Impact). In addition the CATs are also able to report on two other factors, worklessness in the household and housing, which can also impact on neglect for children and young people in the home.

Similarly, for those families where we have used the Family Star outcome measuring tool we have seen significant change in a proportion of families for indicators of poverty, which is also a key factor in neglect.

Impact: Out of 692 cases closed, there were 95 cases where domestic abuse was identified. Out of these 71% showed an improved outcome. In where there were recorded mental health issues there was evidence to support 80% with improved outcomes. 74 cases with issues of substance misuse issues, 51% showed an improved outcome. In relation to 'worklessness in the household' 135 cases, 48%, demonstrated an improved outcome. For 'Housing' 136 cases, 71%, demonstrated an improved outcome.

For those families where the Family Star was used we saw significant changes to 'progress to work' for 34% of our cases and significant change in 'home money' for 36% of cases.

Parental Substance Misuse Service

Substance misuse significantly impairs a parent's ability to bring up their children safely.

Achievements: A range of specialist parenting programmes have been offered, including some targeted at those who are pregnant, to help them understand the impact of substance misuse on an unborn baby and their parenting capacity. Awareness raising training has been delivered to social care staff and Health Visitor and Social Worker students and Safeguarding children where there is Parental Substance Misuse training is included on the annual LSCB training programme.

Impact: 5 mothers with historical established pattern of use were able to retain the care of their children at birth, preventing the child from separation and becoming looked after. The support offered is reported to have prevented relapse in these cases.

In general

GPs have access to information about Early Help resources to allow them to signpost. They continue to refer to MASH in cases where neglect is likely to cause a child significant harm.

The Royal Berkshire Hospital includes neglect in all its safeguarding training. It also ensures children not brought for appointments are monitored and followed up.

Berkshire Healthcare Foundation Trust safeguarding team have put on seminar workshops for all health visitors, school nurses and family nurses (November 2014) on keeping the focus on children where there are multiple adult vulnerabilities and recognising neglect.

Agencies have included neglect training as a requirement which is raising the profile of indicators, risk factors and identifying support.

Ongoing LSCB Challenge:

It is recognised that agencies are undertaking work to begin to address Neglect, it is however identified that there is still significant progress to be made. With the introduction of the Neglect Protocol the LSCB will expect to see significant progress in 2015/16.

Priority 5: Effectiveness and Impact of Reading LSCB

Purpose: To ensure the Board has a stronger focus on scrutiny and challenge of partner agencies services and its own effectiveness, to ensure it meets local and national priorities and is able to evidence impact on outcomes.

LSCB Challenge on the LSCB Structure:

The incoming Independent Chair of the LSCB felt the existing structure of sub-groups and meetings reduced the accountability of the main Board, while leaving key areas of scrutiny without a local focus. The existing LSCB action plan was not 'SMART' and therefore unachievable.

Challenge function of the Board

Board meetings were not challenging of partners/services/Board members, with decisions and responsibility often not held at Board level due to the structure. Performance data, audits and section 11 returns have not routinely provided the evidence required to allow the Board to challenge emerging issues.

Achievements: The LSCB structure was reorganised by the new Chair. The Executive meetings were removed to place decision making and accountability with the Board. Board members have been encouraged to be openly challenging in meetings. A new Top 10 Scorecard ensures data relating to our priorities is seen by the Board at every meeting (see appendix 7), and the result of an audit is expected to be discussed at every Board meeting.

In 2014, a challenge by the Chair regarding the Rapid Response procedure, led to a revised procedure being adopted across Berkshire.

Impact: Improved data and audit information to the main Board will enable us to focus efforts on the most vulnerable and at risk young people. Board meeting minutes reflect the increased level of challenge at meetings.

High Quality Training and Resources

Issues: The previous LSCB structure meant the Board was unsighted on the training programme and had little responsibility for it. Certain groups/service either couldn't access the training or were encouraged not to. There has been limited evidence of the impact of training.

Achievements: LSCB Training Officer now attends all Board meetings, and has presented the training programme which is updated depending on need and LSCB priorities. RCVYS, with funding from Thames Valley Police, are offering safeguarding courses for the VCS, in line with the LSCB training programme. A safeguarding pathways document has been produced which details training available from the LSCB and RCVYS. RBC Learning & Workforce Development have implemented a follow up impact evaluation of course 3 to 6 months after completion, and will ask for specific evidence of the impact of the course on their practice.

The LSCB has also funded access for every Board member to the NWG website, where resources and support around CSE issues are available for use.

Impact: Staff across the partnership receive consistent training on issues that are local to Reading. LSCB members are more aware of the courses available and can market these to appropriate staff. Impact evidence from training will soon be available.

Evaluation of Thresholds

The thresholds document produced by RBC in 2011 has been reviewed and updated and now is a multi-agency document.

Achievements: Through consultation with LSCB partners a revised document has been reissued and circulated widely. Changes were made to ensure that current practice and current risks are reflected. There was agreement on the need for common language. This forms one part of a wider project to introduce the Early Help Pathway, new MASH and phase 2 of the Troubled Families Programme, which will complete in the autumn with the production of clear, easy to understand guidance on what the thresholds are, how to use them, and what happens when you make a referral.

Impact: The updated thresholds (and forthcoming guidance) will enable practitioners to be confident about the safeguarding thresholds, ensuring that referrals are made appropriately - the right service, to the right child, at the right time and in the right place.

Communication

Issues: The LSCB cannot be effective if front line practitioners are not aware of the work and messages it is disseminating.

Achievements: A new stand-alone LSCB website has been produced. This contains a wealth of information not only about the LSCB and what we do, but also support for professionals, families and children and young people. The newsletter has been re-instated and weekly information bulletins are sent to all LSCB members. Members are often asked to confirm when they have disseminated important information.

Ongoing Challenges:

There have been a number of challenges raised at LSCB meetings which are ongoing. These include:

- Children's Social Care staffing concerns - difficulties in recruitment and retention of staff, high levels of agency staff and staff turnover. Specific work has been undertaken to be reported to the Board in September 2015.
- GP attendance at CP conferences - ongoing issue with GPs not attending conferences and often not supplying reports. An action plan is in place and will continue to be reviewed by the Board.
- Partner Engagement - the Chair has raised concerns about the level of partnership engagement in areas such as auditing and contribution to Board meetings.

To enable the Board to effectively monitor the progress of the challenges/concerns raised a Risk/Concern log has been established. This is RAG rated and key issues are followed up at each Board meeting. A copy of the latest Concern log can be found in Appendix 6. All ongoing concerns highlighted in this report are included in the Risk/Concern log.

Our Compliance with Statutory Functions

Statutory Legislation

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. Our current membership is listed in the appendices.

The core objectives of the LSCB are as set out in section 14(1) of the Children Act 2004 as follows:

- a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area,
- b) to ensure the effectiveness of what is done by each such person or body for that purpose.

The role and function of the LSCB is defined by Working Together to Safeguard Children 2015, and key extracts can be found in the appendices.

Policies and Procedures Sub Group

The purpose of the Pan-Berkshire Policy and Procedures subgroup is to ensure that:

- The six Berkshire LSCBs develop and maintain high quality safeguarding and child protection policies and procedures.
- Safeguarding and child protection policies and procedures remain in line with key national policy and legislative changes.

The subgroup has met on four occasions during the year, hosted by Slough Borough Council. The group has continued to work towards ensuring that all those working with children, young people and families within Berkshire have access to accessible, thorough and comprehensive policies and procedural guidance to support safe, timely and effective interventions.

New procedures for responding to Child Sexual Exploitation, including a Pan Berkshire CSE Indicator Tool, were completed and implemented during the year, providing consistent guidance for all agencies which has linked to the continued development of SERAC (Sexual Exploitation Risk Assessment Conference) panels across the county.

Challenges:

The subgroup faces a number of challenges for the year ahead, and proposes the following solutions for 2015-16:

- Contract renewal - the contract with Tri.X is due for renewal in September 2015. Current fees are based on the original “early-adopter” pricing which has now been revised. It is anticipated that the cost for delivering the manual will increase significantly - with a consequential call on each of the constituent LSCBs for additional funding

- Scale and size of the manual - the manual has grown in size and diversity in recent years making searches for specific elements of guidance more complex for practitioners. In addition key documents require updating. Some procedures appear to have more direct relevance to only one or two constituent agencies - suggesting that these topics might be best addressed outside the Pan Berkshire P&P process. A detailed review of the content and scale of the manual will be undertaken to ensure that all key procedures are fully up-to-date and that the content is rationalised
- Frequent changes in attendance and representation - the work of the subgroup has been compromised by the continuing flux in membership. This has led to additional demands being placed on a small group of more regular participants and has reduced the scope for pieces of work to be taken forward when capacity has been limited. Constituent agencies to commit dedicated time and resource of sufficiently senior staff to contribute to the work of the subgroup
- Delegated authority to approve and agree a) LSCB; b) LA - progressing changes and additions to the manual has proved challenging when the membership has not had delegated authority to approve these. Each constituent LSCB to ensure that governance arrangements are in place to support the decision-making of the subgroup and each constituent local authority to ensure representation at a sufficient level of seniority from Operational services management to authorise procedural changes

Ongoing Challenges:

The subgroup has identified three priorities for 2015-16:

- Rationalisation of the procedures manual
- Continuing funding for Pan Berkshire procedures
- Review of key procedures.

Learning and Development Sub Group

In order to fulfil its statutory functions under Regulation 5 an LSCB should monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Reading, Wokingham and West Berkshire LSCBs share a Learning and Development sub group whose purpose is to lead the strategic planning and oversee the operational delivery of Learning and Development (L&D). The aim of the group is to coordinate the provision of sufficient high-quality learning and development opportunities that are appropriate to local needs and have a positive impact on safeguarding outcomes; holding partner organisations to account for operational delivery and uptake.

Specific activity that has been undertaken over the year includes;

- Support given to organise and deliver the annual Safeguarding Conference
- Daniel Pelka SCR learning shared
- Training sub-group away day held to review past, present and future
- Training sub-group split in to east and west
- Priorities for action agreed in line with revised LSCB Business Plan

- Voluntary sector became part of sub-group membership
- Current and emerging needs discussed and prioritised for future L&D opportunities
- Training programme for 2015-16 created and approved
- A new action plan agreed for 2015-16

The training programme was created by the Operational L&D Sub-Group, based on past trends and emerging needs. The headline figures associated with the programme include;

- 21 courses were run through the LSCB programme
- 332 candidates attended the courses, (over 16 candidates per course)
- 46% of the places were taken by Local Authority workers, with 21% from Health and 33% from others (12% of these being from PVI)
- Allegations management was the most popular course for other agencies, including schools (32 candidates)
- 53% of people felt the immediate impact of the training was significant or very significant with 45% stating there was some immediate impact.

The e-Learning offer for the LSCB Programme focused on two main learning opportunities, this being CSE (Child Sexual Exploitation) and USC (Universal Safeguarding Children). The headline figures for the programme include;

- 1965 candidates across Reading, Wokingham and West Berkshire completed the USC e-learning
- 44 candidates completed the CSE e-learning
- 21% of candidates who started the course completed it

The figures have highlighted an issue in the management information as well as behaviours, relating to candidates starting the courses but not completing them at the first attempt.

Impact:

SCR learning has been shared within the sub-group and used to inform revisions to learning and development interventions (e.g. training courses or e-learning content). This has meant that candidates were aware of current cases and the learning they provide, thereby influencing work practices and behaviour and so having a positive impact on the outcomes for Children and Young People.

The training figures suggest the learning and development programme has had an impact on a significant number of attendees, meaning that that candidates work practices and behaviour are influenced, leading to a positive impact on the outcomes for Children and Young People.

Child Death Overview Panel

The LSCB is responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a CDOP. The CDOP will have a fixed core membership drawn from organisations represented on the LSCB with flexibility to co-opt other relevant professionals to discuss certain types of death as and when appropriate.

In Berkshire as a whole, there has been an overall reduction in reviewed deaths from 57 in 2012/13 to 60 in 2013/14 to 50 in 2014/15. It is difficult to attribute causes for the reduction however the panel took consistent action to promote;

- neonatal reviews and thematic risk factor monitoring;
- the 'one at a time' message for those undergoing IVF treatment
- a consistent set of recommendations for 'safe sleeping' - which all agencies adopted

The annual number of child deaths reported in Reading in 2014-15 was 5 which compares with a total of 15 deaths in 2013-14. Of those reviewed so far, none were unexpected/unexplained. Infant mortality was statistically lower than England in Reading in 14/15 in the CDOP records and as reported in the child health profile for 2015 the main categories of death are; chromosomal, genetic and congenital anomalies, perinatal and neonatal deaths, malignancies and that as yet no deaths have been reported with modifiable risk factors.

Achievements:

- Regular reporting on risk and preventative factors for infant and child deaths through the CDOP newsletter and JSNA
- Facilitating the development of an asthma and viral wheeze website/ app for the Thames Valley as a response to two local child deaths in Berkshire in 2013-14. This is now live at www.puffell.com
- Asthma and viral wheeze GP and practice training is being implemented across the Thames Valley which will ensure that all children have an asthma plan in line with national recommendations.
- Designing and testing an emotional health and wellbeing website/app which includes sections on self harm, anxiety and depression, anti-bullying and domestic abuse as part of the public mental health approach to CAMHS service redesign.
- A paper was presented at the national CDOP conference based on a detailed analysis of all child deaths in relation to congenital anomalies and is planning to audit the implementation of the consanguinity programme in secondary schools this year
- The genetics programme has been disseminated through the LSCB to secondary schools and an audit will be carried out in 2015-16 to explore whether this has been adopted into school curricula.
- All cancer deaths have been reviewed by an external expert panel and no trends of common modifiable factors have been found
- The panel have shared learning from the Thames Valley Cancer Network on culturally appropriate ways of marking a child's death. This has been circulated to social care and health staff and shared with education colleagues.
- The service continues to promote safe sleeping advice
- A GP practice improvement programme for the early identification of sepsis has been rolled out via the network

Ongoing Challenges:

The key challenge remains the reduction of pre-term births and the death of children in their first year of life. The panel are assured that work on reducing pre term births is also a regional health priority as many of the risk factors relate to the health of the mother antenatally and the care she receives within that period. The Thames Valley Children's and Maternity network has been promoting training to increase awareness of the optimum way to measure fundal height through the midwifery services.

Section 11 Panel

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Pan Berkshire Approach

The six Berkshire LSCBs work together through the Section 11 (S11) Panel. Its purpose is to:

- To oversee the S11 process for all pan Berkshire organisations and to support improvement. This currently involves Berkshire wide statutory and voluntary organisations of which there are 9 of a significant size and scope.
- To set clear expectations with the LSCBs and those organisations about the timeframe and process for submission of a self-assessment section 11 audit, and ongoing development towards compliance.
- Review and evaluate S 11 returns of the full three yearly audit (including a mid-term review) of s11 Children Act 2004 for pan Berkshire organisations, in order to make an assessment of agencies compliance with the duty to safeguard. New round of assessments to commence from May 2015.

Achievements:

The terms of reference of the subgroup were reviewed at a S11 Workshop in December 2014. Membership was also reviewed at this point and it was decided that each LSCB should have representation as should pan Berkshire organisations. The panel now has an ongoing role in improving the self-assessment process for organisations. The self-assessment tool has been updated and as the panel embarks on the new round of reviews the new assessment format will be adopted. The panel also decided that going forward organisations should attend to present their audit so that questions can be asked and resolved at the same time.

Over the past year, the panel has achieved a number of priorities. These include clarifying membership and expectation of members; reviewing the Panel's terms of reference; improving consistency of attendance; and ensuring clarity around form and function.

Impact:

The impact of the subgroup's work has included achieving clarity around new 3 year cycle; and ensuring wider organisational engagement with, and ownership of, S11 compliance. This has included achieving agreement over LA submissions, CCG submissions and some national organisations submissions.

Challenges:

- Format of CCG submissions - after discussion, the subgroup took the decision to accept the CCG template to be submitted to panel.
- Local authority submission format - agreement around submissions was gained and will be part of next three-year cycle.
- Subgroup membership attendance and representation - expectations were clarified and requests for representation made by the Chair.
- SARC assurance now to be brought to panel.
- British Transport Police submission and follow up.

- New commissioning arrangements in health have proved to be an ongoing challenge. The plan is for the Panel Chair to write to the Local Area Team (LAT) to gain clarity around assurances of compliance.
- The subgroup has also raised concerns about pan-Berkshire arrangements regarding local induction of LSCB members and therefore understanding of policies etc. may be absent - each LSCB will ensure induction of new members is robust.

Themes from the first round of S11 returns (2012-2015):

- There is a need for greater understanding of 'safeguarding supervision' across the children's workforce and explore opportunities for multi-agency developmental supervision or case supervision
- There is a need for easy access to safer recruitment training. Although this is happening, it does not appear to be sufficiently well co-ordinated. It is suggested that all partner agencies are cognisant of their individual responsibilities and that LSCB's incorporate this into their training strategy. It would seem essential that responsibility for commissioning and delivering training is evident, and its quality is routinely monitored.
- S11 Submissions from Local Authorities were variable, although with the new methodology going forward a standard expectation will become clearer
- CAF and early help arrangements appear to differ across organisational boundaries, which can be of challenge to pan-Berkshire organisations utilising different referral methods and subsequent pathways.
- Although organisations did have a named senior person responsible for safeguarding, but at times it was unclear how this influenced operational practice. The responsibility to have a named person was well understood but there was little evidence of understanding of the actual range of responsibilities this entailed.
- The process for obtaining DBS checks, particularly for those in smaller voluntary organisations needs to be made clearer. This is intelligence that has come from individual LSCB's.
- While training is available the demand for multi-agency training appears to be greater than the volume of staff in some organisations demands. The need for employers to clarify the required pathways together with clearer guidance regarding the relevance of inter-agency training by LSCBs would appear to be important as delivery of such events becomes separated across the East and West of the region.
- Information sharing is a feature in SCR's but this did not come out strongly as an issue in Section 11. Going forward this should be explored further when returns are being presented.

Future Plans for the Panel for 15/16

- 3 year cycle of S11 audits to be commenced on an ongoing rolling programme which incorporates an 18 month mid-term review to monitor progress of action plans.
- Agencies to be invited to present their S11 self-assessments to the Panel to enable scrutiny and challenge of each agency enabling greater discussion and learning.
- Agree a process to ensure that best practice evidence is incorporated into Berkshire processes and that learning is shared.

Local Approach

Reading LSCB is responsible for the undertaking S11 returns for local organisations not included in the S11 Panel above. In 2014 schools were asked to confirm their designated safeguarding lead, and the level of training undertaken by key staff. Concerns from the

review were followed up directly with the schools. A full Section 175 (Section 11 equivalent for Schools) is scheduled in for the autumn term 2015.

Early Years providers, including playgroups, are required to complete an annual safeguarding and welfare requirement audit as part of the EYFS requirements. A worker in the early years team reviews these audits to ensure all safeguarding requirements are met and this is scheduled to report to the Board in 2015.

Case Review Group

The Case Review Group receives and reviews all cases referred to the group where staff from any partner agency of the Safeguarding Children Boards in Berkshire West have identified potential learning. The group will also consider cases where a referral has been made to the group from the Berkshire Child Death Overview Panel (CDOP)

Recommendations will be made to the Chair of the Berkshire West Local Safeguarding Children Boards (LSCBs) when the group agrees that the criteria has been met to undertake a serious case review (SCR) as defined in Working Together to Safeguard Children (2015). Where the group agrees that the criteria for a SCR has not been met it might recommend a partnership review of the case.

Learning from published SCRs will be shared by the group for dissemination across partner agencies of the LSCBs.

The Berkshire West Case Review Group was formed from an amalgamation of the three previous serious case review groups across Berkshire West at the beginning of 2015. The group currently meets every two months, and has so far met three times. In this time six cases have been reviewed, with a recommendation to the LSCB Chair that consideration be given to undertaking an SCR in two cases, although one had a query regarding the criteria. In one of these cases, further information became available that meant that an SCR was no longer appropriate but a partnership review will be completed. In the other case, the National Panel of Independent Experts in Serious case Reviews was consulted and they confirmed it did not meet the SCR criteria. A partnership review will be undertaken instead. One further case identified good practice and a storyboard will be produced to aid learning.

Impact:

This is a new group and therefore its impact and outcomes are yet to be measured. It is envisaged that the amalgamation of the previous three SCR groups will:

- enable a shared process for referral to the group and;
- enable shared learning from serious case reviews and partnership reviews across the three areas of Berkshire West and ultimately across Berkshire, via the Learning and Development sub group of the three LSCBs.
- consider recommendations and shared learning from national SCRs

Ongoing Challenges:

- Representation from the local authorities has not been consistent for the meetings.
- Representation from Early Years has now been agreed.
- LSCBs to be clear about the content and regularity of reports from the group to the LSCB.

Quality Assurance and Performance Sub Group

Working Together states that in order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned;

The role of the Reading LSCB Quality Assurance and Performance Subgroup is to ensure there are sound mechanisms for monitoring, evaluating and auditing safeguarding activity in place, particularly in relation to front line services, and ensuring that improvements are made to deliver better outcomes for children. Also, its role is to demonstrate that the LSCB is a 'learning partnership' that has a strong focus on impact and effectiveness, and when necessary, escalate any identified risk in order to provide assurance to the Board to enable them to carry out their statutory responsibilities.

Achievements:

- Restructuring and merging of the Quality Assurance and Performance & Scrutiny subgroups into one subgroup with a local focus
- Approved monitoring Dataset and implementation of a top 10 reporting scorecard with direct input from the LSCB Independent Chair, linked to the LSBC key priorities (see appendix 7)
- Development and implementation of an Audit programme linked to the LSCB core priorities which included a basic audit tool methodology
- Completion and reporting on audits including action plans for example:
 - Domestic Abuse/MARAC Audit
 - Audit of GP Services
 - LAC Exclusions Audit
 - Multi-Agency Child Neglect Audit
- Lessons learnt from the Neglect Audit have been disseminated across the workforce and the MARAC audit results have fed into the new Domestic Abuse Strategy

Challenges:

In relation to audits, the availability of resources and untimely responses from agencies present major challenges in the completion of audits within agreed timeframes. An interim solution has been the commissioning of an independent audit to coordinate and facilitate some multi-agency audits.

Obtaining an up-to-date dataset has proved a significant challenge due to lack of forthcoming data from agencies and the quality of the commentary surrounding data received. This has impacted on the group's ability to effectively analyse and report on data trends and impacts to the Board.

Ongoing Challenges:

- Quality and commentary surrounding data reporting continues to be challenging. The solution involves a mixture of escalation and liaising with the data owner.
- The group will continue to push for scheduled multi-agency audits take place in a timely manner but resources and engagement by all partners is key to achieving this.
- The group will monitor Section 11 audits when available, but so far this has not been possible due to the lack of information.

CSE and Missing Sub Group

The aims of this group are:

- To develop a local strategy and effective strategic response to ensure a co-ordinated multi-agency approach to safeguard children and young people from sexual exploitation and those who go missing.
- To reduce the risks to children and young people vulnerable to sexual exploitation through multi agency and collaborative working with LSCB partners.
- In relation to Children who go Missing the strategic group to have an overview of children who go missing, the reasons why, the multi-agency response and the areas of cross over with those at risk of Child Sexual Exploitation (CSE).
- To agree and oversee a Performance Framework that; informs commissioning and strategic intentions, enables provision of regular reports to Reading Local Safeguarding Children board (LSCB) on the work of the group and its impact for children and young people.

The Children Who Go Missing and CSE Sub Group was combined in July 2014 to recognise the overlap that can occur between these groups of children. At this time the governance of the group also changed to report directly into the LSCB to ensure clear scrutiny at a high level multi-agency forum. This group is co-chaired by Thames Valley Police and RBC.

Achievements:

- Produced the CSE Strategy and action plan, plus information and tools used at a recent launch event.
- The development of the SEMRAC (Sexual Exploitation and Missing Risk Assessment Conference), which reports directly into this group.
- SEMRAC development days included establishing roles and responsibilities, information sharing and the SEMRAC process.
- Agreement to employ a CSE Coordinator, plus joint working with Barnados to provide three CSE workers for a year working directly with those at risk.
- Agreement that return home interviews will be carried out by RBC Youth Service, which have been successfully taking place.
- Further development of the CSE champion role which provides support to the workforce.

Impact:

- Young people at risk, perpetrators and places of interest are being identified earlier, leading to increased disruption of potential CSE activity.
- Increased awareness across the partnership has led to increased intelligence reporting from partners to the police.
- There has been an increase in awareness across the workforce enabling front line staff to better identify at risk young people.
- Return home interviews are taking place, with more offers being accepted and numbers are being regularly reported into the group.

Ongoing Challenges:

- Continued multi-agency funding for the CSE Coordinator has yet to be established.
- Clear CSE Information Sharing Protocol for across Berkshire needs to be agreed.
- Ensure the wider workforce continues to be aware of the risks of CSE and an effective CSE Training Pathway is put in place.

Update from RBC's Participation Team

Achievements:

The Reading Youth Cabinet is made up of 18 elected young people - in the December 2014 elections, 3,800 young people across Reading voted. The youth cabinet campaigns in the last couple of years have focussed on mental health services for young people, and PSHE provision in schools. In 2014, the youth-cabinet undertook some research around Domestic Abuse and the experiences of young people in Reading, which was presented back to the LSCB.

Reading's Children-in-Care Council, now rebranded as Your Destiny Your Choice (YDYC) Lead, meets once every six weeks. The group have helped with the development of the new pledge for young people in care, to develop a new information pack for young people coming into care, and supported the implementation of the MOMO app.

Young people have also been involved in the recruitment of staff by having their own interview panel, including interviewing for the role of Director for Children's, Education and Early Help Services and recently for a new member of staff for the Edge of Care Team.

Young people in care are given the opportunity to complete a feedback sheet after each LAC Review, to comment on the process and how it could be improved. These are collated quarterly by the Participation Co-ordinator, and a report fed back to the IRO team to be able to pick up on any issues or themes.

A range of consultations and surveys are undertaken annually with young people. This includes almost 3,000 young people participating in a survey run in conjunction with the youth cabinet elections, one for young people in care about the IRO service, and another for young people in care about what should be in the new pledge.

Impact:

Four schools have signed up to the Youth Cabinets Treaty of Mental Health, setting out commitments around what they will do to improve Mental Health education in their school. The Youth Cabinet work around Domestic Abuse has also helped inform, and is referred to, in the new Domestic Abuse strategy.

In a survey looking at how young people in care were experiencing delivery of the pledge, the average response to the 'Listened To' section was 4.4 (on a scale of 1-5, 1 being poor and 5 great). 9 of the 10 sections scored above 4.

The young people involved in recruitment have a genuine influence in the decision on who to employ, meeting with the adult panel to discuss their views and reasoning in an open and two-way fashion.

The work of the Children in Care Council has resulted in the delivery of the new pledge, the new LAC Information Pack, and MOMO which is increasingly being used by young people to prepare for meetings and LAC Reviews, and comment on their care and what could change. Their work has also included the running of an information evening on leaving care run at the Destiny Project, and an improved level of summer activities for young people in care.

Ongoing Challenges:

We want to improve further the voice of young people in the work of the LSCB and the Youth Cabinet is well placed to help us with this. We want to work towards young person periodic representation on the Board and more clear links between the Board and the Youth Cabinet.

Lay Member Perspective

2014-2015 has been a year of change for Reading Local Safeguarding Children Board with our new chair taking up the role in the summer of 2014. Members continue to demonstrate commitment, energy and enthusiasm to provide effective and suitable safeguarding services for Reading. As one of two lay members I am privileged to see how the partners work together and to be party to the work of the board.

We refocused our work with a review of our priorities and reorganisation of the structure of the board and its committees. My lay colleague is the chair of the Quality and performance sub-group. Whilst we work closely with the other West Berkshire safeguarding children boards we have focused more closely on the local issues of Reading. Lay members from across the Thames Valley meet six monthly to discuss our local boards, for learning, advice and support.

I am encouraged to ask questions - to be the voice of an “ordinary person” of Reading. This is daunting as members are professionals and know their business. We are now getting to a better position to challenge agencies and express our views as we understand what we do know and what we need to know. Data collection, audit and review will improve so that agencies can evidence what difference they are making to children and young people’s lives. The development of a risk and assurance log is part of this identification of where we are, what we need to do and what has been done so far. Our challenge now is to include and listen to the voice of young people in what we do as a board as well as in all services.

The new website is a useful tool for disseminating information to staff and local people. Regular newsletters have been reinstated so that staff can keep up to date with work of the board and find links to information and policy documents. I have undertaken a review of documentation for members so that they are easy to read and understand.

I have confidence that we are working together in a constructive way to improve the working of the board.

Anne Farley
Reading LSCB Lay Member

Appendices

1. Glossary

BHFT	Berkshire Healthcare NHS Foundation Trust
BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CAT	Children's Action Team
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIC	Children in Care
CIN	Children in Need
CMoE	Children Missing out on Education
CP	Child Protection
CPE	Common Point of Entry
CSC	Children's Social Care
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DA	Domestic Abuse
DBS	Disclosure and Barring Service
DfE	Department for Education
DV	Domestic Violence
EHC	Education, Health and care Plan
FGC	Family Group Conference
FGM	Female Genital Mutilation
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Child
LADO	Local Authority Designated Officer
LDD	Learning Difficulties and Disabilities
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Employment, Education or Training
ONS	Office of National Statistics
PSCHE	Personal, Social, xx and Health Education

RBC	Reading Borough Council
RBFT	Royal Berkshire NHS Foundation Trust
RCVYS	Reading Children and Voluntary Youth Services
RSCB	Reading Safeguarding Children Board
SAPB	Safeguarding Adults Partnership Board
SARC	Sexual Assault Referral Centre
SCR	Serious Case Review
SEN	Special Educational Needs
TVP	Thames Valley Police
VCF	Voluntary, Community and Faith
YOT	Youth Offending Team

2. Extracts from Working Together 2015

Chapter 3.1: Statutory objectives and functions of LSCBs

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

- 1 (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;
 - (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;
 - (vi) cooperation with neighbouring children's services authorities and their Board partners;
- (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- (c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- (d) participating in the planning of services for children in the area of the authority; and
- (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.

Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

Chapter 3.4: Statutory Board partners and relevant persons and bodies

Section 13 of the Children Act 2004, as amended, sets out that an LSCB must include at least one representative of the local authority and each of the other Board partners set out below (although two or more Board partners may be represented by the same person). Board partners who must be included in the LSCB are:

- district councils in local government areas which have them;
- the chief officer of police;
- the National Probation Service and Community Rehabilitation Companies;
- the Youth Offending Team;

- NHS England and clinical commissioning groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
- Cafcass;
- the governor or director of any secure training centre in the area of the authority; and
- the governor or director of any prison in the area of the authority which ordinarily detains children.

The Apprenticeships, Skills, Children and Learning Act 2009 amended sections 13 and 14 of the Children Act 2004 and provided that the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community.

Section 13(4) of the Children Act 2004, as amended, provides that the local authority must take reasonable steps to ensure the LSCB includes representatives of relevant persons and bodies of such descriptions as may be prescribed. Regulation 3A of the LSCB Regulations prescribes the following persons and bodies:

- the governing body of a maintained school;
- the proprietor of a non-maintained special school;
- the proprietor of a city technology college, a city college for the technology of the arts or an academy; and
- the governing body of a further education institution the main site of which is situated in the authority's area.

Chapter 5: Child Death Reviews

The Regulations relating to child death reviews:

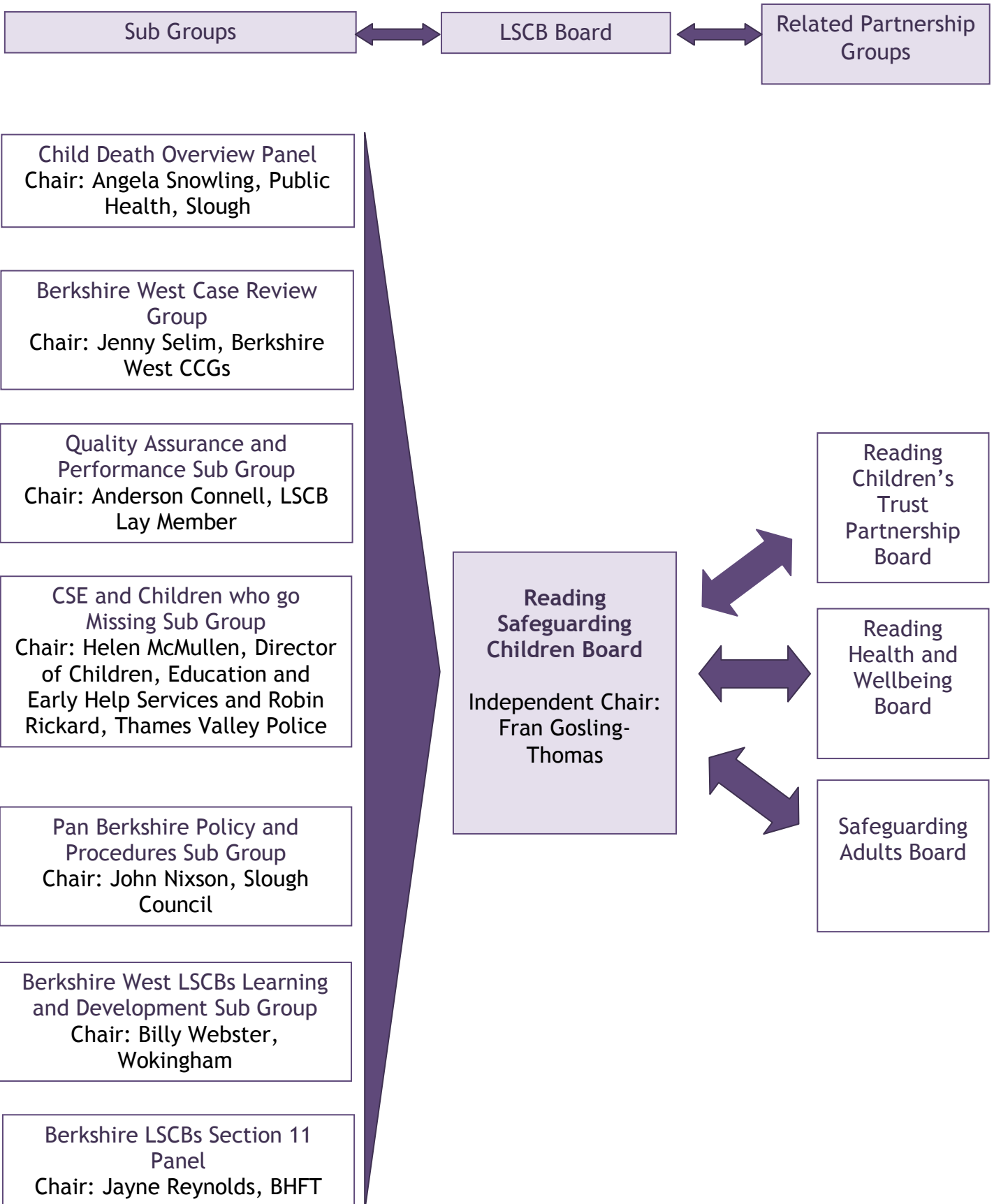
The Local Safeguarding Children Board (LSCB) functions in relation to child deaths are set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under section 14(2) of the Children Act 2004. The LSCB is responsible for:

- (a) collecting and analysing information about each death with a view to identifying -
 - (i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);
 - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority;
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- (b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Working Together 2015 can be viewed via this link:

<http://www.workingtogetheronline.co.uk>

3. Structure Chart



4. Board Membership and Attendance Log (March 2015)

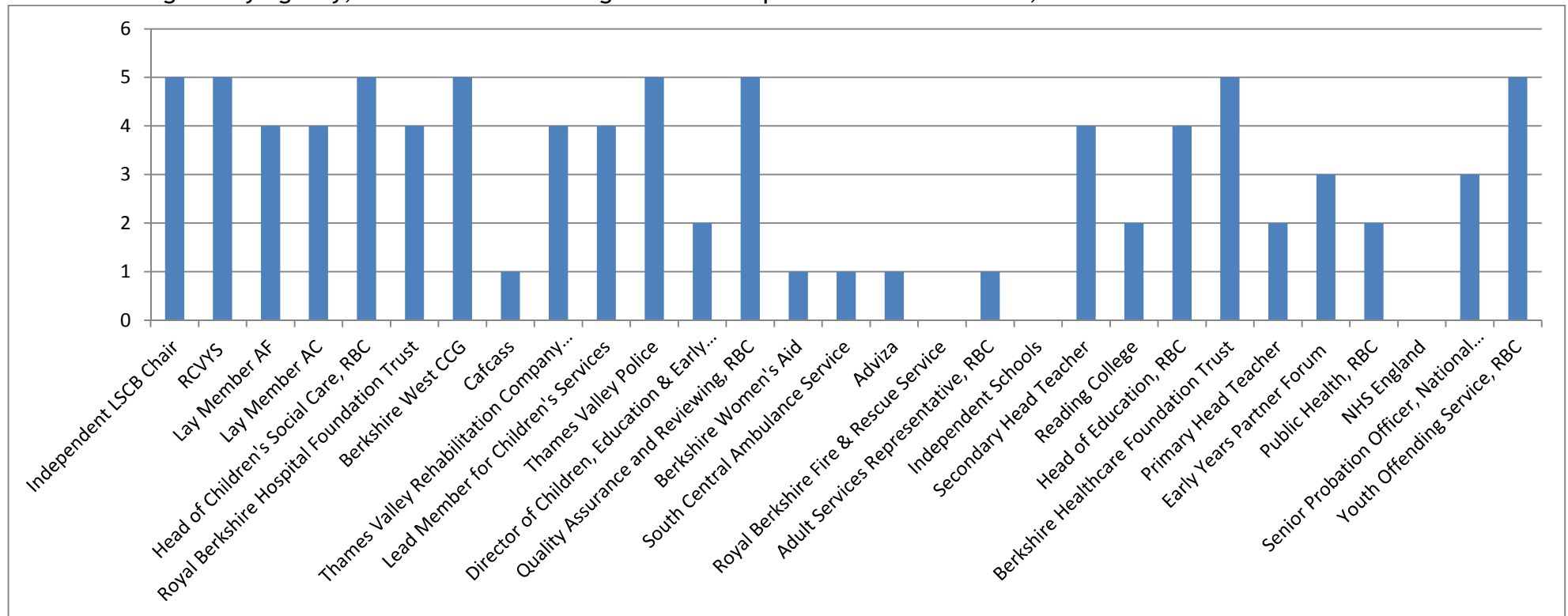
Name	Agency
Francis Gosling-Thomas	Independent LSCB Chair -Reading, West Berkshire, and Wokingham
Avril Wilson/Helen McMullen	Interim Director of Education, Adult and Children's Services - Reading Borough Council (RBC)
Cllr Janet Gavin	Lead Member for Children's Services
Karen Reeve/Vicki Lawson	Interim Head of Children's Social Care, RBC
Bernadette Adams	Service Development Manager - Berkshire Women's Aid
Anderson Connell	Reading LSCB Lay Member
Anne Farley	Reading LSCB Lay Member
Anthony Heselton/Kat Jenkin	South Central Ambulance Service
Helen Taylor/Mike Edwards	RCVYS
Jenny Selim/Debbie Daly	Berkshire West CCG
Kevin McDaniel	Head of Education, Reading Borough Council
Penny Cooper	Head of Children's Universal Services - Reading, Berkshire Healthcare Foundation Trust (BFHT)
Ruth Perry	Head Teacher, Caversham Primary School
Chris Lawrence	Early Years Partner Forum Representative
Anne-Marie Delaney	Service Manager Reviewing and Quality Assurance, RBC
Hannah Powell	Senior Probation Officer, Thames Valley Community Rehabilitation Company
Lise Llewellyn/Peter Dawson	Berkshire Lead Public Health Consultant
Debbie Johnson	National Probation Service South West and South Central
Kevin Gibbs	Head of Service, CAF/CASS
Maninder Hayre/Julie Skinner	Adviza
Ashley Robson	Reading Boys School
Patricia Pease	Urgent Care Group Director of Nursing, Royal Berkshire Hospital Foundation Trust (RBHFT)
Elizabeth Rhodes	Fire and Rescue Service
Sarah Gee	Head of Housing, Neighbourhoods and Communities, RBC
Christina Kattirtzki	Kendrick School
Nigel Denning	Interim Service Manager, Youth Offending Service
Gerry Crawford	Regional Director, Berkshire Healthcare Foundation Trust
Gillian Davidson	Reading College
Jan Fowler	NHS England
Julie Kerry	NHS England
Rhoda Nikolay	Crown Prosecution Service
Robin Rickard	Thames Valley Police
Suzanne Westhead	Interim Director of Adult Care and Health Services, RBC

Board Meeting Attendance

LSCB members have a responsibility to attend all meetings and disseminate relevant information within their agency. Attendance at meetings is monitored to ensure attendance is regular and at an appropriate level. These records are presented to members on an annual basis as part of the LSCB's quality assurance process.

Attendance in Reading is generally good and, if a member is unable to attend, they are asked to send a deputy to ensure all messages are disseminated to each agency. Any lack of agency attendance is addressed directly by the Business Manager or escalated to the Chair. In addition, the Designated Doctor and a representative from Adviza attend meetings once a year by arrangement.

Attendance figures by agency, based on five meetings held from April 2014 to March 2015, are shown below.



5. Financial Contributions

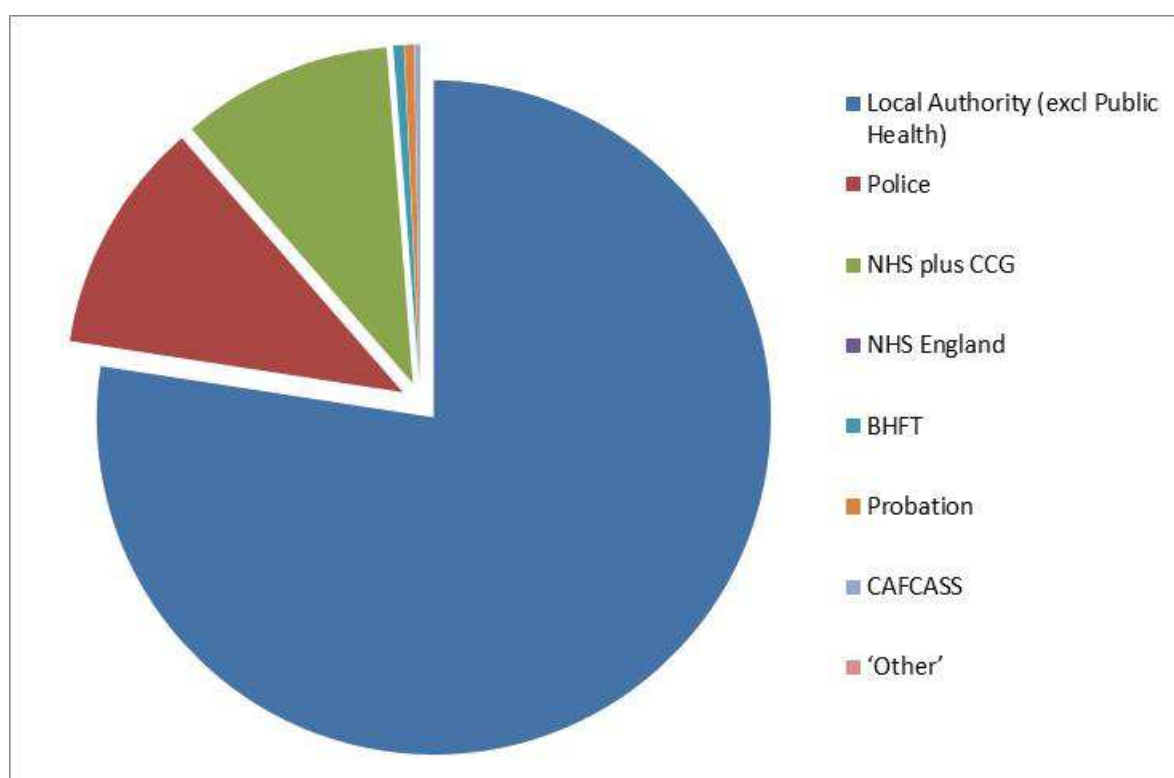
The budget is monitored by the Business Manager with the majority of the budget spent on staffing to support the work of the Board.

The LSCB budget 2014-2015 is made up of contributions from the Local Authority, the CCG, Police, Probation, CAFCASS and Berkshire Healthcare NHS Foundation Trust.

Supplies and services include expenditure for the cost of an Independent Chair, updates of the child protection procedures and the costs associated with administering the LSCB training programme and the annual conference. This also covers any printing costs for publicity materials and leaflets.

In addition a small amount is spent under premises to cover the hire of meeting rooms, refreshments and venues for LSCB activities and meetings.

Contributing Agency	Contribution Amount
Local Authority (incl. Public Health, all staffing & training)	£152,500
Police (incl. RCVYS training funding and one off contribution to CSE Coordinator post)	£22,000
NHS plus CCG	£20,000
NHS England	£0
BHFT	£1,000
Probation	£895
CAFCASS	£550



Ongoing LSCB Challenge:

The LSCB Chair raised a clear concern that the current budget is not in line with similar authorities and does not allow the LSCB to address its key priorities. A discussion was held at Board and comparative review of the budget undertaken. A zero baseline budget forecast was undertaken to gauge the required level of funding and found a £88k shortfall in our current budget.

As a result, additional contributions were received from TVP (£15k one off to support the appointment of the CSE Coordinator) and CCGs (additional £5k ongoing). Other agencies felt unable to increase contribution for 2015/16 year. Conversations will continue for the 2016/17 year.

6. Risk/Concern Log

The latest version of the risk and concern log can be found on the LSCB website:
www.readinglscb.org.uk/about-lscb/board/.

7. Top 10 Scorecard

Reading LSCB Top 10 Scorecard Data Updated 9th September 2015

Priority 1 - Domestic Abuse

1. % repeat referrals to CSC for DA

No benchmarking figures are available as this data is not collected nationally.

Children's Social Care Re Referral Data	Q3 14/15	Q4 14/15	April 15	May 15	June 15	July 15
Repeat referrals to CSC for DA	38%	21.5%	4%	40%	17%	1%
DV Referrals in Quarter	64	65	24	45	53	23

2. MARAC specific data to be obtained from Domestic Abuse Steering Group.

Data included is on a rolling year not quarterly.

MARAC Specific Data	Quarter 1 01/04/14 30/06/14	Quarter 2 01/07/14 30/09/14	Quarter 3 01/10/14 31/12/14	Quarter 4 01/01/15 31/03/15	Quarter 1 01/04/15 30/06/15
Total Number of Cases Reviewed to Date	149	153	155	134	138
Repeat Cases	38	38	34	24	23
% Repeat	26%	25%	22%	18%	17%
Number of Children in Household of MARAC Referrals	199	204	194	182	185

Priority 2 - Strengthening Child's Voice and Journey

3. LAC Health Assessments

Berkshire Healthcare Foundation Trust has provided additional resources to the service. The next quarter figures will show whether this has had an impact. From April 2015 the figures have been taken from the RBC Purple Book.

LAC Health Assessments Figures	Q2 14/15	Q3 14/15	Q4 14/15	April 15	May 15	June 15	July 15
Initial Health Assessment Compliance	53%	69%	10%	0%	0%	65.7%	55.8%
Review Health Assessment Compliance	61%	58%	11%	69.4%	75%	75.7%	74.6%

4. Number of children contributing to/attending case conferences

Monitoring of how often the Child's Voice is included and what work needs to be done to support this. Advocacy Service for CP cases has been commissioned.

	14/15	Q1 15/16
Number of children contribution to/attending case conferences	Initial - 27 Review - 49	Awaiting report from Performance team

Priority 3 - CSE and Other Vulnerable Groups

5. Number of CSE Level 1/2/3 cases

6. Potential new persons of concern

Due to the emphasis on Early Help Services Level 1 Data will be collected. Figures are taken from the Purple Book.

CSE Figures	Aug 14	Sep 14	Nov 14	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15
LEVEL 3 CASES	9	7	12	6	6	5	9	5	4	5
LEVEL 2 CASES	5	6	5	5	2	4	5	9	10	8
LEVEL 1 CASES	4	3	6	13	12	11	9	8	5	4
REDUCED FROM 2 TO 1	NK	NK	NK	0	3	2	0	2	0	0
RAISED FROM 1 TO 2	NK	NK	NK	1	1	1	0	0	0	0
Potential new persons of concern	NK	NK	NK	2	3	4	12	4	0	1
Potential cases for removal	NK	NK	NK	NK	6	5	8	7	8	2

Priority 4 - Neglect

7. Outcome Star

Outcome Star - Number of users who are included: 82

This table shows the average first and last scores for the clients included. The difference between these two is the 'change', or outcome, shown in the column on the right.

Scale	Initial	Final	Change
Physical health	6.9	8.1	1.2
Your well-being	5.4	7.1	1.7
Meeting emotional needs	6.4	7.8	1.4
Keeping your children safe	7	8.4	1.5
Social networks	6.2	7.5	1.3
Education and learning	6.4	7.7	1.3
Boundaries and behaviour	5.7	7.4	1.7
Family routine	6.8	8.2	1.4
Home and money	6.9	8	1.1
Progress to work	6.5	7.4	1
Average	6.4	7.8	1.4

8. % of children on plan as a result of neglect.

Graded Care Profile is being introduced in September (an assessment tool developed for practitioners assessing neglect). The implementation of this and the results from the Neglect Audit may see a drop in number for this category.

Children Subject to CP Plan under the category of neglect	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
	104 or 56.5%	103 or 55.8%	97 or 47.8%	106 or 51.2%	110 52.1%	118 49.8%	110 41.5%
Total Number of CYP subject to a protection plan	184	195	203	207	211	237	241

Priority 5 - Effectiveness and Impact of the Board

9. Number of cases looked at in multi-agency audits

Single Agency audits to highlight multi-agency issues and inform future audits.

Number of cases looked at in multi-agency audits	14/15	15/16
Neglect Audit	10	
Health of LAC	16	
MARAC Audit	13	
CSE Audit		6
Board Effectiveness Survey		103

Number of cases looked at in single-agency audits	14/15	15/16
BHFT Safeguarding Children Training Audit	25	
Entitlement Survey of Children in Care	44	
Audit survey of missing persons Under 18- MISPER alerts	18	
National Standards Audit Submission 2014 Reducing Reoffending	21	
YOS Self Assessment Audit	10	
Lived Experience Snapshot of a sample of Children on Protection Plans	8	
Domestic Violence - audit of threshold application by TVP Risk Assessor in MASH	7	
Audit and Review of CAF Assessments	148	
Audit of clinics to assess process for 'Children Not Brought for Appointments'	5	

10. Number of known children or young people in Private Fostering

The Children Act 1989 (section 66) defines private fostering as occurring when a child under 16 (or under 18 if disabled) is cared for and provided with accommodation, for 28 days or more by somebody other than a close relative, legal guardian or someone with parental responsibility. Close relatives are defined in the Act as step parents, siblings, brothers or sisters of the parents and grandparents. A private fostering arrangement is one which is made privately, that is to say without the involvement of the Local Authority.

Number of known children or young people in Private Fostering	
March 2015	0
April 2015	0
May 2015	1
June 2015	1
July	

8. LSCB Board Information

Independent Chair: Fran Gosling-Thomas LSCBChair@reading.gov.uk
RSCB Business Manager: Esther Blake esther.blake@reading.gov.uk
0118 937 3269
RSCB Coordinator: Donna Boseley LSCB@reading.gov.uk
0118 937 4354

Reading LSCB, Berkshire Local Safeguarding Children Boards
Civic Offices, Bridge Street Child Protection Procedures available on line:
Reading, Berkshire, RG1 2LU <http://berks.proceduresonline.com/index.htm>
Website: www.readinglscb.org.uk

Author: Esther Blake, LSCB Business Manager
Date published: 12th October 2015

If you have any queries about the report please contact Esther Blake at the contact details above. If you require this information in an alternative format or translation, please contact Esther Blake.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	13
TITLE:	SCRUTINY REVIEW INTO THE INCREASE IN MENTALLY ILL ABSCONDERS FROM PSYCHIATRIC HOSPITALS		
LEAD COUNCILLORS:	COUNCILLOR HOSKIN, EDEN & STANFORD BEALE	PORTFOLIO:	ADULT SOCIAL CARE & HEALTH
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report introduces the output of scrutiny work undertaken by a task-and-finish group set up by this Committee at its meeting on 29 June 2015 (Minute 11 refers), to look at the increase in mentally ill absconders from psychiatric hospitals and in particular from Prospect Park Psychiatric Hospital in Reading.
- 1.2 The scrutiny group visited Prospect Park Hospital on 14 October 2015 where they visited wards and took part in a question and answer/feedback session with staff at the hospital.
- 1.3 The group's report is attached at Appendix 1.

2. RECOMMENDED ACTION

- 2.1 That the ACE committee note the findings of the scrutiny work undertaken by the task and finish group including the clarity of local performance.

3. POLICY CONTEXT

- 3.1 Articles in the press, notably in The Times on 15 May 2015 and The Reading Chronicle on 28 May 2015, highlighted the increase in the number of mentally ill patients absconding from care. It had been reported that more than 15,300 mentally ill patients had walked out of hospitals in the previous four years and that the Berkshire Healthcare NHS Foundation Trust had seen an increase of 572% in absconding, from 18 to 121, between 2011 and 2014. In fact a mental health patient absconded or left a Berkshire psychiatric ward without permission on average of once every 36 hours according to Foundation Trust data.
- 3.2 In addition to what had been reported in the press the Council has received correspondence from a resident of the Borough who had a keen and personal interest in the issue, which had been circulated to the Chair of the Committee

and the Lead Councillors for Adult Social Care and Health. Concern had also been raised by local Ward Councillors.

4. OUTLINE OF THE WORK UNDERTAKEN

4.1 The scrutiny task and finish group initially scoped out the remit of the review and devised a series of questions that were posed to Berkshire Healthcare Foundation Trust in advance of the visit to Prospect Park Hospital.

4.2 The visit included a question and answer session with Kenny Byrne (Inpatient Service Manager) & Reva Stewart (Reading Locality Manager for Mental Health Services) and a tour of two wards:

Daisy Ward - 23 Bed acute admission ward (Aligned to Reading locality)

Orchid Ward - 20 Bed older Adults admission ward (All Berkshire localities)

4.3 The full detail and conclusions of this report can be found in Appendix 1.

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 (EIA) is not relevant to this report.

8. LEGAL & FINANCIAL 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.

Adult Social Care, Children's Services & Education (ACE) Committee

Scrutiny Review - Mentally Ill Absconders from Psychiatric Hospitals

Report by Task and Finish Group

Membership:

Councillor Hoskin (Chair)
Councillors Eden and Stanford-Beale

Our terms of reference:

To undertake an investigation into the issues behind the increase in the number of mentally ill patients absconding from psychiatric hospitals and in particular from Prospect Park Hospital (PPH) in Reading.

1. Introduction

We were commissioned as a councillor task-and-finish group to carry out this scrutiny review at a meeting of the ACE Committee on 29 June 2015 (Minute 11 refers) following articles in the press, notably in The Times on 15 May 2015 and The Reading Chronicle on 28 May 2015, highlighting the increase in the number of mentally ill patients absconding from care. It had been reported that more than 15,300 mentally ill patients had walked out of hospitals in the previous four years and that the Berkshire Healthcare NHS Foundation Trust (BHFT) had seen an increase of 572% in absconding, from 18 to 121, between 2011 and 2014. In fact a mental health patient absconded or left a Berkshire psychiatric ward without permission on average of once every 36 hours - according to Berkshire Healthcare NHS Foundation Trust (BHFT) data previously received.

In addition to what had been reported in the press the Council had received correspondence from a resident of the Borough who had 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 had also been raised by local Ward Councillors.

David Townsend, Chief Operating Officer, (BHFT), attended the Committee meeting on 29 June 2015 and provided the Committee with a verbal report about the issue. He informed the Committee that the figures that had been reported in the press had originated from incorrect information that had been provided by BHFT following receipt of a Freedom of Information (FOI) request. However, the Committee resolved to set up a task and finish group to investigate the issues behind the increase in the number of mentally ill patients absconding from psychiatric hospitals and in particular from Prospect Park Hospital in Reading.

To note, The ACE Committee is responsible for undertaking 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. This piece of health scrutiny work was commissioned by the ACE Committee meeting on 29 June 2015.

Patients not prisoners

It must be noted that Prospect Park Hospital is a hospital and not a prison. For persons who pose significant risk to the public secondary to mental ill-health, or those who commit crimes whilst mentally unwell, the forensic services are used to nurse and treat these patients. Prospect Park, nor indeed Berkshire Healthcare Trust, hosts any forensic units. The forensic contract for the Thames Valley sits with Oxford Health Trust and mentally disordered offenders from Berkshire are referred to this service and treated there. The level of security in a forensic unit far outweighs that which can be found on an open admission ward. There are also significant restrictions in place on those patients detained under a forensic section of the Mental Health Act (MHA). An example would be that of the authorised use of leave, even when escorted. For those patients detained under a forensic section, leave arrangements must be authorised by the Ministry of Justice unlike those detained patients on an open admission ward where leave is authorised by the Consultant Psychiatrist. The highest risk mentally disordered offenders are treated in Broadmoor Hospital which has a nationwide catchment area.

Informal patients can leave a ward in Prospect Park when they choose to. They can also discharge themselves against medical advice. In cases when a patient who is informal and wishes to leave but concerns are noted by the clinical team in relation to their risk to self and/or others, there are safeguards in place that the Inpatients team can exercise. In these cases every registered nurse in the hospital has the ability to formally detain the patient to the ward pending full assessment by a mental health team. Equally, every doctor in the hospital also has the power to apply an emergency section pending full assessment.

For those patients who are formally detained to Prospect Park Hospital, the majority of these sections are under Section 2 of the MHA. Section 2 lasts for up to 28 days and is considered an assessment section. Patients on these sections may not have been previously known to the service or, if previously known, may be presenting with a disorder which has not previously been recorded (e.g. somebody previously admitted with depression and now experiencing a manic episode.) It is unusual for the section to run a full 28 days and assessments, and indeed treatment of all illness, are usually undertaken much more quickly. Often those admitted under Section 2 MHA will have their section discharged prior to the 28 day period as they are either now more aware of the need for treatment and consenting to such or no illness has been detected and they are discharged from hospital. The latter is more often seen with a person admitted with a drug induced psychosis where they may be initially acutely unwell but become asymptomatic relatively quickly. The average length of stay for all adult patients in the hospital acute mental health services is 29.5 days.

In order to understand the statistics it is important to define the difference between being Absent without leave (AWOL) and absconding.

Definitions:

Absent without leave :

Definitions used

Section 18 of Mental Health Act: Patients are considered absent without leave (AWOL) in various circumstances.

- Having left the hospital in which they are detained without their absence being agreed.
- Have failed to return to hospital at the time and date required by the conditions of their leave under Section 17.
- Are absent without permission from a place where they are required to reside as a condition of leave

(Mental Health Act 1983)

Absconding :

"...A person has absconded if she/he has let the inpatient unit of refuses to return from escorted leave without prior arrangement"

(BHFT)

2. Scope

We began the review with a scoping meeting on 14 September 2015 at which we agreed that the review would have the following aims/seek to find answers to the following questions:

1. Obtain the correct figures/statistics and analyse before the visit to the hospital;
2. What are the reasons for the apparent increase in the number of mentally ill patients absconding from care? Has smoking ban on the site had an impact?
3. Understand the reasons for absconding and what patients are absconding, is it patients who are awaiting discharge from hospital - obtain a breakdown so that a true picture is given;
4. Look at the reporting of national returns - has this changed recently;
5. Identify the risks both for the patient and for the public;
6. Ascertain what is happening to the patients - have there been changes to treatment/care;
7. Find out what the hospital's response is and decide if it is proportional based on the case and the circumstances;
8. How does the hospital 'step patients down' ;

9. What progress has been made since the issue appeared in the press and what measures have been put in place to address the issue, for example, is there an Action Plan.

3. Data Analysis

We received a Briefing Paper, produced by Andrew Burgess, Locality Director - Head of MH In-Patient Services, Prospect Park Hospital, prior to the visit. A copy of the Briefing Paper is attached to the report at Appendix 1.

4. Visit to Prospect Park Hospital

A visit to Prospect Park Hospital was arranged by Andrew Burgess, Head of MH In-Patient Services, on 14 October 2015 and was hosted by Kenny Byrne, In Patient Service Manager and Reva Stewart Interim Head of MH Community Services. The visit included the following:

- Initial question and answer session to clarification anything from the Briefing Paper previously provided by Andrew Burgess;
- Visit to Daisy Ward - 23 Bed Acute Admission Ward (aligned to Reading Locality) and a meeting with Albert Zvenyika, Ward Manger, and the team on duty;
- Visit to Orchid Ward - 20 Bed Older Adult Admission Ward (aligned to all Berkshire Localities) and a meeting with Nicky Holmes, Ward Manager, and the team on duty;
- Final question and feedback session with Kenny Byrne.

5. Findings

5.1) Obtain the correct figures/statistics and analyse before the visit to the hospital;

The briefing paper describe that the data used by The Observer on 28th May 2015 was inaccurate as they had only used data in 2010/11 covering 2 months and not the whole year

The data presented in the briefing demonstrates that there has been a reduction in the number of people who are recorded as going AWOL as reducing, and the number of people who have absconded as increasing. It should be noted that the data includes patient numbers for the whole of Berkshire and not just Reading data.

The reason for the high number of absconders was attributed to two main factors:
1. The high figure in 2010/11 is reflective of the environment in which people were detained under the Mental Health Act, which included ward 10 at Wexham Park hospital which was in a tower block, and meant having to leave the ward to get fresh air / have personal space, which is good for any person's wellbeing.

The increase was attributed to more vigilant recording, particularly of those in hospital in a voluntary capacity. The task and finish group were advised, that

more vigilant recording should not be discouraged as this allows the trust to understand the service they provide and how they can ensure that people's stay within an acute mental health setting is as appropriately cared for and safe as possible.

5.2) What are the reasons for the apparent increase in the number of mentally ill patients absconding from care? Has smoking ban on the site had an impact ?

As described above there are a number of reasons for patients absconding. The smoking ban on PPH only came into place from 01st October 2015. As the site visit was taken on 14th October 2015, it is too early to say whether this has had an impact.

As described above there are a number of reasons for patients absconding. The smoking ban only came into place from 01st October 2015. As the site visit was taken on 14th October 2015, it is too early to say whether this has had an impact.

5.3) Understand the reasons for absconding and what patients are absconding, is it patients who are awaiting discharge from hospital - obtain a breakdown so that a true picture is given;

The original report highlighted a number of reasons as to why a patient may leave the ward or fail to return without permission. Long delays in waiting for housing or placements may also be a contributory factor.

Patients who may have passed the acute phase of their illness may be left in situations where they are then waiting for some type of accommodation prior to being able to be discharged. This case increase levels of boredom or frustration and prompt the patient to exit the ward without permission or fail to return.

Often these AWOLs or absconding episodes are accompanied by the consumption of alcohol or illicit substances which can be challenging to manage on return from unauthorised leave periods. Often, the only options available to staff is to either further restrict liberties or discharge prior to discharge arrangements being fully completed. This may include discharging patients to no fixed abode if they are informal, have capacity to make an informed decision but the behaviour they are displaying, which may include violence and aggression toward staff when under the influence, cannot be tolerated on an open admission ward. These patients would not fit the criteria for PICU as would be informal and are in requirement of housing, not treatment of a mental disorder.

5.4) Look at the reporting of national returns - has this changed recently;

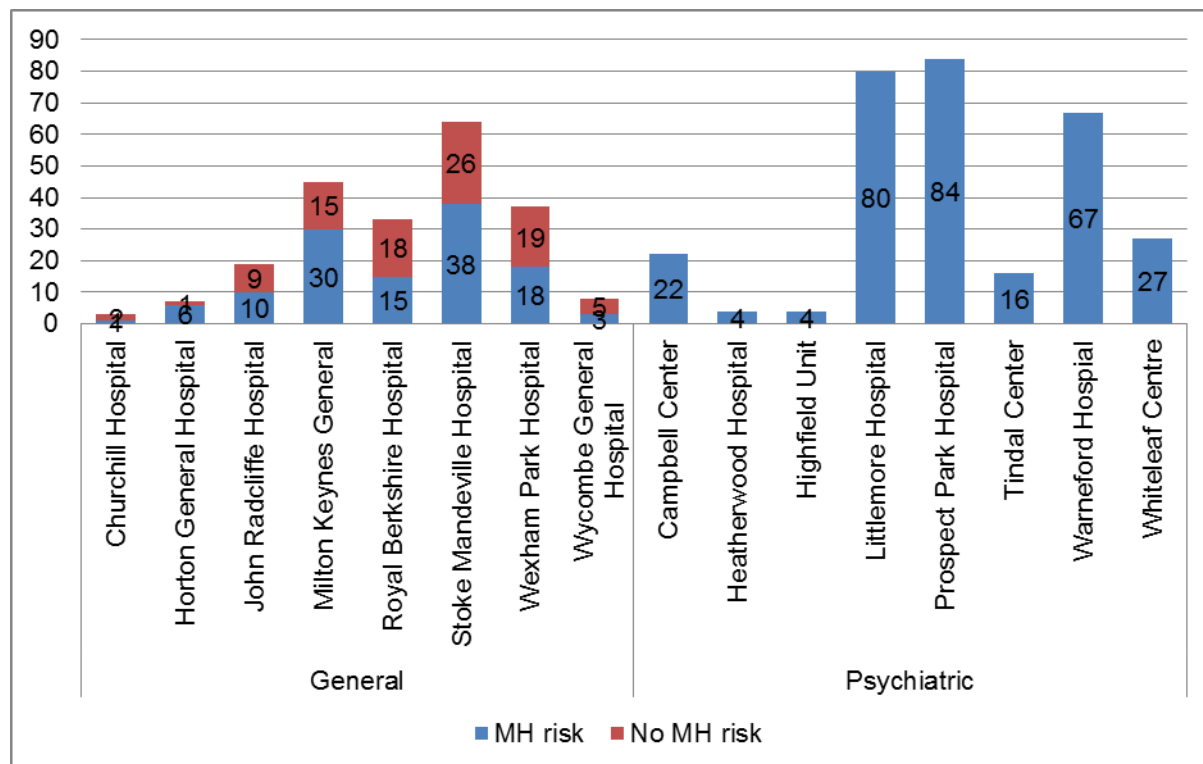
BHFT explained that data was only kept locally, and not part of a national return to NHS England; this meant that it has been extremely difficult to obtain benchmarking data to compare activity.

The only comparable information available to BHFT is that of Oxford Health Trust via the information supplied by Thames Valley Police in relation to missing persons

Thames Valley Police provided data in relation to AWOLs and those absconding from various hospitals in the Thames Valley over the 2014/2015 reporting period.

These patients are recorded as missing persons by the police. This detail is noted in the table 1 below:

Table 1 - TVP Missing Persons reported from hospitals within Thames Valley



PPH appears to be an outlier with regards number of patients being reported as missing from hospital in relation to other mental health hospitals. PPH hosts 94 acute admission beds and 14 Psychiatric Intensive Care beds (PICU) = 108 beds.

The number of acute admission and PICU beds between Littlemore, Tindell Centre (which moved during the year to become Whiteleaf Centre) and Warneford hospitals is 95 acute admission beds and 13 PICU beds = 108 beds.

It must be noted that all sites noted above have more services attached to them than just acute admission and PICU services. These include Older Peoples Mental Health, rehabilitation and forensic units. However the number of AWOLS expected from non-acute admissions or PICU services is negligible secondary to client caseload and security measures in place in these areas. Therefore, for the purpose or an educated comparison both the Oxford Health Services and Berkshire Healthcare Services, a conclusion would be that the vast majority of all AWOLS and patients absconding would be from one of the 108 acute admission or PICU beds. It is also safe to assume that both Trusts manage their bed occupancy at 100% at all times.

Using the number of missing persons reported from Berkshire acute mental health services and the total reported from the Oxford acute mental health services it would suggest that Prospect Park is not an outlier with reported missing persons as their 108 beds are on the same site whilst Oxford's services are spread over three sites.

The total number of Oxford Health patients being reported as missing is just in excess of 125% of the Berkshire total, with 190 patients being reported as missing to the police when compared to 84 reported from Prospect Park Hospital.

Even giving some flexibility in the numbers who may have been reported missing from forensic or rehabilitation services within the Oxford Health catchment area, it would still appear that Oxford Health have significantly more incidents of patients missing from their mental health wards than we see in Berkshire.

It is recognised the figures TVP have reported differ from those BHFT reported in relation to AWOLs/absconding. This would be in relation to the police not always being notified if a patient goes AWOL or absconds. An example would be if they were returned or returned independently prior to the report to the police being generated.

5.5) Identify the risks both for the patient and for the public;

The majority of patients at Prospect Park Hospital are there voluntarily, rather than under a Mental Health section, as they want to get better and receive the right care and support to do so. Two case studies below demonstrate the types of reasons that people leave the hospital:

Case studies

Below are some case studies which give an example of when a member of staff reports a patient either AWOL or reports that a person has absconded. The studies are true but have been anonymised to maintain confidentiality.

AWOL - patient detained under MHA section

Patient had agreed home overnight leave. He was due to return to the ward at 14:30. He failed to arrive and staff contacted him on the phone. He refused to return stating he was enjoying himself at home. Two members of staff went to the patient's home address to persuade him to return but he continued to refuse stating he would only return with his carer later. Staff discussed with the ward team and inpatient management. He was mentally stable; receiving no oral medication but due his depot injection (long acting medication) the next day so did need to return. Patient given benefit of doubt and staff withdrew. Patient returned to ward at 17:00 on same day with his carer as he had agreed to. Had he failed to do so an alternative plan was ready to be executed to ensure his return to the ward.

Absconding patient detained under MHA section

Patient noted not to have been on the ward during checks (level 3 - four times an hour). Believed to have jumped garden fence at approximately 10:15. AWOL procedure started following local search. At 15:00 call received from reception saying patient had presented asking to return to ward. The patient was collected by staff. Patient couldn't explain what led them to jumping the fence, only that they had felt overwhelmed but also then felt the need to return to the ward. Had self-harmed whilst absent and steri-strips applied.

Abscinding patient detained under MHA section

Patient was admitted to ward. Acutely unwell and highly agitated. Very angry that he could no longer smoke as when last admitted could smoke in garden. Following initial assessment patient took self to garden and jumped fence. Considered 'high risk'. All relevant parties notified. Found by police. On returned to ward, assessed by and transferred to PICU as risk of absconding remained high.

Missing person - Informal

Patient noted missing from ward at 21:15. Chair noted in garden by fence and other patients reported seeing patient using it to exit ward. Procedure started and at 22:50 notified by Thames Valley Police they have located the patient. Behaviour is likely to be secondary to pending discharge date. Reviewed by team next day. Discharged as per plan. No requirement for on-going hospitalisation.

5.6) Ascertain what is happening to the patients - have there been changes to treatment/care;

There have been no changes to clinical care at PPH. Bed occupancy rates have remained high (95 - 100%). Additionally all wards available at PPH are not in use, increasing from 2 - 4. This impacts on the number of patients in the hospital at any one time.

5.7) Find out what the hospital's response is and decide if it is proportional based on the case and the circumstances;

The attached report describes the measures that have been put in place to reduce the number of patients who abscond or go AWOL.

5.8) How does the hospital 'step patients down';

This is done through weekly multi - disciplinary ward rounds.

5.9) What progress has been made since the issue appeared in the press and what measures have been put in place to address the issue, for example, is there an Action Plan.

The report notes a number of initiatives that have been put in place to manage this issue.

6. Conclusions

BHFT has put clear measures in place to manage this issue, which appear to have had a positive impact on performance.

Although out of scope, there were a number of observations from the Task and Finish group which were felt to be worthy of note.

Safe Wards initiative:

During our tour of Orchid Ward we were told that they were the first ward to adopt "safewards". This approach ensures that person centred care is delivered at

all times, and that staff work with patients in a way that reduces distress and optimising good quality care. This included prompts and statements such as:

- Reassurance
- Discharge messages on the tree
- Bad news mitigation
- Positive words
- Soft Words
- Calm down methods
- Mutual help meeting
- Know each other (this would be the hand prints with information on Name, Role, Country, likes)
- Talk down methods
- Clear mutual expectations (drawn up by staff and patients)

More information can be found about this approach by visiting www.safewards.net

Bed management / delayed discharges:

The staff team described the continual demand on beds, and the fact that discharges from hospital are key to ensuring the beds are effectively used to support the greatest number of people who are acutely unwell.

Reading Borough Council have started to work with housing colleagues to address housing issues for individuals at the point of discharge.

Further work has been agreed to identify those people detained in hospital who have housing needs at the earliest possible moment to support timely discharge.

There is clearly learning from the way that health and social care support discharges from hospital at the Royal Berkshire hospital, which will be developed to ensure that the approach is relevant to a mental health setting.

Impact of all Berkshire Place of Safety beds at Prospect Park Hospital:

The Mental Health Act gives police powers to take people who appear to be suffering from a mental disorder to a 'Place of Safety' (POS) for assessment for up to 72 hours - in the interests of the health or safety of the person or the protection of the public. After assessment the person will either be taken to hospital if not already there and detained under another section of the Mental Health Act, admitted informally or released.

For the whole of Berkshire there are 3 health based place of safety rooms in which people can safely be detained. These are all situated at PPH.

When the first Place of Safety is required, there is a necessity for 3 members of staff to support the individual. This is due to the unpredictable nature of the patient who has been placed there.

When a second POS is in use a 4th member of staff will be required and if the last POS is opened a further 3 members of staff needed to nurse the individuals. The

use of POS can therefore require up to 7 members of staff at any one time to ensure the safety of the patients and others.

Although the hospital employs some staff specifically for the use of POS, some of the staff are redeployed from the acute wards to provide support which places an additional burden for the remaining ward staff.

The need for a health based place of safety is absolutely necessary, and the task and finish group acknowledged the pressures this puts on the ward staff.

7. Recommendations

7.1 Prior to making recommendations the task force asked BHFT managers what "Good looked like?"

Ideally no person would ever be AWOL or abscond from a mental health hospital. However to achieve this every patient would either:

- a) Wish to be in hospital or
- b) Be nursed in an environment resembling a high security prison

The nature of mental illness means a good cohort of our client group have no insight into their needs during an acute phase of illness or do not have the capacity to consent to their stay in hospital and the treatment required to support them. The MHA ensures that this vulnerable client group, which have significant restrictions already placed on them, have access to free legal aid and notable regulation to ensure safeguards and basic freedoms are adhered to by healthcare providers.

Nursing a person with a mental illness in a prison, or asylum as the case once was, is backward and only reinforces the fears associated with mental ill health. There is no link, other than public perception, that mental illness is associated with violent crime or indeed other types of crimes. Young men are more likely to commit crimes than those with mental illness but there is no suggestion that all males should be locked up on their 18th birthday and released at 25 years of age to lessen the fear of crime in our communities!

So what would good look like? The key is probably risk assessment. If a detained person goes AWOL was the risk assessment prior to the leave being granted robust enough? What would the risks now be? Was the AWOL something that could have been predicated and does it now further inform the assessment and treatment process. If a person is to go AWOL and the team involved are immediately aware of the risks then that could be considered good. It will inform the next step of the AWOL process; how to relay the information to the police, information as to where the patient might be and good family involvement who may be able to assist in return. The same could be said for those who abscond.

The aspiration would be to have the front door open on all admission wards at all times. This is a practice that was in place until relatively recently in healthcare terms and reaching this goal would suggest patients using our services are finding them therapeutic to the point where they have no wish to leave the ward without permission or and wish to return to wards following a leave period.

The nature of mental illness, which is more often complicated with lacking insight, makes this aspiration all the more challenging. However, the gold star of success could be measured by an open door policy.

A realistic drive within the Service will be to see an annual reduction in the overall number of reported patients absconding from inpatient wards. This figure is currently set at 10% and work currently underway to help achieve this target.

7.2 Further recommendations agreed by the task and finish group were;

- For BHFT to continue to capture robust data and learn from themes
- For BHFT to continue to source comparator data to enable local performance to be scrutinised
- For BHFT to monitor the impact of the smoking ban and take necessary mitigation to support those who detain who are smokers
- Recommend that the council and BHFT look at ways of working together to avoid delayed discharge

PROSPECT PARK HOSPITAL

PRE-VISIT BRIEFING PREPARED FOR THE RBC MENTALLY ILL ABSCONDERS TASK AND FINISH GROUP

Introduction to Prospect Park Hospital

Prospect Park Hospital opened in the summer of 2003, and replaced the Fairmile hospital near Wallingford, Oxfordshire, where previously patients from West Berkshire were admitted.

The Hospital is PFI funded, and there is a contract with a company called ISS to provide all the Hotel services (catering, cleaning, estates, receptionists etc).

There are currently nine wards open on the site;

- Four Adult Acute admission Wards:
 - Bluebell (Loose alignment to Newbury/ Wokingham area)
 - Daisy (Loose alignment to Reading area)
 - Snowdrop (Loose alignment to Bracknell & WAM area)
 - Rose (Loose alignment to Slough area)
- Two Older Adult Admission wards
 - Orchid- Functional Mental Health ward (All of Berkshire)
 - Rowan- Organic/ Dementia ward (All of Berkshire)
- Other;
 - Sorrel- Psychiatric Intensive Care unit (All of Berkshire)
 - Champion- Mental Health/ Learning Disability ward (All of Berkshire)
 - Oakwood- Community Health ward for the Reading area

The hospital also has the following services on site;

- Trust wide Pharmacy
- ECT Department
- Multi faith hall
- Crisis Resolution Home Treatment Team (CRHTT) for West Berkshire
- Staff library
- Hospital gym
- Hospital Restaurant (Open to all)
- Training rooms
- Administration offices
- Reading Community Mental Health Teams (CMHT)

RBC Task and Finish Group

Review Objectives

A briefing has been prepared for most of the key objectives set out in the scoping framework document.

1) Obtain the correct figures/statistics and analyse before the unit to the hospital;

In order to understand the statistics it would be helpful to explain the definition and terminology used;

1. Definitions used

Section 18 of Mental Health Act: Patients are considered absent without leave (AWOL) in various circumstances.

- Having left the hospital in which they are detained without their absence being agreed.*
- Have failed to return to hospital at the time and date required by the conditions of their leave under Section 17.*
- Are absent without permission from a place where they are required to reside as a condition of leave*

The police call handlers divide their reports in to two categories;

- Absent- A person not at a place where they are expected or required to be*
- Missing- Anyone whose whereabouts cannot be established and where circumstances are out of character or the content suggest the person may be the subject of crime or at risk of harm to themselves or others*

Berkshire Healthcare Foundation Trust (The Trust) uses the following definitions in its policies and procedures;

- Absconded- A person has absconded if she/he has left the inpatient unit or refuses to return from escorted leave without prior arrangement*
- AWOL- A person is Absent With Out Leave if she/he fails to return from agreed leave at the time expected or is not at the agreed location*

Incorrect figures were released by the Trust to the Times on-line, this was picked up locally by the Reading Observer on 28th May 2015, and also by the Reading Chronicle on 7th July 2015.

The incorrect figures that were released lead to an interpretation that between 2010/11 and 2014, the number of absconsions had increased by 560%. The incorrect data for 2010/11 only covered two calendar months (37) and not the whole year, so the comparison was always going to be flawed because of this.

The correct figures for detained patient going AWOL or Absconding from the Mental Health wards in Berkshire are as follows;

YEAR	AWOL	ABSCONDINGS	TOTAL DETAINED ONLY
2010/11	102	71	173
2011/12	100 -2%	81 +14%	181 +5%
2012/13	63 -37%	49 -40%	112 -38%
2013/14	58 -8%	36 -27%	94 -16%
2014/15	54 -7%	76 +111%	130 +38%

It can be seen that if 2010/11 figures are compared to 2014/15, there has actually been a decrease of 25%. However, there was an increase of 38% when the 2014/15 total is compared to 2013/14.

The numbers during Q1 and Q2 for 2015/16 for detained patients are as follows

Quarter	AWOL	ABSCONDINGS	TOTAL ½ year
Q1	12	18	30
Q2	10	8	18

Both these sets of numbers are below the 2014/15 quarterly averages for both AWOLs and Abscondings.

2) What are the reasons for the apparent increase in the number of mentally ill patient absconding from care? Has the smoking ban on site had an effect?

The reasons for absconding are detailed in further points below.

The cessation of smoking on all wards at Prospect Park started on Thursday 1st October 2015, so this has not contributed to any previous figures.

3) *Understanding the reason for absconding, why patients are absconding, is it patients who are awaiting discharge from hospital- obtain a breakdown so that a true picture is give.*

Reasons for patient absconding or being reported AWOL can be identified as the following;

- Boredom
- Frightened of other patients
- Feeling trapped and confined
- Household responsibilities
- Miss relatives and friends
- Worried about security of their home and property
- To access drugs and alcohol
- Psychiatric symptoms/in-sightlessness [not recognising that they are unwell]
- As an angry 'response' (perhaps not being granted leave)
- A refusal to engage in treatment

At any one time approximately 40% of all Mental Health inpatients will be detained under the Mental Health Act, this can on occasion rise to 70-80% on a ward. The reason for a patient being detained are that they are a risk to themselves and/or a risk to others and/or at risk of self-neglect if not treated, and that the treatment needs to be given in an in-patient ward. The patient may refuse an informal admission, or due to their Mental Health condition be in-sightless and not recognise that they need treatment. By default this group of patients are most likely to attempt to abscond from a ward.

Most patients who are awaiting discharge will usually be well enough to have unescorted leave from the wards and not go AWOL or abscond.

How do patients abscond?

The most common routes of absconding are;

- Leaving when doors are opened by staff
- Forcing doors open
- Climbing over garden fences
- Barging past staff entering a ward
- Running off on an escorted walk.

4) *Look at the reporting of national returns- has this changed recently?*

We are not aware of any national report being produced with this information within it on a Trust by Trust basis; however the Trust would welcome the opportunity to review the information should a report be found.

The only comparable data we have is through comparing a neighbouring Trust with BHFT, which indicated our missing patient levels are lower.

5) *Identify the risks for the patients and the public*

The risks present when a patient is missing (either AWOL or absconded) can be very variable. They will include one or more of the following;

1. Risk of Self-harm (For example, buying over the counter medications or razor blades)
2. Risk of harm to others (Family members for example)
3. Risk of harm form others (safeguarding issues)
4. Risk of exacerbation of Mental health symptoms/acting on them (rare)
5. Risk of overdosing with drugs and alcohol which may also exacerbate their mental health
6. Risk of mental state detrainning or not receiving prescribed medication

6) *Ascertain what happens to the patients - have there been changes to treatment/care?*

The In-patient treatment of mental health in-patients has not had any major changed which can be associated with more patients absconding or going AWOL

Indeed there has been an increase in, for example, therapeutic activities for patients both on and off the ward environments in the past few years, thus ensuring that each ward had a therapy programme;

- OT and OT Assistants on each ward
- Off ward therapy programme in the Therapy centre and the therapeutic gym
- Weekend therapeutic programmes

Other initiatives to decrease the level of absconding include;

- All wards now have the business cards that have been deigned to give information to help support patients to keep their leave time period and return on an agreed time. Additionally, it provides opportunity for those

patients who are on leave to contact their ward when they are in crisis or equally patients have the opportunity to inform the wards about a possible delayed return to the ward (the ward contact number is available on the business card)

- The Acute wards have addressed their methods of signing patients in and out of the wards
- Bluebell ward had a trial with opening the front door (this has stopped at the moment)
- Safe wards implementation has been successful and has strategies to reduce conflict (which is often related to containment)
- Policy adjustments to ensure more accurate reporting of patients going AWOL or absconding. The change in policy and incident reporting has led to better clarity if patients are AWOL or absconded where previously these have been confused.
- Computer screenshots promoting documentation of AWOL and identification of AWOL risks

7) Find out what the hospital response is and decide if it is proportional based on the case and the circumstances.

Prospect Park Hospital and the Trust take its responsibility regarding missing patient seriously. We aim to strike the balance between safety and maintaining autonomy and liberty and ensuring a therapeutic culture rather than a custodial environment.

Further initiatives to try to reduce absconding/AWOLS:

- Tightened the function and process for having dedicated member of staff out on the wards at all times (not just “out on the ward” but focus on caring, inquisitive and vigilant staff in particular help with this). Intermittent and general observations are undertaken by every member of nursing staff including the ward manager between 9-5.
- Extra vigilance of the outside garden/courtyard areas.
- Monitoring all patients for depression and hopelessness- especially where there has been the express of self-harm and in the context of drug induced states. Implement regular slots in staff meetings where staff can discuss and reflect on physical and relational security issues. This included as a minimum: discussion of boundaries, therapy patient mix, patient dynamic, patient personal world and, physical environment.
- Robust MDT risk assessment and management plans on admission to focus on reducing AWOL and absconsions.

- Implement anti-absconding interventions all staff to complete the workbook (Training sessions, Rule clarity, signing in and out book, identification of those that are at high risk of absconding (targeted nursing time for those at high risk), promoting contact with family and friends, promotion of controlled access to home, careful breaking of bad news, post incident debriefing, MDT review following absconds).
- Continue to implement and embedding of the safe wards: <http://www.safewards.net/>
- Embed into existing ward governance mechanisms
- Identification of ward absconding reduction lead to champion the interventions.
- Absconding reduction a standing agenda item at ward teams meetings and at supervision of ward manager.
- Monitoring of training/workbook completion. Including into ward induction for new staff.

The internal monitoring of missing patients is undertaken in a number of ways:

1. Every AWOL and absconsion is notified to the CQC at the time it is recorded on the Trust DATIX incident reporting system.
2. The improvement plans are monitored monthly at PPH and quarterly at Executive level.
3. Trust Quality Accounts are published each year and these report numbers recorded each year.
4. Benchmarking with similar Trusts and population has indicated our levels are 50% lower.

8) How does the Trust 'step down' patients?

Multi- disciplinary ward review meetings occur every week, where each patient is reviewed. The reviews will consider the following:

1. The patient mental state (improvement or not)
2. Current presentation and behaviour on the ward
3. Compliance/adherence to treatment
4. Level of risk to self or others
5. Reports from other clinicians
6. Feedback from relatives/carer
7. Outcome of specific clinical assessments undertaken

At some point during a patient's admission, considering the above issues, a balanced risk will be taken to allow a patient leave from the ward. This leave may be;

- A short escorted work off the ward
- A short period of unescorted leave from the ward
- Leave with a relative during the day
- Overnight leave with relatives
- Overnight leave on their own
- Longer period of leave over a weekend or during the week

Patients will be given specific information on support whilst they are on leave, which may be dependent on the reason for admission (such as don't consume alcohol, or use drugs) as well as what time to return to the ward. Detained patients will also have a formal form completed by their consultant (Section 17) stating the above information.

It is identified that this is a high risk time for patients, so there is careful clinical decision making undertaken, with the involvement of the full clinical team, and involving those who know the patient well (relatives), However it is in the patient's best interests that a decision is made. Not all patients will be granted leave, as they need to move into more secure in-patient environment, and this is a high risk group for absconding.

9) What progress has been made since the issues appeared in the press and what measures have been put in place to address the issue, for example, is there an Action plan?

As noted previously in this report there are a number of initiatives in place to reduce absconding on an on-going basis.

Councillors will be able to ask questions on the contents of this briefing during their visit to Prospect Park.

Prepared by
Andrew Burgess, Head of In-Patient Services
Prospect Park Hospital
October 2015

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	14
TITLE:	LEARNING DISABILITY TRANSFORMATION PROGRAMME - UPDATE		
LEAD COUNCILLOR:	CLLR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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 The purpose of this report is to update Members on the progress of the Learning Disability Transformation work, and to explain the key elements of the project. Members will be aware that improvements to our commissioning and delivery of services for people with learning disability are in progress. The continuation of the NHS England initiatives to review care and plan more integrated community based responses 'post Winterbourne' is work that we have been actively engaged with and we are taking this opportunity to embed this work in our plans.
- 1.2 In addition, our intention to 'co produce' the strategy with service users and carers as set out in the Care Act has required a longer timeframe to complete the work than originally planned.

2. RECOMMENDED ACTION

- 2.1 *Committee is asked to endorse the proposals for the Learning Disability Transformation Project and supporting Strategy*
- 2.2 *Committee is asked to approve the plan at Appendix 1, which outlines proposals to deliver the social care elements of the NHSE's Transforming Care initiative by April 2016*

3. POLICY CONTEXT

- 3.1 The Learning Disability Transformation Project is a significant piece of work sitting within the overall Adult Social Care Transformation Programme and is

required to contribute £1.975m towards the overall Adult Social Care Savings target for the 3 years to 2017-18

3.2 Key issues to be addressed as part of the project include:

- RBC offer a higher number (than statistical neighbours and English LA average) of high cost intensive care packages (across all service types) which are expensive to maintain and don't always support the promotion of independence that RBC aspires to deliver. Indicative of this, 58% of the Learning Disability budget in Reading is spent on residential care, as opposed to a National average of 38%. This would suggest that we are not able to offer the community based life opportunity focused services that we would expect to offer to our clients with learning disabilities.
- Also indicating an opportunity for improvement in enhancing lives within a community, we have a lower (than statistical neighbours and English LA average) number of people with learning disabilities in employment and a lower (than statistical neighbours and English LA average) number of people with learning disabilities accessing support via a direct payment. This suggests less focus than we aim to deliver in creating unique responses to individuals.
- The LD Transformation project includes target savings of £1.975m over 3 years, but is planned on top of an emerging in year overspend of £679,000. The Learning Disability Transformation Project is thus a significant and varied piece of work for which a report will need to come to Members with full proposals covering RBC, NHS, and service users ambitions and concerns

3.3 The LD Transformation project will be delivered in alignment with the key focus areas of the NHSE Transforming Care initiative. These are:

- a) Empowering individuals
- b) The right care in the right place
- c) Regulation and inspection
- d) Workforce
- e) Data and information

3.4 The plan at Appendix A addresses the specific milestones under NHSE's 'Transforming Care for People with Learning Disabilities - Next Steps' document, and the deliverables within it will form part of the overall project plan for the LD Transformation project

4. OUR APPROACH

4.1 The project will be delivered in accordance with Care Act requirements, in particular those relating to the wellbeing principle, promotion of independence and the personalisation agenda, incorporating consultation, engagement and co-production throughout

4.2 We know from our consultations with service users that being able to live safe and optimally independent lives with supportive social networks, good health,

a say in the services they use and realistic employment prospects is of particular importance to individuals and their families.

- 4.3 Our vision is to enable people to maximise their opportunities for inclusion within their local community and to support them to grow and develop as individuals. We will take a strengths based approach to our work, taking our starting point as considering what people can achieve now for themselves and what they could achieve in the future with support.
- 4.4 We will offer a range of types of support from which service users can receive a mix of services which match their individual requirements, recognising that the continuum of needs is wide and varied, and that solutions may be found within clients' own support networks, local communities and universal services, as well as more specialist provision.
- 4.5 Future provision will be firmly based on best value and best quality decisions, putting the individual at the heart of decision-making and considering alternative delivery models which will most likely be achieved through a mixed economy of in-house provision and external providers.

5. THE PROPOSAL

5.1 Over-arching project aims include:

- a) The transition to a more modernised co-produced model of day support across Older People, Physical Disability, Mental Health and Learning Disability services. This model may include centre-based services for those with the most complex needs and a broader range of community based offers to promote independence.
- b) Reviewing our current respite offer and making recommendations to meet assessed need in a cost effective way that supports family carers and provides an enjoyable break for people who are supported by their families.
- c) Active review of individual packages of care, based on a measured risk model to ensure that support is appropriate to needs and national eligibility criteria and is maximising potential for the use of assistive technology, whilst ensuring that support packages are proportionate and equitable.
- d) In support of the vision to create cohesive, attractive and vibrant neighbourhoods, plans include a shift in the belief that individuals are entitled to a tenancy, and in the balance of accommodation provision from residential care to supported living in local communities. This will enable us to offer more independent living solutions to a broader range of clients, which will support us in meeting the duty to promote independence.
- e) Proactive work to promote and encourage the take up of Direct Payments.

5.2 This is a large and complex piece of work requiring dedicated resource to co-ordinate and manage. Key elements of the programme include:

	Workstream	Key Milestones
1	Day Services	<ul style="list-style-type: none"> • Structured Review of Day Services customers with a view to hearing what they want from their lives and reducing reliance (where appropriate) on the traditional centre-based services • Improve take up of Direct Payments and investigate prepayment cards as an option • Review employment, and day opportunities marketplace to ensure sufficiency of choice and quality • Benchmarking provision against other authorities and 'best in class' • Review of current transport provision in light of any changes arising from other work
2	Respite	<ul style="list-style-type: none"> • Review current overnight respite provision to include: alternative booking process, unit costs, occupancy, benchmarking • Develop short breaks options
3	Shared Lives	<ul style="list-style-type: none"> • Review current systems and processes, benchmark against other schemes • Consideration of service developments for those with MH / dementia
4	SLASL Reviews (Supported Living Accredited Select List)	<ul style="list-style-type: none"> • Transferring clients to providers on the SLASL using a dedicated review team
5	Supported Living accommodation	<ul style="list-style-type: none"> • Review of current accommodation provision, analysis of future needs and research on what other LAs are doing • Focus on use of assistive technology in future service planning
6	Alignment with OPPD Day Services and accommodation with support projects	<ul style="list-style-type: none"> • Align continued development of LD day services and accommodation with support with that of OPPD work to maximise synergies and integration opportunities where appropriate
7	Engagement with the NHS led transformation of LD services for people with LD/MH/autism and challenging behaviour	<ul style="list-style-type: none"> • Establish skilled support in the community to work with health colleagues to reduce hospital admission and where admission is necessary reduce the length of that admission. • Establish accommodation with support for people whose current support breaks down and is unable to meet their needs • Work in a person centred way to ensure people and their families have confidence in our responses.

- 5.3 The whole project will be supported by an over-arching Learning Disability Strategy, Needs Analysis and Implementation Plan. This is currently being produced and will be brought back to ACE for agreement in March 2016, alongside the NHSE Transforming Care joint plans
- 5.4 A detailed communications plan will be developed as part of the overarching project plan to capture consultation and information sharing activities throughout the project
- 5.5 The Project Group will ensure close liaison with the Learning Disability Partnership Board, partners, service users and their families / carers throughout
- 5.6 Modernisation of services at the heart of all transformation work, and this must be delivered within the requirement to achieve the allocated savings target
- 5.7 A dedicated Project Manager has been agreed and is to be recruited imminently

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 This project contributes towards Corporate Plan Priorities 1,2,3 and 6 below:

- 1. Safeguarding and protecting those that are most vulnerable;
- 2. Providing the best start in life through education, early help and healthy living;
- 3. Providing homes for those in most need;
- 4. Keeping the town clean, safe, green and active;
- 5. Providing infrastructure to support the economy; and
- 6. Remaining financially sustainable to deliver these service priorities.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 The over-arching Learning Disability Strategy is being developed in accordance with the outcomes of the Learning Disability Partnership Board's Big Voice and Beyond report.
- 7.2 An early deliverable for the new Project Manager will be the delivery of a communications plan which outlines proposals for consultation and engagement with staff, service users, carers and families, partners and other stakeholders such as the Learning Disability Partnership Board

8. EQUALITY IMPACT ASSESSMENT

- 8.1 An Equality Impact Assessment was completed as part of the establishment of a Supported Living Accreditation Select List (SLASL) in December 2014
- 8.2 Further Equality Impact Assessments are likely to be required for several other workstreams at a later stage, once more specific proposals are defined. These will be undertaken as part of the overall project planning process

9. LEGAL IMPLICATIONS

- 9.1 The Care Act (2014) creates a new statutory duty for local authorities to promote the well-being of individuals. This duty - also referred to as 'the well-being principle' - is a guiding principle for the way in which local authorities should perform their care and support functions.
- 9.2 Section 2(1) of the Care Act places a duty on local authorities to provide or arrange services that reduce needs for support from people with care needs and their informal carers, and contribute towards preventing or delaying the development of such needs. Developing and maintaining a day activities offer and a variety of independent living options to meet a range of needs for service users with learning disabilities is an important part of discharging the Council's wellbeing and prevention duties.
- 9.3 The Children and Families Act, places a duty on Local Authorities to work to ensure smooth transition into adulthood and to work with families to encourage aspiration and promotion of independence.

10. FINANCIAL IMPLICATIONS

- 10.1 The Learning Disability Transformation Project will contribute £1.975m towards the overall Adult Social Care savings target of £6.709m. It is therefore a significant element of the overall savings programme.

11. BACKGROUND PAPERS

- 11.1 Learning Disability Transformation Project PID
Business Case for LD Project Manager role
Transforming Care for People with Learning Disabilities - Next Steps
- 12. **APPENDIX A** - RBC Response to 'Transforming Care for People with Learning Disabilities - Next Steps' (one page action plan)

APPENDIX A

Transforming Care for People with Learning Disabilities – Next Steps (NHS England)

RBC response to the NHSE project to improve health and social care support for people with LD/MH/autism whose behaviour can challenge

Key Focus Areas	What RBC will do	Who will lead	When	What we will achieve	Risks Identified for Management
Empowering Individuals	<ul style="list-style-type: none"> Ensure advocacy support is able to support this group of people Ensure transitions planning protocol is embedded in practice 	<p>Lead commissioner</p> <p>Disability Service Manager (SM)</p>	<p>Monitoring of Q3</p> <p>Dec 2015</p>	<p>People will be able to access good quality advocacy that supports them and their family.</p> <p>Staff will use the tool effectively to ensure people are fully involved in decision making</p>	<p>Advocacy providers have not got the skills to deliver.</p> <p>Delay in protocol development.</p>
Right Care in the Right Place	<ul style="list-style-type: none"> Work with existing SLASL providers to ensure they are able to meet the needs of this group. Identify specialist providers to work with high end needs Include needs of this group in Accommodation with Care and LD strategy. 	Lead commissioner and SM	<p>Ongoing</p> <p>Nov 15</p> <p>Nov – Dec 15</p>	<p>Specialist providers to work with this group and enable them to remain at home or return home asap.</p> <p>Accommodation being planned as part of implementation of Accommodation With Care Strategy.</p>	Providers unable to deliver, small numbers of people(not allowing economies of scale), therefore cross Berks planning and implementation necessary
Regulation and Inspection	<ul style="list-style-type: none"> All support providers will be quality checked and CQC inspections scrutinised. Outcomes of client reviews used as an ongoing learning and improvement process Feedback from people with 	Lead RBC commissioner, operational teams and Quality Assurance Teams, families	ongoing	<p>Highlighting good practice and areas for improvement</p> <p>Certainty and consistency in relation to quality via routine integration of feedback</p>	Insufficient capacity for proactive and ongoing learning, particularly for out of borough placements

	learning disabilities and their families			into quality management	
Workforce	<ul style="list-style-type: none"> Working with BHFT and RBC LD service to develop positive behavioural support and intensive intervention service 	Lead Commissioner in CSU, BHFT operational Manager and SM	Target April 2016	Range of flexible and specialist health and S/C community support in place	This has to be a cross Berks or at least West of Berks initiative and so needs engagement of other L/As.
Data and Information	<ul style="list-style-type: none"> Transitional planning tool to be used to highlight future demand for specialist support. Feedback from providers and quality assurance reviews 	Lead RBC commissioner and SM. QPM team	ongoing	Greater understanding of levels and type of need.	Development work required to ensure collection systems and data quality are sufficiently robust and reliable

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	15
TITLE:	IMPROVING DAY OPPORTUNITIES IN READING		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.O'Rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides the Adult Social Care Children's Services and Education (ACE) Committee with an update on the day services improvement programme in Reading and seeks the Committee's approval to proceed to the next phase.
- 1.2 The Care Act (2014) creates a new statutory duty for local authorities to promote the well-being of individuals. This duty - also referred to as 'the well-being principle' - is a guiding principle for the way in which local authorities should perform their care and support functions. A range of day services are provided in Reading as an element of discharging the Council's duty to promote the wellbeing of vulnerable people.
- 1.3 As part of its continuing improvement programme, the Council carried out a public consultation from March to June 2015 on developing its day services offer for older people and people with physical disabilities who have more complex needs, particularly on how to modernise the service in line with best practice. The Council is committed to developing a range of day opportunities for older people and other people with care needs arising from long term health conditions. This continues to be based on open discussions with service users, potential future service users, and family carers. The Council will continue to ensure day care services are available for those with significant care and support needs, alongside further developing community and neighbourhood based opportunities for people to maintain and develop friendships, and to enjoy active and independent later lives.

2. RECOMMENDED ACTION

- 2.1 That members consider the options for future service delivery as detailed in the report.
- 2.2 That members approve the development of the option C: Re-model the Council's day service for older people/people with physical disabilities to offer a Wellbeing Centre on the site of Rivermead Leisure Complex and the close The Maple Resource Centre
- 2.3 That officers are authorised to proceed with:
- (a) scoping work for a move to Rivermead.
 - (b) an implementation plan to migrate service users from The Maples into alternative facilities as outlined at paragraph 5.12; and then
 - (c) implementing a closure plan for The Maples Resource Centre.
- 2.4 That the further development of community and neighbourhood services for residents with varying levels of care need be supported.
- 2.5 That authority to spend against the Council's Social Care capital grant (part of the Better Care Fund 15/16) up to a limit of £360,000 to procure the necessary works for the development of a Wellbeing Centre as described in paragraphs 5.7 to 5.14 is agreed in conjunction with Health partners.

3. POLICY CONTEXT

3.1 Reading Borough Council is committed to:

- 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;
- Promoting resilience for adults at risk of harm;
- Building capable communities for local people to become more involved and help themselves;
- Having places for leisure pursuits and to promote active lifestyles and wellbeing;
- 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;

- Providing our services from appropriately located, safe and energy efficient buildings and seeking to maximise the potential for underused council property; and
 - Co-locating services with partners to have better joined up services and community hubs so that residents have better access to services.
- 3.2 Reading's vision has been developed with our customers and their families and carers to offer vulnerable and frail elderly people a range of options that aim to maximise independence, strengthen connections and enjoyment of their communities and networks of support, and so to defer the need for statutory care.
- 3.3 Adult Social Care needs to improve service delivery to meet new duties under the Care Act (2014), particularly the Wellbeing Duty, in the face of significant savings challenges. As part of this, services must be responsive to changing user needs and preferences. With an increased emphasis on promoting social inclusion, the traditional model of stand-alone buildings based services is becoming a specialised element of the overall day activities offer - for people with significant care and support needs.
- 3.4 Across Adult Social Care, people are increasingly being supported to access alternatives to traditional day care. The number of older people or people with physical disabilities registered to attend the Council's day centres has reduced from just over 300 people a decade ago to around 120 people today. Trends over years suggest that these numbers would continue to decline without any change to policy or practice. However officer's experience is that increasingly individual preference is for community and neighbourhood services and the development of community based options going forward is expected to accelerate the decline in use of day centre places.
- 3.5 Day services around the country have improved their offer to local residents by increasing the range of activities on offer, providing more health and wellbeing activities, giving service users more choice and control over what they participate in and how much time they would like to spend at the day service, and by forging stronger links with other community services. These improvements provide good examples of how the Council could deliver a better offer here in Reading.
- 3.6 In July 2013, ACE Committee launched a Neighbourhood Day Opportunities for older people initiative. The objectives of this programme are:
- a) Facilitating the engagement of socially isolated older people, and older people at risk of isolation and loneliness in social and peer groups;
 - b) Promoting services relevant to older people that are accessible within the local community;
 - c) Building links between existing bodies, charities and organisations that do or could provide older people's services at a neighbourhood level; and
 - d) Simplifying access to information about community services for older people, and being available as a single point of contact for enquiries relating to older people's services.

- 3.7 Under this programme, a full-time Neighbourhood Coordinator was appointed in November 2013 and joined by a full time assistant in November 2014. The Neighbourhood Team has supported the development of a wide range of community activities, principally for older people, but meeting the needs of adults with a range of long term health conditions or vulnerabilities, including mental health needs. The team's work has included establishing four thriving Over 50s clubs in Caversham, Southcote and Whitley and a town centre afternoon tea and dance session, all of which are run by volunteers and located in community buildings.
- 3.8 In keeping with the duties of the Care Act (2014) to promote the holistic well-being of individuals, the over 50s clubs have been structured to provide varied opportunities. Different activities and roles are available to suit the needs and abilities of all individuals such as fitness sessions, mental agility games and even working roles for those volunteering at the clubs. The aim is to ensure that all individuals are engaged in building their support networks and resilience rather than just "attending" and to create an inclusive and welcoming atmosphere through social activities such as meals and fund raising events. The importance of involving vulnerable residents and their carers in the planning of services is also recognised by the team as a means of building confidence and ownership, providing individuals with 'active' opportunities for social engagement rather than just creating 'passive' recipients.
- 3.9 The growth of the team has helped to develop a more equitable offer throughout the Borough. It is clear however, that there are still areas which would benefit from further Council facilitation. Some older people are travelling outside of their immediate communities to attend events in other areas, and the Council is committed to responding to residents' preferences for neighbourhood level access to services where possible.

4. CURRENT DAY OPPORTUNITIES OFFER

Community Services

- 4.1 There is a wide range of community opportunities in Reading for older people and people with long term health conditions. Voluntary and community groups offer in excess of 40 lunch clubs (e.g. Age UK, the Pakistani Community Centre, the Indian Community Association, the Polish Millennium Senior Club, the Hibernian Society and the West Indian Women's Circle). Retirement clubs such as Firtree offer activities such as dancing, singing, talks and games, and there is a varied programme within Age UK's Active Living scheme. There are also peer support groups such as those run by the Parkinson's Society and the Stroke Association. The level of support and care available within these services varies, but people who are eligible for Adult Social Care would, subject to a personal needs assessment, have the option of engaging a Personal Assistant to help them access community services.

Externally commissioned day services

- 4.2 There are two externally run day services that RBC currently commissions for older people. Age Concern Woodley has a day centre on South Lake Crescent in Woodley open 6 days a week (Mon - Sat), aimed at people with dementia. They have a wet room with a shower and bath and also offer hairdressing and chiropody. Charles Clore Activity Centre, run from the Charles Clore Court Extra Care Housing scheme on Appleford Road, is open on Tuesdays and Fridays for people over 50 with a disability or over the age of 60. They are not specialists in dementia care.

The Maples Centre

- 4.3 As part of the modernisation programme for day services, in July 2013 ACE Committee approved the merger of its centre-based day services offer for older people and people with physical disabilities onto one site in Southcote, which became known as The Maples Resource Centre. It is a stand-alone facility. Internally, the building offers two very large lounge/dining areas with a series of smaller therapy rooms/offices around the periphery. Hot meals are provided as part of the service (prepared on site).
- 4.4 The Maples Resource Centre can accommodate 80 service users on any one day. It currently has a total of 122 registered users. In addition using the spare capacity, a further 12 people either from outside Reading or who do not have assessed needs for the service use the service. Individuals attend from 1 to 5 days based on an assessment of their needs. Most service users attend 1 to 2 days a week. Over the last year monthly attendance levels have averaged 39.6 users per day with the highest monthly average being 42.6 users per day in October 14 and the lowest being 32.6 in August 15.
- 4.5 The unit cost of the Maples service is in the region £43.50. This is for attendance from 9:30 until 4:30 including a hot lunch and transport if this is required. The Maples building is not energy efficient even if it were filled to capacity. Works to maintain the building to a standard required to continue the current level of service provision would require significant investment in the short to medium term.

Extra Care sites

- 4.6 Reading currently has 5 Extra Care sites with a further 2 in development. All of the Extra Care developments include individual flats (for occupancy by single people or couples) with a shared space for residents, neighbours and friends to come together. This shared space facilitates communal dining, activities or general socialising. The Extra Care sites therefore offer an older person's day activities base within various neighbourhoods. These sites have been considered as alternative locations for specialist day care. Only one of the Reading sites - Cedar Court is likely to have sufficient capacity to meet the level of demand for specialist day care predicted over the next few years if this specialist care was to be offered from a single location. However, as with all Extra Care services,

access to shared facilities is part of the Extra Care offer which residents pay for and it would be inappropriate to limit their access to the communal facilities in this way. Work is continuing to develop smaller services on these sites to support individuals with higher support needs from the local area to access services.

5. OPTIONS

A. Do nothing

- 5.1 The Maples Centre would continue to cater for (mainly older) people with a range of care needs, from those with high/complex care needs, such as people with advanced dementia, to those with lower care needs but who still require support for social contact and interaction.
- 5.2 Management, care and activity co-ordination are all provided by Reading Borough Council staff under this option. Options for supporting service users to access universal services as part of the day services offer would remain limited given the need to staff the centre at safe levels, leaving little capacity for supporting service users outside the centre.
- 5.3 Although consultation feedback has shown there is user interest amongst older people in attending day centres for shorter sessions, this has not had much take up. Further changes to the charging structure could be made to help facilitate shorter sessions, but this would not address the limited capacity within the in-house transport or the Readibus service to accommodate multiple travelling times. Moreover, shorter sessions are not particularly attractive for family carers providing transport to a stand-alone site as there is nowhere for them to wait / take a proper break themselves whilst their relative takes part in a short session.

B. Transfer the Older People's / Physical Disability day service to another building that would operate on lower costs

- 5.4 The second option is to identify an alternative site large enough to accommodate The Maples service as it is currently provided but operating from a more efficient building which is more cost effective to run and allows for the optimisation of space. The alternative running costs for the Older People's / Physical Disability Day Service would be dependent on the alternative location identified to run the service from. No such site has been identified as yet. Overall, the aim would be for the location to operate at a reduced cost in comparison to The Maples.
- 5.5 A better facility with more flexible space would be welcomed by users (based on consultation responses) although the impact of additional travel time/cost would need to be taken into account. Under this option, the service offer does not change and the relationships built between the current service users and the care staff at The Maples could be maintained (bearing in mind that any relocation may lead to some staff changes).

C. Re-model the Council's day service for older people /people with physical disabilities to offer a Wellbeing Centre on the site of the Rivermead Leisure Complex and then close The Maples Resource Centre

- 5.6 Rivermead Leisure Centre is situated just north of the town centre and is managed by a social enterprise partner, GLL. The centre includes a pool, several gym areas and ball courts, a café and rooms of various sizes which can be hired out on a regular basis or for events. As Reading has a number of town centre gyms which are popular with working age adults, GLL has taken the decision to focus on a different target market for Rivermead - older people and young families. The centre currently has spare capacity, particularly during the off-peak daytime periods.
- 5.7 One wing of the Rivermead complex is not in use at all currently and could be re-developed for alternative use. A dedicated 'day activities with care' wing could be developed at the Rivermead site which would be suitable for service-users with higher level of care needs. This would be a 'base' but day centre users would also have access to the universal leisure centre facilities offered by the social enterprise, GLL. Whilst the day centre would have a separate entrance to the main leisure centre, connecting doors would be retained for ease of access from the day centre to the pool, gym and other activity rooms. This would offer wider health promotion opportunities for day service users.
- 5.8 GLL is already creating an older people's lounge at the Rivermead site which would offer an alternative 'base' for people with lower needs, including family carers, and adults with moderate support needs. There has also been very positive feedback from GLL and from local VCS providers about offering a wider range of services from the Rivermead site for people of all abilities - along the model of a Wellbeing Centre.
- 5.9 The Rivermead Leisure Centre is open 7 days a week. Co-locating a day service with the leisure centre would therefore open up the option of increasing the current day service offer to include evenings and weekends, subject to demand. Rivermead is used annually by visitors to the Reading Rock Festival and would in effect be out of action as a day service across the long weekend around the August bank holiday. For this short period, service users would be offered support via one of the town's Extra Care units in accordance with service business continuity plans.
- 5.10 Under this option, the re-modelled buildings based day service would:
- (a) Offer the capacity to meet current demand in a more appropriate setting
 - (b) provide care for people with a higher level of needs to support their continued residence in the community and to provide breaks which help to sustain caring relationships;
 - (c) for older people and people with physical disabilities, be co-located with a universal leisure facility so as to develop a Wellbeing Hub serving people with a range of needs from a single site; and
- 5.11 The Rivermead base could provide sufficient day places to facilitate the closure of the Maples Centre based on demand over the past year. The 'day activities with care' centre would continue to offer some activities provided by RBC, but

would increasingly rely on activities offered by GLL and other (VCS) groups running activities on a sessional basis. The wider range of activities would be promoted to encourage more short sessional attendance as an alternative to full / half days. Co-locating the day centre with a universal facility would also offer more opportunities for family carers to take short breaks / access leisure opportunities whilst their relative was taking part in a centre session.

- 5.12 Care would continue to be provided by RBC staff but staffing would be reviewed and reduced to reflect the size of the service user group per day based on activity levels over the last year. Catering could be provided by an independent provider. There has been close engagement with staff and trade unions about these proposals. Work will be undertaken to identify vacant roles in other parts of the Council for Maples staff who wish to remain with the local authority but who cannot be matched to a position within the Rivermead Wellbeing Centre. These would be matched to the skills, preferences, and home locations of staff, including the offer of training to prepare for new roles where appropriate. Where alternative roles could not be matched to individuals, staff would be entitled to a redundancy package on the Council's usual terms.
- 5.13 Carrying out necessary pre-tender work (finalising the design, asbestos survey, specification & building control) then tendering, letting the contract and complete the construction works at Rivermead would take approximately 9 months.

D. Dispense with all buildings based day services and support people to access alternative day activities

- 5.14 This last option is for the Council to stop offering any building based day services. Adult Social Care service users would be supported by the Council to alternative services for day activities, including support to access community/universal facilities. For users with a higher level of care needs and normally reliant on a family carer, respite care at home or in the community would be an option. For users with a lower level of care need, wider community services would be an option such as attendance at social / activity/ lunch clubs etc.
- 5.15 A risk with this approach is that a small number of family carers providing high levels of care would have fewer options for getting time to themselves at home. Sitting services do not provide this, and community based respite care tends to offer shorter blocks of time away from the service user's home as compared to day centre attendance. The breakdown of caring relationships can be a significant factor in the rate of permanent admissions to residential or nursing care, and this needs to be considered carefully.

Options Appraisal

- 5.16 It is recommended that Option A is rejected. The current service being run from The Maples is perceived as being unsustainable. The operating costs of the building are high. Gas, lighting and heating of the building is expensive as the building is energy inefficient. The current building does not offer much flexibility in terms of holding numerous activities together because of the layout, and mobility around the service could be greatly improved. Lastly the

number of users of the service has reduced over the years and if this downward trend continues the Council would be paying to occupy a space increasingly at odds with the space required.

- 5.17 It is recommended that Option B is rejected. A recent public consultation invited stakeholders to propose alternative locations for consideration by the Council, and prior to this the desire to find an alternative base for older people's day care was considered carefully as part of the Council's Comprehensive Asset Review. No alternative sites other than Rivermead were put forward. Moving to another building under this model would require identification of a new site and this would delay the delivery of service improvements and revenue savings as well as the realisation of capital receipts. Given the downward trend in day centre usage, a new "like for like" premises could potentially become underutilised in a short space of time.
- 5.18 Option C is recommended. Locating to Rivermead presents a very strong opportunity to maximise on synergies and to develop a well-being approach to the provision of day opportunities. The space and flexibility at Rivermead opens up real options to increase the utilisation of short sessions and attract wider groups of people who are currently at risk of isolation / loneliness. The flexibility of space would facilitate more partnership delivery with voluntary sector and Health partners. It would also offer the opportunity to consider synergies with the development of day opportunities for other service user groups in the future.
- 5.19 Under Option C, there is plan for achieving savings in relation to older people's day care.
- 5.20 It is recommended that Option D is rejected at this point in time. A building based day centre offering specialist care is seen as an important component of the overall day service offer by both service users and their carers, and can contribute to delivering better outcomes for both. Sitting services or Personal Assistant support to access community facilities across the equivalent of a full day's centre attendance would be at a greater rather than reduced cost. However, it is also evident that the current day care service could be improved and developed further.
- 5.21 Within any of the options detailed, there is the potential either to retain management/care delivery as an in-house service or to outsource these functions. (Activity co-ordination would be largely outsourced under Option C). Initial analysis indicates that retaining these functions in-house would offer better value for money at this stage than outsourcing.

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 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. Taking the modernisation of day services in Reading to the next phase will also contribute to meeting priorities set out in the Council's Corporate Plan 2015-18 (as set out in paragraph 3.1). The proposal will also contribute to the wider health promotion and wider community based health strategy.

7. COMMUNITY ENGAGEMENT

- 7.1 In 2013, the Council talked to older people, carers and community groups about the future of day care services for older people. People told the Council they would like greater choice and more flexibility around taking part in day activities. Feedback was that care for those with high needs should be available from a specialist service, but alongside better access to neighbourhood based activities for the greater number of older people who are not so frail.
- 7.2 The Council has committed to developing a culture of 'working better with you' by increasing the involvement of service users and residents in decisions about the future of services. For this reason, and in order to identify any particular issues relevant to the local authority's equality obligations (as set out below), a three month public consultation has been held on the proposed changes to the service currently offered from The Maples Resource Centre. Current users of the service, their family/unpaid carers or other relatives, staff employed at the Centre, and voluntary and community groups offering services to older people were identified as the groups which would be most affected by the proposals. Accordingly, the consultation was designed to focus on involving these groups in the most meaningful way.
- 7.3 Officers attended a total of 11 group meetings with users, relatives and other stakeholders to receive verbal feedback and take questions. Key voluntary and community sector providers were invited to join officer tours of Rivermead and explore opportunities for partnership delivery from that as a potential alternative location. People also had the option of completing a consultation questionnaire, which was available to the wider public in addition, both online and in paper copy. The consultation was promoted publicity through press releases as well as at appropriate public meetings and local conferences taking place during the consultation period.
- 7.4 Most people agreed there is scope to improve the day service currently run from The Maples by supporting service users' engagement in a wider range of activities. Community organisations (voluntary sector partners) showed keen interest in working with the Council and GLL to offer different activities - for both users of the specialist service and the wider community too. The potential of accessing services from a more flexible space was strongly welcomed by voluntary sector partners. Family members and carers of current day services users emphasised that the most important aspect of the service for them was the skills of the staff at The Maples. Although the location of the service was a lower priority, some of the family members and carers were anxious about the disruption of a move. For most people who expected to use the Rivermead Wellbeing Centre, accessible transport via buses was preferred over cars.

A full consultation report is attached at Appendix 1.

- 7.5 If Policy Committee /ACE Committee were to authorise the recommended actions or transferring the older person's day building based element of day opportunities, the capacity of building based day opportunities for older people would be reduced permanently from 80 spaces per day to a maximum of 45

places per day. This reflects the decline in attendance over the past 2 years and the shift to a model which has a neighbourhood focus.

8. LEGAL IMPLICATIONS

- 8.1 Section 2(1) of the Care Act places a duty on local authorities to provide or arrange services that reduce needs for support from people with care needs and their informal carers, and contribute towards preventing or delaying the development of such needs. Developing and maintaining a day activities offer to meet a range of needs is an important part of discharging the Council's wellbeing and prevention duties.
- 8.2 The Care Act also requires local authorities to carry out a needs assessment for any adult who appears to need care and support. The person will have eligible needs if they meet all of the following:
- they have care and support needs as a result of a physical or mental condition;
 - because of those needs, they cannot achieve two or more of the outcomes specified; and
 - as a result, there is a significant impact on their wellbeing.
- 8.3 The outcomes are specified in the Care Act regulations, and include people's day-to-day outcomes such as maintaining nutrition, managing toilet needs, developing personal relationships, and making use of services in the local community. As part of the process, the authority must consider other things besides formal social care services that can contribute to achieving an individual's desired outcomes, and whether any universal preventative services or other services available locally could help that person stay well for longer.
- 8.4 The services which the local authority is under a duty to provide or arrange under the Care Act are broadly defined, as wellbeing will mean different things to different people. Local authorities must promote individual choice and control over the services people choose, with more Adult Social Care service users being supported to use Direct Payments to purchase their own support services.
- 8.5 Members are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act 2010. In order to comply with this duty Members must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups who may be adversely affected by the proposal to transfer the Maples day service to a modernised service offered from the Rivermead Wellbeing Centres.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 The Maples Centre offer services for people who are frail, elderly or have a long term health condition or physical disability which leads to support needs. The services provided also benefit family/informal carers, many of whom are older people themselves. Current users of the services would meet the definition of

'disabled' under equalities legislation. Most are older people. The majority of service users and staff employed at the centre are female.

- 9.2 The proposal to close The Maples Centre and transfer the older peoples / physical disability day service to Rivermead would therefore impact disproportionately on older people, disabled people and women as compared to the general population. No other disproportionate impacts on protected groups have been identified.
- 9.3 Ways of mitigating the equality impacts have been identified. No service user would have their care and support package changed as a result of these proposals. In addition the proposed changes would continue to offer enough capacity to meet demand.
- 9.4 The Rivermead offer would be very similar to the Maples offer in terms of care and support, but offer access to a wider range of activities and opportunities to take part in groups run by a range of providers. Accessing other voluntary and community group services from different locations might be preferred by some users. Personal reviews would be undertaken to identify any issues related to the potential move and to offer alternative services if this is users preference.
- 9.5 Dedicated care management support would be available in preparation for and throughout any transfer, including a settling in period and appropriate reviews thereafter. There has been extensive engagement with staff and trades unions. Support is available to help Maples staff transfer to Rivermead, to be matched to alternative vacancies within the Council, or to take up redundancy packages on the Council's standard terms.
- 9.6 A full Equality Impact Assessment is attached at Appendix 2. The mitigating measures referred to will form part of the Implementation Plan for migrating the older people's specialist day care service from The Maples to the Rivermead Wellbeing Centre.

10. FINANCIAL IMPLICATIONS

Revenue Implications

- 10.1 This report sets out four possible options. The comparative revenue costs of the options are set out in this paper and are summarised in the table below:

	Maples cost	Rivermead Wellbeing Centre
Cleaning	27,600	4,200
Catering	62,400	63,800
Management	151,400	79,100
Care staff	182,200	146,600
Support staff (admin & and handyman)	34,700	22,900

TOTAL excluding running/building costs	458,300	316,600
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- 10.2 The Rivermead Leisure Complex is owned by the Council and is currently provided rent free to GLL under a contract for leisure services. For the recommended option to proceed there would need to be negotiations with GLL to amend their existing contract / lease arrangements and to validate revenue costs.
- 10.3 People using the Maples Centre currently come from across the Borough. For those who continued to use specialist transport to access the service, there would be a mix of shorter and longer journeys. Some service users are expected to opt into specialist transport whilst others opt out as a result of the move. On an individual level, the options would be considered as part of a personal review. The net impact on transport costs for the Council from this proposal is expected to be neutral.
- 10.4 The costs of staffing the specialist care wing at Rivermead using Reading Borough Council staff would be £248,600. The 'day activities with care' base at Rivermead would require fewer Full Time Equivalent staff than are required to operate The Maples Centre. This is because some functions could be shared with GLL or other partners under the co-location model, and because the new centre would be staffed to reflect the actual demand for centre based day care. A hot midday meal would continue to be offered via a contract.
- 10.5 The "Adult Social Care Transformation Policy Implications" report describes the need for ongoing scrutiny of the Charging Policy as new models of service develop. It is likely that charges for day services will require review as innovations such as shorter sessions are developed

Capital implications

- 10.6 The Council owns the Rivermead Leisure Complex but leases it to GLL who run the service. Estimates are currently being undertaken, but total costs including fitting out the unit will not exceed £360,000.
- 10.7 It should also be noted that moving to a refurbished space at Rivermead would reduce current building liabilities at the Maples premises. Property Services have identified that significant investment would be needed to maintain the building to a standard required to continue the current level of service provision'

Value for money

- 10.8 In the review of any service, there needs to be a consideration of whether value for money is being delivered. The Council is currently offering day care services for older people and people with physical disabilities from a centre which is not being used to full capacity, and the long term trend is a decline in demand.

Moving to a re-modelled service would increase efficiency. The co-location of the service with a universal facility and plans for further partnership work with Health and community groups confers a degree of future proofing.

- 10.9 The Capital Grant is fully expected to cover the building costs with a small contingency to cover unexpected costs.

Risk Assessment

- 10.10 Detailed work and an extensive consultation have been carried out to examine these proposals. Whilst there is a degree of risk with any change this has been mitigated by the work undertaken in developing these proposals, and will be reflected in implementation plans.

11. SUPPORTING PAPERS

Appendix 1 - Improving Day Services: Consultation Report (October 2015)

Appendix 2 - Improving Day Opportunities in Reading: Equality Impact Assessment (October 2015)

Consultation report (October 2015)

Executive Summary

Reading Borough Council ran a public consultation between March 2015 and June 2015 on a proposal to improve the current day services offer for older people. The consultation sought views specifically on the service provided from The Maples Resource Centre. However, the consultation questions were set in the context of the Council's continued commitment to developing neighbourhood based day opportunities, identified as a priority by older residents from previous consultation exercises. Alongside this neighbourhood offer, the Council offers day opportunities with care for people who have more complex needs. The Maples Centre is the current site of this 'with care' day service for older people or people with physical disabilities. People generally attend the Centre for full or half days.

Through this consultation exercise, the Council aimed to develop its understanding of local need for day services to support older people and people with physical disabilities whose needs are more complex. The consultation generated a total of 126 responses. This included 62 questionnaires returned in hard copy or online. In addition, verbal feedback was gathered from 16 consultation meetings with service users, users' relatives and carers, voluntary sector partners, community groups and the staff employed at The Maples Resource Centre.

The consultation highlighted how much current service users and their families' value the standard of care provided at The Maples. This was identified as the most important aspect of the service. Most people agreed there was scope to improve the day services offer, however, and positively welcomed the idea of introducing new activities. Community organisations (voluntary sector partners) showed keen interest in working with the Council to offer different activities for people with support needs across the whole spectrum. This would build on current collaboration but develop partnership working in relation to people with higher levels of need. The opportunity to work together from a different site with more flexible space was strongly welcomed by voluntary sector partners. Family members and carers saw advantages in relocating the 'with care' day service to a central site alongside other wellbeing services. Some of the service users and family members were anxious about the disruption of a move, however, and their preference was for the current service to continue unchanged. Ensuring that there are good transport links to day services in whatever location was a clear priority for service users and carers.

Background

A wide range of opportunities exist across Reading to enable older people and people with physical disabilities to enjoy social contact and take part in meaningful activities. People with more complex needs may need support to access these day opportunities. This support can come from family carers, from personal assistants employed by people who receive Direct Payments, or from care workers employed within services. The Maples Resource Centre offers day opportunities with care for people with more complex needs.

The Council recognises that local need for day opportunities is changing. People are now living longer and have different requirements and aspirations for their later years. In order to make sure Reading's day service offer can meet this changing need, the Council has established a Neighbourhood Co-ordination team to help develop voluntary and community sector activities for older people. These neighbourhood co-ordinators have been instrumental in setting up new volunteer-led over 50s social clubs in Caversham, Southcote and Whitley. However, alongside this neighbourhood offer, the Council recognises that for users with higher needs, a day service which includes care may be the most appropriate service.

The current centre based service at The Maples Resource Centre is highly valued by service users and carers. Despite additional marketing activity, however, demand for the service is not increasing and the centre has been under occupied for a number of years. The Council therefore sought feedback on what improvements to the service would ensure that its day services offer for older people meets current and changing expectations, and provides a modern service which is valued by those who use it and is financially sustainable.

A number of older people's day services around the country have improved their day centres by increasing the range of activities on offer and the services provided for users. These improvements provide good examples of how the Council could deliver a better offer here in Reading. Improvements to other day services have included a more comprehensive range of activities and facilities, offering more health and wellbeing activities, and giving service users more choice and control over what they participate in and how long they would like to spend at the centre.

Through this consultation, the Council was keen to hear views on how to improve services for older people who need quite a lot of support, and also what facilities older people who are more active and able would like to see developed. Moving the Council's centre based service to a new location could offer opportunities to provide additional space for use by other groups. This could include, for example, an information hub covering a wide range of services relevant to older people - or rooms available for use by older people's social and activity clubs on a sessional basis.

What we consulted on

We asked people to tell us:

- Which activities and services currently available at The Maples Resource Centre were most important and valued;
- What new activities and services should feature in the improved day service;
- What would be the most important things to look for in a potential new location;

- What type of space or facilities suitable for other older people's groups and services would be most important to offer;
- Whether there any particular services for carers which people felt should be provided at the centre;
- Which transport people would be most likely to use to reach the centre; and
- If there were other issues about this proposal which people would like the Council to consider?

How we consulted

The consultation ran from 16 March to 22 June 2015. The consultation was designed to involve people who use the day services, their families, day services staff, potential future day service users, and voluntary sector partners. The consultation was also open to the general public.

Consultation material

The consultation issues were taken to stakeholders through various channels. A consultation questionnaire was issued to users of The Maples Resource Centre and their next of kin with some background information, and advice on how to respond. This included a link for online completion of the questionnaire, a return method for paper questionnaires, and information about opportunities to give verbal feedback. Consultation packs were also made available at relevant public meetings and forums, or posted out on request.

Consultation meetings

The Council provided a range of opportunities for stakeholders to discuss and explore the consultation questions. Council officers met with service users, family members, community groups, and other external stakeholders on 11 occasions. There were also 4 staff meetings to consider the consultation questions. The meetings were conducted in an open format to give everyone the space to raise any issues, concerns or ideas they had. Visits were also offered to a potential location to which the day services centre could be moved - the Rivermead Leisure Complex. This particularly helped to progress discussions between the Council, the social enterprise leisure provider, and voluntary sector partners.

Promoting the consultation

Service users and family members were notified of the formal consultation by letters as well as having the issues talked through with them at the Maples. A press release was issued to announce the launch of the consultation, and news items were run to alert partners through community media - including the Reading Voluntary Action newsletter, the Healthwatch bulletin, and 'Care Junction', the Council's Adult Social Care partner newsletter.

Papers were available online throughout the consultation period, and printed copies were available from The Maples Resource Centre and from the Council's main offices.

Who responded

By the close of the consultation, 62 questionnaires had been returned either online or in paper form. 50% of these were from people who attended The Maples Resource Centre, although often completed with support - usually from a family member. 31.8% of replies came from relatives of day services users, and 11.4% of surveys were returned by staff employed within the service.

Verbal feedback on the consultation questions came from all stakeholder groups. This was clearly the preferred method of engagement for voluntary and community groups.

Improving the service

Which activities and services currently available at The Maples Resource Centre were most important and valued

Overwhelmingly, what people most value about The Maples day services is the standard of care provided there together with the opportunities for companionship which the service offers. Several service users mentioned how they appreciated being able to chat with others who had experienced and so understood memory problems. Reminiscence sessions are clearly very popular.

Besides this, people currently in contact with the service (service users and family carers) are generally satisfied with the activities on offer. However, outside of this group, people were more likely to express a preference for different options. Individual service users have different favourites from the current range of activities, such as yoga, zumba, tai chi, movement to music, cycling, skittles, billiards and activities to provide mental stimulation. However, the consultation also generated some suggestions as to how the activity offer could be improved, as detailed below.

Family carers appreciate having services they can rely on and trust. For many carers, the replacement care provided through The Maples is essential to them feeling able to carry on caring. Carers use the days their loved one attends The Maples in various ways - to catch up on errands, to meet with friends, or simply to relax. The break from caring gives the carer a regular opportunity to focus on their own wellbeing, which means different things to different carers.

Staff most value the job satisfaction they get from working within day services and the positive impact they feel they can have on service users' wellbeing.

What new activities and services should feature in the improved day service?

There was a wide range of responses in terms of what activities service users would like to take part in, suggesting that there is scope to improve users' experience of day services by supporting access to a wider range of community activities. For individuals, this could involve a combination of support to attend neighbourhood services outside the 'day centre' and also involving more partners in bringing activities to the centre. For example, some service users were interested in watching films, gardening or regular prayer meetings.

Of the activities people would like to see more of, entertainment was mentioned most often, followed by more options around personal care and grooming such as hairdressing and footcare clinics. Several people suggested introducing support for service users to get online and access websites with help. There was also a lot of interest in introducing singing as something likely to benefit service users with dementia, and also having access to a garden area.

Location

What would be the most important things to look for in a potential new location

One key theme running through many of the responses was a desire for more flexible space, e.g. a smaller and 'more homely' room rather than the very large lounge at The Maples, but with access to wide space for events. People were keen to ensure any relocated service would include accessible toilets and accessible bath & shower facilities. Many carers were keen to see that the future day service offer would include services offered from secure premises, probably reflecting the fact that many of the current The Maples Centre users have advanced dementia.

Continuity of care was seen as more important than location by many carers. However, people expressed a preference for a location which would enable service users to have access to outdoors space and a range of activities, such as walking, cycling, netball and table tennis. Some service users indicated that they would prefer new and more comfortable seating too.

Which transport would you used to reach the centre

Most respondents said they would prefer to access day services by bus provided a suitable service was available. Some people who are currently transported to and from The Maples by relatives would want to start using supported transport if accessing day services further from home. On the other hand, others might stop relying on these services buses if they started using day services closer to their home. Service users and relatives stressed that it would be important that the Council considers the transport impact of making any changes to day services - reviewing its in-house and partner transport arrangements, and trying to keep journey times to a minimum for people.

Developing facilities for other older people's groups and services

What type of space or facilities suitable for other older people's groups and services would it be most important to offer

Responses to this question emphasised the desire for a flexible space with the option of accessing a range of rooms to hold different activities. People were interested in day services being used to help improve access to information services, and suggested collaborations to link people with advice agencies or statutory services.

Are there any particular services for carers which should be provided at the centre

Some of the services suggested that would be beneficial for carers included financial planning advice, will writing services and carers meetings, as well as events and parties to improve carers' opportunities to enjoy social contact.

Additional comments

People said that day care services for older people are important services, and they were keen for the future direction of these services to be debated publicly and decisions made in a transparent way.

Consultation feedback also highlighted the importance of offering service users reassurance and involving them fully at every stage of the transition if the service was relocated.



Reading
Borough Council

Working better with you

Equality Impact Assessment

Name of proposal/activity/policy to be assessed

Improving Day Opportunities in Reading - proposal to develop a Wellbeing Centre on the site of the Rivermead Leisure Complex and thereafter to close the Maples Resource Centre

Directorate: Adult Care and Health Services

Service: Adult Social Care

Name and job title of person doing the assessment

Name: Janette Searle

Job Title: Preventative Services Development Manager

Date of assessment: 29.09.2015

Scope of proposal

What is the aim of the policy or new service?

The proposal is to improve the range of day care opportunities for Reading residents with varying levels of care need by re-developing part of the Rivermead Leisure Complex. The Rivermead Wellbeing Centre will include a 'day activities with care' base for people with more complex needs, as well as support for people with low to high needs to take part in leisure and wellbeing activities throughout the Centre.

The Council will continue to work with voluntary, community and faith sector partners to develop opportunities for people to maintain and develop friendships, and to enjoy active and independent lives. This will incorporate neighbourhood service development as well as ongoing development of the Rivermead wellbeing offer.

Following individual reviews and support to identify the most appropriate day opportunities, it is anticipated that the Rivermead Wellbeing Centre could provide sufficient places for people who require day opportunities with care to facilitate the closure of the Maples Centre in Tilehurst. A day care service for older people and people with physical disabilities is

currently provided from The Maples Centre but the building is under-occupied, provides a quite inflexible space, and requires capital investment if it is to be kept in use.

Service users who moved from The Maples to the Rivermead Wellbeing Centre would largely continue to be supported by the staff they are already familiar with. However, the staffing of the service would be reviewed and reduced to reflect the demand for the day service over the last year, so service users would experience some change in care personnel.

Some service users may have to travel further from home to access alternative services in future, although others would find their journey was shorter and easier.

Some social connections could be disrupted as not all service users would transfer into the same alternative support on the same days as their current companions. However, every effort would be made to co-ordinate transition around friendship groups, whilst also reflecting variation in the support needs and personal preferences of users.

Who will benefit from this proposal and how?

Current users of the Maples Centre would be supported to choose from a range of local day opportunities. People whose personal reviews demonstrate they would need assistance to access day opportunities would have the choice of attending a' day activities with care' service or using their Personal Budget to access community services offering increased choice and control.

Where service users are normally reliant on an informal/unpaid carer, the day service offer will also be a means of ensuring those carers get regular breaks which is important for the carer's own wellbeing and for maintaining caring relationships.

What outcomes will the change achieve and for whom?

- an improved day activities offer for people with different levels of care need*
- the managed redeployment or release of staff according to the Council's procedures and policies, including training or additional support to those affected as required*

Who are the main stakeholders in relation to this proposal?

- Current users of The Maples Resource Centre*
- Carers and family members of Maples users*
- staff employed at The Maples Centre*
- Other Reading residents who are elderly or have low level needs for support in order to access wellbeing activities*

Impact of proposal

Describe how this proposal could impact differently on some racial groups

No negative or disproportionate impact has been identified, but person centred reviews will consider individuals' racial and ethnic backgrounds and how this could impact on transferring people from the Maples service in the most appropriate way.

Is there a negative impact? Yes No x Not sure

Describe how this proposal could impact differently on men and women, or transgendered individuals (including any issues in relation to pregnancy, maternity or marriage)

Of the current group of people registered to use the Maples services, 66 % are women, and 90% of staff employed at The Maples are female. These proposals therefore have a disproportionate effect on women rather than impacting equally across genders. However, the gender breakdown of those using and working at The Maples broadly reflects that across elderly people's day care generally, and does not reflect any particular feature of how services are provided at The Maples. The regulations which govern the provision of care should ensure that any personal care is delivered in a gender-sensitive way so as to respect users' dignity.

No negative or disproportionate impacts in relation to transgender, pregnancy, maternity or marriage have been identified.

Is there a negative impact? Yes X No Not sure

Describe how this proposal could impact differently on people with a disability

There are currently 122 users of The Maples Resource Centre who have been assessed as eligible for Adult Social Care services on account of their needs arising from frailty or long term health conditions. All these users would meet the definition of disability per the Equality Act 2010. In addition, there are a further 12 people who use this service but are funding their own care and have not undergone an Adult Social Care assessment. These 10 people may or may not meet Equality Act definitions of disability, but the likelihood is that most of them would, by the nature of the type of service which they have chosen to purchase. These proposals therefore have a disproportionate effect on people with disabilities rather than impacting equally across the population. This is inevitable given the nature of the service.

Having a disability or long term health condition places restrictions on the range of opportunities open to people for leisure purposes, for meeting up with others and for family/unpaid carers to take a break. The proposed Wellbeing Centre would increase the opportunities for people with disabilities to enjoy such opportunities. Moreover, having a wider range of activities on offer would be promoted to encourage more short sessional attendance as an alternative to full / half days at the day service. Co-locating the day centre with a universal facility would also offer more opportunities for family carers to take short breaks / access leisure opportunities whilst their relative was taking part in a centre session.

However, although the proposal is to improve the day activities offer in Reading, people who are currently using The Maples will experience some upheaval as they transfer into other services, and this may be felt as a negative impact in the short term.

Is there a negative impact? Yes No Not sure X

Describe how this proposal could impact differently on people based on their sexual orientation (including civil partnership)

No negative or disproportionate impact has been identified, but person centred reviews will consider individuals' sexual orientation and how this impacts on transferring people from the Maples service in the most appropriate way.

Is there a negative impact? Yes No X Not sure

Describe how this proposal could impact differently on people based on their age

95% of people registered to use the Maples service are aged over 65. 15% of The Maples workforce is aged over 65. Closure of The Maples centre would mean approximately 127 elderly people having to transfer into alternative services. (Service user numbers fluctuate from time to time but are on a slow decline, so the actual number of people impacted by service change could be lower). Although there are clear opportunities to support people into alternative arrangements which are likely to offer them more choice and better match them to their particular interests, some service users are likely to find the change unsettling and worrying, particularly the 53 who have a dementia diagnosis.

The advanced age of most of the Maples Centre users means that many are being cared for at home by family members and friends who are also elderly. The day service offers valued replacement (respite) care for these elderly carers, who could experience the transition as an additional strain, at least in the short term.

The wider impact is that developing The Rivermead Wellbeing Centre would improve wellbeing opportunities for older residents, including those who would require care support to access these services. The new centre will offer a wider range of activities and more flexibility about times of attendance.

Is there a negative impact? Yes No Not sure X

Describe how this proposal could impact differently on people on account of their religion or belief

No negative or disproportionate impact has been identified, but person centred reviews will consider individuals' religion or belief and how this may impact on transferring people from the Maples service in the most appropriate way.

Is there a negative impact? Yes No X Not sure

Assessment of the Equalities Impact of the proposal

1. No negative impact identified Go to sign off
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
3. Negative impact identified or uncertain X
What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

The proposal to develop a Wellbeing Centre on the Rivermead site will have a greater impact on certain groups with protected characteristics as defined in equalities legislation. However, these are mostly positive impacts in that the groups concerned would have a greater choice of day / wellbeing activities.

Although the proposal is to improve the day activities offer in Reading, people who are currently using The Maples will experience some upheaval as they transfer into other services, and this may be felt as a negative impact in the short term.

By way of mitigation, all Maples service users would have personal reviews of their support needs to help them manage the transition to the Rivermead Centre or into alternative services. This would include careful consideration of what support individuals may require with transport. There are a range of services provided by the voluntary and community sector at locations across Reading, including lunch clubs, retirement clubs (which offer activities such as dancing, singing and playing games), health and wellbeing programmes and carer peer support groups. The level of support available within these services varies, but people who are eligible for day care services could be supported to access community services. Those who preferred to be supported at home would also have the option of domiciliary care, befriending or sitting services as alternatives to day care.

Once alternative support arrangements were agreed, a transition plan would be put in place for each user based on person centred plans. This would include familiarisation visits and support to maintain friendships which could be disrupted by a move.

Independent advocacy support will be available for service users who need this in order to engage fully in their personal review and transition planning.

The impact of this proposal on staff would be subject to a formal staff consultation, and there will be close engagement with staff and trade unions. This will include identifying vacant roles in other parts of the Council where possible for Maples staff who wish to remain with the local authority but who cannot be matched to a position within the Rivermead Wellbeing Centre. These would be matched to the skills, preferences, and home locations of staff, including the offer of training to prepare for new roles where appropriate. Where alternative roles could not be matched to individuals, staff would be entitled to redundancy packages on the Council's standard terms.

How will you monitor for adverse impact in the future?

Dedicated care management support is already in place to support the people using the Maples Centre and any family/informal carers. Support needs are reviewed regularly through care management, and support packages revised as indicated by these reviews.

The Neighbourhood Co-ordinator and Neighbourhood Facilitator work with communities to identify opportunities and gaps in local services. Their focus is on engaging socially isolated older people and those at risk of loneliness by building links between existing bodies and new volunteers that do or could provide relevant services. Care Management Teams monitor the availability of community based care services to meet local demand through its ongoing work to identify support services which will help individual Adult Social Care users meet the outcomes set out in their support plans. Any patterns of concern identified by the Neighbourhood Team or by Care Management Teams - such as difficulty in securing suitable provision - are reported to the Adult Social Care Commissioning Team who can respond through their market development and contract monitoring functions.

Signed (completing officer)	Janette Searle	Date	29.09.2015
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Signed (Lead Officer)	Melanie O'Rourke	Date	29.09.2015
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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	16
TITLE:	CARE ACT IMPLEMENTATION UPDATE - NOVEMBER 2015		
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 provides a reminder summary of the 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 At quarterly intervals Local Authorities are asked to complete a 'Stocktake' of their performance in relation to the Care Act and this information is shared with the Department of Health and the Association of Directors of Adult Social Care (ADASS). The performance presented in this report represents Reading's response to the latest stocktake.
- 1.3 This report also provides an update on the timings of the Funding Reform changes (Phase 2 of the Act) as these have now been delayed. Provisions in relation to a cap on care costs and the offer of care accounts to people who fund their own care have now been postponed until 2020.

2. RECOMMENDED ACTION

2.1 That the Adult Social Care, Children's Services and Education Committee:

a) notes the performance of the Council thus far in relation to the changes implemented in April 2015 in order to comply with the Care Act; and approves the next phase of transformation actions.

b) notes the ongoing risks to the budget and resources required to deliver on these increased duties and approves the actions necessary to deliver a balanced budget.

c) notes the change of timing of the funding reforms (Phase 2 of the Care Act) which will be introduced from April 2020 and requests a subsequent report on the consequences of this deferral and the actions needed to support people needing care.

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) have been postponed and they are now due to start from April 2020.

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 duty in their role with 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. There is also an opportunity for Local Authorities to charge for services provided to carers.
- The Care Act gives councils new obligations to shape the local care market (ensuring capacity and diversity, and demonstrate value for money) so as to promote quality and choice.

- 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 including those of Public Health. A number of Public Health initiatives focus on prevention and improving the health of the wider community, these include: smoking cessation services, increasing physical activity - such as Beat the Street, health checks and support of voluntary sector and other providers of services to raise awareness of health and well-being issues and/or to provide direct support to clients. We have recently introduced monthly performance review of public health-commissioned services to enable us to learn from better-than-expected outcomes and to correct poorer ones more quickly than before. In turn, this will enable us to learn from success and apply it to other work and to, overall, make greater contributions to improving people's well-being. Furthermore the new Joint Strategic Needs Assessment for Reading (April 2016) will, because of its level of detail of data and analysis, enable a variety of services and initiatives to be better targeted in future.
- 4.3 A key tool for supporting the Council to meet its responsibility in this area is the Reading Services Guide (RSG)¹. Officers continue to improve the RSG by enhancing the existing information and expanding the number of entries available. Reading works closely with providers to support them to maintain their entries as this is a useful marketing tool for them to advertise their business. This is particularly important as the Council continues to promote the use of Direct Payments. The number of unique visits to the RSG continues to grow. From April to September the average number of visits per month to the RSG was 43,428 in 2015 compared with 36,367 from the same period in 2014.
- 4.4 Although the RSG is well utilised officers will continue to develop the information and how it is presented over the coming months. A recent survey carried out during the Summer sought feedback from residents and service providers on the Reading Services Guide. On average 92% of those surveyed

¹ An online tool providing information about care and support and other local provision for residents. 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.

thought that the information contained in the Reading Services Guide was easy to understand, accurate and up to date and useful and appropriate. 32% of those surveyed said that they would like to see even more information available on Reading Services Guide. We have introduced a 'You Said - We did' feature to inform people about what we will do in response to their feedback. In addition, at a recent Adult Social Care Staff conference Officers were asked to feedback on their experience and ideas for improvements.

- 4.5 Reading published an Adult Social Care Information and Advice Plan, in relation to the Care Act, detailing the updates and enhancements that were required to our information and advice provision to meet our statutory duties. Various initiatives detailed in this plan have been actioned and they will continue to be developed. An updated version will be published in March 2016 utilising information from the Joint Strategic Needs Assessment Position Statement which will help us to further understand our target audience and identify areas for further development.
- 4.6 Specific work has been carried out to identify information required at key decision points in a person's life. This has been achieved through ongoing engagement with partners, service users, family members and carers to identify priority information at these decision points, where people receive this and the methods used (e.g. face to face, online, by phone). Most recently we held a targeted event with residents, service users and carers called "How can we best give people information and advice about care and support?" where we tested information within various scenarios. The results from this event will inform updates to our information offer across leaflets, website and RSG and changes will occur over the next 6 months in line with corporate timescale to refresh information. Ongoing work with partners in relation to information and advice supports consistent messaging and the opportunity to rely on partners to be a conduit for information. We are looking to benchmark our performance on the impact of our information and advice, by utilising both quantitative and qualitative tools, to include service user feedback from mystery shopping.
- 4.7 There has been extensive consultation over the summer months to develop the 'narrowing the gap framework which includes 5 wellbeing themes so as to re-commission community based support to help people stay well and independent and support our ability to meet the wellbeing duty set out in the Care Act. These themes are:
- Help to navigate care and support services
 - Self advocacy and peer support
 - Supporting carers to take breaks and enjoy a life outside caring
 - Reducing the impact of illness
 - Connecting people and communities to reduce loneliness

Voluntary and community groups have been supported to develop new partnerships and approaches to help maximise the preventative impact on the services they offer.

In terms of evidencing our ability to meet the wellbeing duty set out in the Act, we are continuing to develop a local wellbeing strategy which will be complimentary to the Council's Health & Wellbeing Strategy. The Wellbeing principle is something that a whole range of Council services can support and therefore the Strategy will ensure that across the full range of our corporate functions we recognise our new duties under the Act and are making the most of our range of contacts to support local citizens and their wellbeing. This strategy is required by Care Act regulation and is intended to be presented to the Health & Wellbeing board in January 2016 and ACE in March 2016 to complete out legal requirement.

- 4.8 We continue to look at ways of measuring the impact and effectiveness of linking residents with preventative services. Within Adult Social Care we are planning to trial a new way of working with service users which adopts a '3 tier conversation model'. This initiative is called 'Right for you'. This model promotes having different conversations with service users which connects them to their local community and resources and supports them to help themselves. At times when people need help, for example in a crisis or if short term help is required, it provides immediate support in a timely way. Longer term support where required, continues to be available via a personal budget.
- 4.9 The Right for You approach will capture the number of 'conversations' where service users are connected to local resources and do not require any further support and thus a preventative offer was made. This will help us understand what is happening at the front door, what support was most effective, how many people are receiving preventative support and how many come back into Adult Social Care requiring further support following preventative input. A separate report deals with the issues for consideration in relation to the ability to charge for elements of these services.
- 4.10 To drive up the performance of the various preventative information and advice that we commission externally we are re-commissioning provision against a new Framework within which outcomes and performance indicators have been coproduced with a third sector partner. The shared intention is to deliver high quality consistent information and advice across the Borough to minimise the need for further recourse to formal care services. This will include continued development alongside the Reading Advice Network (RAN) to develop a local kitemark for quality information and advice again to promote consistency and also to increase public confidence in Reading's information and advice offer.
- 4.11 To meet the Council's statutory obligation for offering independent financial advice the Council has entered into a partnership arrangement with

MyCareMyHome to provide this support². In the first 6 months of this Financial Year (April to end of September 2015), 36 referrals have been made to the service. Of those referrals 6 people chose to go on to access specialist independent financial advice which they paid for themselves. A rolling awareness campaign of events is taking place including staff drop in sessions and information stands at various events including Older Peoples Day, Carers Rights Day and the Care and Support conference. In addition Officers led extensive training with the provider to enable them to understand our service offer, places to access further information and details our preventative services to increase awareness and consistency of message. This is an extremely valuable advice service and it is recognised that there is more work to do to increase the referral rate to ensure Reading residents understand their financial entitlements and can discuss their general financial matters (including Welfare Rights). The uptake will be closely monitored and measured through case audits and supervision.

5. 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 the 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.
- 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 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. The numbers of assessments had decreased in the first two months of the financial year compared with last year, however this seems to have stabilised and we are now generally showing an increase in the number of assessments compared with last year. With 6 months data it is now clear that we are seeing an impact of the national eligibility criteria as

² This service is available to people who are signposted to My Care My Home from the Council and to Reading residents who approach My Care My Home direct.

the numbers of those eligible for services compared to last year has increased from an average of 79% per month to 88%. (Potential financial implications of this are noted in section 13.2.2).

Eligibility		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of clients with completed SARD assessments	2014/15	154	149	162	136	152	169	152	142	118	172	175	216	1897
	2015/16	117	135	188	151	159	155							905
Number of people assessed as eligible for services	2014/15	118	111	124	119	130	138	117	109	90	106	142	197	1501
	2015/16	81	103	174	135	152	139							784
Percentage of people assessed who are eligible for services	2014/15	77%	74%	77%	88%	86%	82%	77%	77%	76%	62%	81%	91%	
	2015/16	81%	90%	90%	90%	87%	90%							

- 5.4 The Care Act introduced new rights to independent advocacy in certain circumstances to enable people to fully engage in the social care process. 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. From the 1st April to the 30 September 2015, 26 people have accessed this service, please note breakdown as follows:
- 14 have been younger adults with a learning disability and/or physical disability
 - 7 were older people
 - 5 have been adults with a mental health issue

Service users accessing the service have presented with complex cases which have taken longer than anticipated in some cases. This has prompted the provider in consultation with the Council to seek to recruit additional advocates and to provide additional training to existing advocates to help manage the complexity.

Based on modelling referenced in the previous report we anticipated a requirement of 4,346 hours of independent advocacy at an annual cost of £130,369. The 26 people have required 170 hours thus far at a cost of approximately £5099, therefore demand is well below what we would expect. Reading Voice³ in partnership with the Council continues to utilise various events to publicise the service including Carers Rights Day and the Care and Support conferences to raise awareness of the new entitlement. Ongoing monitoring of this is required to ensure the low numbers do not indicate that this has not been embedded into care management practice. The performance would suggest that referrals for advocacy are particularly low whilst someone is involved in safeguarding processes. This will be addressed through focussed work within the teams on operating procedures and roles and responsibilities of staff in relation to safeguarding and will be reported next time.

³ The Independent Advocacy Service commissioned by the Council facilitated by Healthwatch in conjunction with partners.

- 5.5 Under the Care Act, any adult carer of another adult is 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 anticipated 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 required local authorities to be more proactive in identifying carers and offering carers’ assessments. This continues to be being taken forward operationally as a standard part of the process but also through wider public and partnership work, including publicity and events at Carers Week (8th to 14th June) and planned activity for Carers Rights Day in November. The increase in numbers presented below suggests that awareness is certainly increasing.
- 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. A similar approach has 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. With 6 months data to analyse it is clear that we have seen an increase in the numbers of carers coming forward for assessments. On average we are completing 82 carers assessment per month compared with 42 per month last year. Of those carers assessed we have noted a broadly similar number that were deemed eligible for services across the period. The increase in assessments was expected and would suggest that with the support of publicity and ongoing conversation more Carers are understanding their rights and presenting for an assessment/services. Usually we see an increased uptake at the end of Carers week in June and Carers rights day at the end of November. We will continue to monitor this trend.

Carers		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of carers assessed	2014/15	59	50	39	60	39	44	43	26	33	27	30	59	509
	2015/16	47	79	89	76	117	86							494
Percentage of carers eligible for services	2014/15	86%	84%	87%	85%	85%	91%	91%	81%	85%	81%	97%	83%	86%
	2015/16	79%	80%	72%	83%	83%	93%							

- 5.8 In terms of the financial impact of this, the Council has issued 289 Personal Budgets to Carers from April to the end of September 2015, we had issued 201

during the same period last year. This represents a total spend this financial year of £70,532 compared with £37,950 during the same period last year. Carers this year are receiving an average Personal Budget of £244 compared with £189 last year. This increase in spend was expected and the budget has been adjusted accordingly. Due to the potential financial impact this is being closely monitored to ensure all packages are effective, efficient and proportionate.

- 5.9 To provide assurance that regular case audits are undertaken to ensure all new duties in the Act are embedded into practice. Case audits were carried out in June and repeated in August to assess Care Act compliance against 5 key areas in the Care Act. The audits will be repeated in January 2016. The audits highlighted that although there is further work to be done to embed some key Care Act principals, there has been some improvement. Notable improvements are the number of carer assessments being carried out has increased from 40% in June 2015 to 57% in August 2015 and the number of service users being offered prevention, information and advice has increased from 53.5% to 69%. Further improvements are required to fully embed the principal of wellbeing and asset based Care and Support planning.

We need to consider how wellbeing impacts on a person's ability to achieve their own goals and outcomes, most especially in preventing the need for further care. The teams are working to further improve their performance by using an audit prompt tool, through team meetings and by individual case discussions and feedback. Right for You and the Wellbeing strategy will further enhance integrating wellbeing and asset based care and support planning into social care practice. The Care Act audits in January 2016 will guide whether further measures need to be put in place, in addition to those outlined, to support improvement in performance.

- 5.10 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 was developed with providers and users of services as a key part of meeting the Council's new market shaping obligations. This is a key document for assessing the readiness of the market to meet the assessed needs of the community, and to identify areas for development. We are committed to refreshing the MPS for 2016-17 and the Council's Commissioning Intentions (i.e. what RBC will wish to purchase in terms of capacity and specification, at specific quality standards) will form part of the refresh. Both documents will be co-produced with Health colleagues and presented to the January Health and Wellbeing Board. Market

Position Statement Reference groups have been formed and meet quarterly. There have been 2 meetings to date focussing on key issues of the moment. The first focused on recruitment and retention in the market and resulted in a jointly owned action plan. The other looked at the implementation of the Living wage and the Ethical Care Charter. The next reference group meeting in December will focus on the MPS refresh.

- 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. Locally a Home closure protocol is in place but is being further developed to include business continuity plans for key providers by the end of the financial year. This duty could also be met as a Berkshire West initiative and these discussions are still taking place with plans in development.
- 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 The council is a provider, so the duty equally applies to RBC 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. It is anticipated that the existing notification of Health and Safety incidents process will be adapted for use and will be reported at the monthly ASC performance board. Any required changes to policies and practice will be noted by the board and actions taken to update, notifying the ASC lead member on a quarterly basis through Lead Cllr Briefing. With regard to external providers we have been raising awareness of this Duty at contract & quality monitoring meetings and quarterly Care & Support conferences. As committed Reading has 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. The September Care & Support Conference had a dedicated workshop focussed on the Duty of Candour led by the Care Quality Commission which was well attended by providers. This duty will continue to be monitored.

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 and June 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:
- o Deferred Payment Agreements Policy
 - o Interim Funding Policy
 - o Choice of Accommodation and Additional Payments Policy
 - o Charging and financial assessment policies for care and support (in care homes and non-residential care)
 - o 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. As part of the normal process, we will benchmark our framework against other local authorities in the light of the financial challenge, and if RBC has been more 'generous' than other local authorities a separate report will set out any proposed changes to align to a regional standard

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. It was acknowledged that more work was required to give us the assurance that the system is robust and people fully understand their options with regard to third party top ups and choice of accommodation. Internal workshops have taken place to review the messages and information

being given about choice of accommodation to services users. A guide 'script' has been prepared for Social Care colleagues to ensure full information is given about choices available. The Financial Assessment & Benefits Team continue to send a written record of the information and implications about choosing more expensive accommodation for all care homes financial assessment requests which include a form to sign to confirm that the implications have been explained.

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 (unless the debt is repaid in full from other means).
- 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. Due to 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 for a basic Deferred Payments Agreement is £433⁴. This has been calculated to represent the full cost of recovery. If the case requires more legal work, or a formal valuation the cost will be more⁵. These rates will be reviewed annually, and members will receive a further report at the next update.
- 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 two people. The Council have noted more requests under our discretionary Interim Funding Policy. This is where an individual lacks capacity to manage their finances or has no legally-appointed representative, & therefore can't apply for the Deferred Payment Scheme. However the individual may still require interim financial support until a family member, or Council Officer, has been appointed by the Court to act for that person, work is continuing to calculate the cost implications.
- 7.9 Work is continuing in order to embed internal processes for interim funding to ensure that Council decision on placements where Interim Funding is required are made with full knowledge of the financial risk to the Council. Work is also

⁴ A basic Deferred Payments Agreement is £433 = £350 legal costs plus £83 administration charge

⁵ Costs are detailed in the schedule of charges - http://www.reading.gov.uk/media/3167/Deferred-Payments---Schedule-of-Charges/pdf/Deferred_Payments_Schedule_of_Charges.pdf

continuing to ensure that we make best use of the MyCareMyHome service as referenced in 4.11, and training is planned in December around Deferred Payments, Interim Funding, and the information and advice that is needed to support people with decisions and facilitate access to financial and legal advice.

- 7.10 The National Association of Financial Assessment Officers (of which the Council is a member) is meeting in November and a small part of the agenda is given to 'universal DPA - 6 months on' and we hope this is an opportunity to gauge generally how other authorities have found Deferred Payments take up and share ideas.

People who fund the full cost of their care and support

- 7.11 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.
- 7.12 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.
- 7.13 From April 2015 a charge has been implemented; a set-up fee of £182 and ongoing fees of £65 per year (full cost recovery). Three self-funders have made use of this service to date. It is difficult to determine whether this service will be utilised more fully going forward and therefore what the resource implications will be. It is possible that the delay in the implementation of the funding reforms have impacted on the number of self funders accessing Adult Social Care. This will be monitored closely and some focussed work with self funders will be scheduled to help us to understand why only a small number of self funders have accessed the service to date.

8. PHASE 2 OF THE CARE ACT - FUNDING REFORM CHANGES

General

- 8.1 A number of changes had been due to come into effect in April 2016 that would of changed the way a person contributed to the cost of their social care support including a cap on care costs which is a limit to how much people have to pay towards their care and support needs **over their lifetime**. In addition there were proposed changes to financial support as the Act increased the amount of capital assets a person could have (such as savings and investments) and still receive financial help so more people would of been eligible for financial help. A full analysis of the funding reform requirements set out in the draft

regulations were included in the last Care Act Implementation report in June 2015.

Postponement of Funding Reforms

- 8.2 In July 2015 it was announced that the Phase 2 changes would be delayed with a scheduled implementation date of April 2020. It was cited that the delay was as a result of the fact that further analysis was required to better understand the impact of the implementation but also considering the fragile financial position of Adult Social Care within Council's and the provider market. The delay provides an opportunity to allow Council's to further plan for the changes and undertake further analysis of the numbers of people who fund their own care that Council's might need to support in the future.
- 8.3 Officers had already commenced work to scope the Council's options for implementing the funding reform changes taking into consideration the resource implications. This work will continue but with adjusted timescales and be prioritised along with the number of other change initiatives currently taking place within the Service. The fundamental principles remain in that any proposed solution would seek to maximise technology, empower people to lead or be as involved in the process as possible, proportionate to the level of need and deliver the most cost effective outcome.

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 Further public engagement had been planned whilst considering the introduction of the funding reform changes originally scheduled for April 2016 but now postponed. This will need to be rescheduled later in the year, closer to the date when the final regulations will be published. In the interim

ongoing community involvement has taken place for specific areas of the Act as referenced earlier in the report e.g. for the Reading Services Guide and Information & Advice products.

11. LEGAL IMPLICATIONS

11.1 The Care Act received Royal Assent in 2014. It brought in new statutory duties for local authorities with social care responsibilities, and also conferred a series of powers on Local Authorities in relation to the provision of Adult Social Care. The previous legal framework governing Adult Social Care in England was repealed by the Care Act.

11.2 The provisions of the Care Act which came into effect in 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 were to have taken effect from April 2016, but with the postponement of this date to April 2020 local policies will need to be developed closer to the time 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 Funding Reform changes now scheduled for April 2020, 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 updates on how the Council has made substantial changes for the 2015/16 financial year in the implementation of the Care Act. 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 parts of the finance section. The next major change was to be the early assessment of those who self-fund their care and support needs but these changes have now been postponed but this itself is causing concerns around the Care Act funding which is picked up in Section 13.5 Risks.

13.2 Revenue implications

13.2.1 The Council had reviewed the potential impact of the Care Act changes and whilst modelling was undertaken it is difficult to know what the true impact

of the changes would deliver. The Government accepted that Care Act implementation was a 'new burden' for local authorities, it provided two sources of funding (both of which are believed to be 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 provided a further £361,000.

13.2.2 Of the funding identified above:

- Carers and Care Act Implementation revenue grant 2015-16 (and the Better Care Funding):
 - The report identifies that the number of carers assessments have increased considerably
 - The amount paid in carers personal budgets has so far this year 15/16 almost doubled, however as this was anticipated the current level of funding from the grant and BCF is covering these costs.
- The deferred payment agreement revenue grant 2015-16 (and the Better Care Funding) this is being used on new deferred payments and interim funding 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 has started slowly and will require further review.
- Early assessment revenue grant - With the postponement of the second stage of the Care Act there is concern around this element of the Grant. Some expenditure had already been incurred due to the new eligibility criteria and starting to plan for reviews and additional case work. Currently it is not clear what the Governments plans are for the use of this part of the Grant. Further information is provided in the Risk section(13.5)
- The report identifies (section 5.3) that there is initial evidence to suggest the change in the national eligibility criteria is also having an impact on the Council. With 6 months' worth of data the numbers of those eligible for services compared to last year has increase from an average of 79% per month to 88%. The service is currently undertaking an analysis of the current financial pressures, but this change could be suggested as part of the reason for the increase in overall expenditure above available budgets.

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 required, the Council has upgraded its main electronic social care record system. 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 to the electronic social care record system (MOSAIC) and is focussing on the Care Act changes. Close monitoring of benchmarking market rates and full cost recovery options will be necessary to balance the available budget

13.5 Risk

The Care Act has been 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 carers 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). From initial monitoring it would appear that there have been increases in Carers assessments and Carer personal budgets payments. Currently this is within budget but this could continue to increase and this is being carefully monitored.
- With the postponement of stage two of the Care Act there is uncertainty around whether the Care Act grant will be paid in full. It has been suggested that the Government may consult on a different use of the Grant but this has not been confirmed. Whilst this uncertainty continues it is difficult to plan for the use of this funding and there are risks at a time of increased services pressures.
- There are also significant risks for 2016/17 and the potential loss of the Care Act and BCF funding. Currently for Reading this comes to just over £1m and this could impact our ability to manage Carers and eligibility demand pressure going forward.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULTS, CHILDREN'S AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	17
TITLE:	READING INTEGRATION UPDATE/BETTER CARE FUND IMPLEMENTATION		
LEAD COUNCILLOR:	COUNCILLOR GRAHAME HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ADULTS SOCIAL CARE	WARDS:	ALL WARDS
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Better Care Fund has now been in operational status for 6 months following a long period of planning during 2013/14. This report aims to take the form of a half year progress report and the opportunity to plan for the Better Care Fund 2016/17.

2 That the Committee:

- a) Note the current status of the Reading Integration agenda;
- b) Agree the imperatives for adult social care and health.
- c) Note the blockages and challenges that need to be remedied to enable a success health and social care system
- d) Consider the impact and influence the targets for the second year of the better care fund.

3. BACKGROUND

3.1 Integration between Health and Social Care remains an important area of work in Reading. Research shows that when Health and Social Care work together, individuals have a better experience and a greater chance of retaining their independence.

3.2 Sam's Story produced from the Kings Fund has been shared with the Reading Health and Wellbeing Board and remains relevant to how we provide responsive Health and Social Care. It identifies some key areas of success for the individual: not having to repeat the same message more than once, professionals involved in their care are well informed and do not duplicate care and support; that individuals are supported to remain as independent as possible by receiving, "the right care, at the right time, in the right place.

- 3.3 In 2013, the government launched a vehicle to support integration called the Better Care Fund. It meant that health and social care *had* to integrate and held the local area to account for the way that services are delivered.

Over the last 15 months the Health and Wellbeing Board has overseen the progress of the Better Care Fund. This report aims to provide the Adult's Children's and Education Committee with an update, and an opportunity to consider how we wish to proceed with integration in the future.

- 3.4 Reading came from a good starting position as there were a number of integrated services, whose aims were to increase independence prior to the start of the Better Care Fund.

These included:

- ✓ A nationally recognised re-ablement service
- ✓ Community health working proactively with GP's with individuals who have complex care needs commonly based upon long term conditions such as heart failure, diabetes and obesity
- ✓ Strong links with the hospital to both help people avoid being in hospital when they don't need to be there (rapid response), and to help people move out of hospital as soon as being well enough to do so (delayed discharges)

- 3.5 As part of the Better Care Fund process, key stakeholders developed a plan to describe how we would integration. In Reading we chose:

- ✓ Discharge to Assess (supporting people who need support following a stay in hospital)
- ✓ Neighbourhood clusters (providing care closer to where people live)
- ✓ 7 day access to services - to enable greater access to services

As Reading work closely with key stakeholders it was agreed that Reading would join up with the other two local authorities to deliver further services. These included:

- ✓ Hospital at Home - to enable people to proactively be care from at home
- ✓ Connected Care -to enable professionals to work more efficiently using technology
- ✓ Health and Social Care Hub - one number for people to ring
- ✓ Care Home Project - clinical input and advice in to care homes from the community health service
- ✓ Workforce project - to ensure we have the right skill mix, quality and quantity of staff
- ✓ Market Management - working across the West of Berkshire to ensure that the services we purchase are value for money
- ✓ Carers Services - working together to ensure that we have good carers services

4. PROGRESS TO DATE:

- 4.1 The Better Care Fund projects have now been in place since April 2015. The operational teams have worked closely together to implement the schemes. Most notably to date, the 'Discharge To Assess' (DTA) service, which was in a pilot phase for the 1st Quarter of 2015, and full implementation from Quarter 2.

This scheme has enabled people to be discharged from care sooner, with time to consider their long term care needs either in their own home or in the Willows Independent Living Service.

Part of the strong and compelling care for this scheme was to reduce the Delayed Transfers of Care. In July 2015, the recorded Delays amounted to 3 people. This number had previously averaged 8 people at any one time.

The scheme also planned to reduce the number of people who needed to move into a long term placement in residential care. Performance to date shows:

1 st April 2015	1 st May 2015	1 st June 2015	1 st July 2015
285	288	279	276

So this shows a reduction of 9 placements between April and the end of June 2015.

- 4.2 The Reading Integration Board met as a workshop on the afternoon of 19th August. The membership was extended to operational leads to ensure that we were able to reflect on both the strategic direction and the operational implementation.

The format of the session was:

- Clarity on our "in year position"
- Ensure that we have solutions for in year blockages
- Identify actions for Q3 and Q4
- Prepare for 2016- 17

The key findings were captured and brought together into an action plan to be monitored by the members of the Reading Integration Board.

- 4.3 This report provides an overview of some of the 'in year' challenges that impact upon the performance of the current BCF. Key themes and future areas of work for the Reading Integration Board were identified and are set out in this report:

4.3.1 Lack of robust data sets to measure impact

It was recognised that the quarterly reporting mechanism to NHS England, does not provide the level of detail to enable the Reading Integration Board to understand the individual impact of each intervention.

The workshop asked a number of key questions, relating to our key performance metric and identified the need for a more detailed local monitoring tool be developed.

4.2.3 Improved access to services 7 days a week.

Some improvement in the accessing of 7 day services has been achieved. Namely, a social worker is now available in the acute hospital Mondays to Saturdays, and the 'Discharge to Assess' services both takes on and discharges people from the scheme 7 days a week.

Many of the GP surgeries in Reading now offer extended weekday surgeries and planned Saturday appointments.

It was however recognised that there is more work to be done to ensure that all areas of the health and social care economy need to provide extended cover. It was recognised that this would probably not need to be all services available at the same level of services on weekdays, but further work was required.

4.2.4 Neighbourhood clusters

It was acknowledged that the neighbourhood clusters work stream has seen developments. In particular the development of the voluntary sector schemes to support people to promote and support independence and connect people with their communities.

In September Berkshire Healthcare Foundation Trust (BHFT) went live with a review of the care coordination service which supports people to maintain their health and wellbeing, by promoting good health, self-care and managing long term conditions in a crisis.

The development of the fourth model with a focus on the local authority has not achieved the same traction. However, a pilot to be called "Right For You" will commence from 16th November. This will be led via adult care management teams and will focus on a different approach to social care in the RG2 post code area.

4.2.5 Workforce

The workforce difficulties were a key area of risk for the integration work as well as general service delivery. This is the case at both a local and national level.

The issues facing Health and Social Care in Reading are:

1. Lack of interest for working in the social care industry
2. Difficulty in securing clinical staff due to a national shortage of nurses, occupational therapist and physiotherapists
3. Location of Reading means that staff are not eligible for outer London weighting and so localities in the East of Berkshire, or within London are more attractive to staff.
4. Lower than average unemployment rates in Reading also reflect the difficulty in recruiting.

Locally, Health and Social Care have been working on this issue for some time. This has included looking at different ways of delivering health and social care. This has included a workforce project to look at developing a "*Generic Care Worker*" who would be trained to take on a range of health and social care tasks, in doing so, this would reduce the number of visits that someone receives and mean that the right care is provided once, rather than by a trail of professionals visiting someone in their own home.

The Reading Integration Board and the Berkshire West Delivery Group are currently working this through.

5 KEY IMPERATIVES FOR HEALTH AND SOCIAL CARE

5.1 There are a number of key imperatives deliverables to enable successful integration locally.

- a) Ensure the efficient use of resources so that all schemes evidence value for money
- b) That we have a skilled available workforce
- c) That services are available 7 days a week
- d) Health and social care do not duplicate tasks
- e) Primary care and community services are central to care and explored fully before people need to use the acute hospital setting (Royal Berkshire Hospital)

Additional to the key imperatives are Performance Indicators for the Better Care Fund. These are:

- ✓ Reduction of delayed transfers of care (DTC)
- ✓ Reduction of people who are fit for discharge from hospital but remain there
- ✓ Reduction of time that people are in the hospital when they are fit to be discharged
- ✓ Customer satisfaction
- ✓ Reduction of the number of people who need to move in to residential care

- ✓ Reduction in the number of people who have unplanned admissions to hospital (Non Elective Admissions)

5.2 These factors are monitored closely by the Reading Integration Board. To date we have seen a reduction in both the number of people who are formally identified as being a delayed discharge of care, and the amount of time people spend in hospital when they no longer need to be there.

6. FINANCIAL IMPLICATIONS

6.1. Revenue Implications

The report sets out the importance work the Better Care Fund is helping to support in reducing the non-elective admissions (NEL) to hospital but also when a patient is in hospital to ensure they are able to be discharged in a timely fashion. For the Council the move to support greater numbers of residents in the community whilst being aligned with the Council strategy does potentially create further demand pressures and Council will need to work with Health Partners on the implications of this.

The report also sets out the other schemes that are being delivered, however the complex nature of these changes has meant that not all the schemes are spending to plan and a full review across the partnership is currently on going. A report will be brought back to H&WB Broad and ACE to update on the planned expenditure plan changes.

6.2 Capital Implications

There is a proposal's that the Social Care capital element of the BCF should fund the development of a new older person resources centre. The report also identifies the importance of the more effective use of technology to improve care in the coming years and this will have potential significant cost implications for linking the various data systems together. The Council is working with Health and other partners on the development of ICT strategies. The costs of these developments will need to be identified and reported separately as they emerge but it is suggested that the capital grant for 16/17 be earmarked to support this program.

6.3 Risk

This is a complex program and risk area identified in the section below, in section 10.1, the move to support greater number of residents in the community, whilst being the appropriate direction of travel may have the effect of placing additional demand pressures on the Council at a time of significant reductions in funding. The Council will need to work with Partners to understand the implications in changing care patterns and ensure appropriate funding is provided to support these changes.

The report also notes that the BCF will continue into 16/17, however there are currently no details of how the BCF in 16/17 will operate nor clarity of the funding that will be available. The Council has a number of key services currently funded by the BCF and would be unlikely to be able to continue to provide key services without this funding.

7. THE BETTER CARE FUND GOING FORWARD

7.1 2015 / 16 (in year)

The plans developed from the Reading Integration Board workshop will form the work plan for local integration for the rest of this financial year.

7.2 2016 /17 (next year)

To date, central government have not indicated the size and scale of the Better Care Fund for 2016/17. It is anticipated that guidance will be announced in the autumn statement. At which point the Health and Wellbeing Board will have to be informed of the local implications.

The Reading Integration Board were interested in how any future plans for integration can include older people's mental health to ensure that a greater cohort of people can benefit from integrated working.

8. RISK PROFILE

8.1 Integration of services is a central focus for health and social care. For both areas to be sustainable in the future it will be necessary to do things differently and to ensure that the greatest value for money is achieved.

8.2 The most significant areas of risk for 2016 / 17 are:

Risk	Rating	Mitigation	Variance rating
Timescale for guidance of BCF 2016/17 being published is not until December 2015, which will give a very short lead time.	RED	Utilise the impact of the Reading Integration Board. Benefit from the work on the frail elderly pathway as a source of information and activity.	AMBER
Financial pressures on all health and social care providers will have a direct impact on our ability to transform	Red	Risk sharing agreement to be put in place.	Red

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	18
TITLE:	DELAYED TRANSFERS OF CARE UPDATE		
LEAD COUNCILLOR:	GRAEME HOSKIN / RACHEL EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	ADULTS SOCIAL CARE AND HEALTH	WARDS:	ALL
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To ensure that the Adult Children's and Education committee are fully aware of the local performance relating to Delayed Transfers of care. This report will also describe the challenges to both health and social care from the anticipated impact of winter pressures to ensure a shared understanding of the anticipated pressures.

2. RECOMMENDED ACTION

- 2.1 That Members approve work to promote the avoidance of hospital attendance and admission where community services can appropriately meet the need.
- 2.2 That members approve the approach to the CCG to clarify the additional financial burden to RBC and how this might be reconciled within the BCF

3. POLICY CONTEXT

- 3.1 A delayed transfer of care is a measure of the number of people who remain in an acute hospital bed beyond the point where they required medical treatment. The reasons will be classed as either, attributable to health (e.g. needing a community hospital bed or physiotherapy), or attributable to Adult Social care (e.g. requiring a package of care on their return home to remain independent).

3.2 National picture

Nationally, Delayed Transfers of Care are reported on and monitored through the Better Care Fund to NHS England, and through the Adult Social Care Outcome Framework (ASCOF). Poor performance in this area is also scrutinised by Monitor, who are the sector regulator for the NHS.

The reports are taken from a 'snapshot' day within each month, rather than aggregating the performance over a month.

3.3. Local picture

Locally, performance in relation to delayed transfers of care is closely monitored and scrutinised, and there is a comprehensive governance structure set out to enable this, which is described below.

Reading Integration Board - chaired by the Head of Adult Social Care, this board has key partners across health, social care and voluntary sector to ensure that the Better Care Fund is delivered, and that performance issues such as the Non Elective Target and Delayed Transfers of Care are well managed.

Health and wellbeing Board - receives regular updates of the performance progress of the Better Care Fund.

Urgent Care Network - chaired by the head of the North and West Reading Clinical Commissioning Group to ensure that primary care and community services focus on ensuring people remain well in the community rather than in hospital care. This network group is made up of partners across the West of Berkshire given the geographical patch that the Royal Berkshire Hospital covers.

Reading Borough Council corporate performance report - As one of RBC's key performance indicators, performance relating to delayed discharges of care is completed on a monthly basis to the Corporate Management Team.

4. ACTUAL PERFORMANCE

4.1 Our performance as provided and verified by the Adult Social Care outcome framework for delayed transfers of care. The table below illustrates our performance for the first four months of 2015/16. Although the performance has improved, it does evidence a spike in activity for June. This demonstrates the precarious nature of the management of hospital activity. Delayed Transfers of care are a key performance indicator in the Better Care Fund. For Reading this has been set at no more than 7 attributable to health and social care.

	April	May	June	July
Number of ASC delays	3	5	10	2

4.2 Non elective admissions target (NEL's)

Another key indicator of the likely increase in delayed transfers of care is the number of unplanned admissions into hospital care Non Elective Admissions (NEL's). In October 2014, we anticipated, based on previous activity that we could reduce the number of people using the acute hospital by 2.4%. The target was shared with NHS England as part of our Better Care Fund submission.

Following a difficult winter period, the Clinical Commissioning Groups undertook an exercise to understand the increase in unplanned admissions over the winter period. This was split by CCG area. The increase in admissions was higher than one could have planned, with North and West Reading CCG seeing an increase of 7% and South Reading CCG seeing an increase of 11%. This will undoubtedly put heavy additional financial and capacity pressures on the health and social care system for the winter ahead.

Despite the plans that have been put in place through the Better Care Fund there is still an anticipated growth of the number of people who will attend A&E of 2.5%.

5. WINTER PRESSURES

- 5.1 Winter pressures arrive every year despite significant planning, and continues to present a challenge for health and social care.

The reason for the seasonal variation have been attributed to the fact that in the summer months, most of the attendances at A&E are easy to resolve quickly as relate to 'accidents caused by misadventure'. However, more recently demand pressures have continued throughout the year. Admissions in the winter months are usually from a cohort of patients with much more complex conditions that require more in depth health intervention; such as respiratory conditions, heart failure and long standing vascular disease caused by cold weather, and viruses. These conditions have a significantly higher impact on older people.

5.2 Impact

The impact of this on the individual can be significant. An example of which is for someone over the age of 85 years who remains in hospital for 7 days, has the same impact as 10 years muscle wastage. This means that a person's ability to recover fully is deeply compromised.

The potential loss of confidence to manage independently on leaving hospital also creates a lower chance of returning to full independence.

For those over 75 years there is currently an 80% chance of needing admission from A&E, whereas for someone under 30 years, there is a 20% chance of needing admission.

5.3 RISKS

5.3.1 in 4 A&E attendees knew that A&E was the wrong place to go, but would do the same thing again. This shows the need for credible community alternatives, which includes self-care, promoting the role of pharmacy, primary care and walk in centres. This needs to start with community services and primary care services avoiding the need to suggest the individual attends hospital

Also, there is more that could be done at the 'front door' to the hospital to divert those who do arrive to other more appropriate options

5.3.2 Across Health and Social Care there is a local workforce issue. This is reflected in the difficulties to recruit to care assistants in the public and private sector, as well as recruitment of nurses, occupational therapists and physiotherapists. There is a West of Berkshire group looking at how this can be tackled.

5.3.3 A plan has been developed to prepare for a peak in demand this Winter, but the additional demand on Adult Social care resulting from the increase to the 'non elective admissions target' will need to involve a consideration of financial reconciliation

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 This decision contributions to the Council's strategic aim of:
- To promote equality, social inclusion and a safe and healthy environment for all.

7. EQUALITY IMPACT ASSESSMENT

7.1 A specific equalities impact assessment has not been completed at this time, as council officers within adult social care will consider issues of equalities in each assessment of need that are undertaken to ensure that our response is tailored to the individual's personal needs and aspirations.

8. LEGAL IMPLICATIONS

8.1 n/a

9. FINANCIAL IMPLICATIONS

9.1 Revenue Implications

The report sets out the importance of reducing the non-elective admissions (NEL) to hospital but also when a patient is in hospital to ensure they are able to be discharged in a timely fashion. The report notes that as part of the Better Care Fund, plans were put in place to support these initiatives but it also reflects that as West Berkshire already had one of the lowest NEL levels in the Country that the local demand pressure has actually increased rather than decreased the NELs levels.

The growth of NEL's over the last winter period will undoubtedly have an impact on Adult Social Care budgets. The 11% increase of admissions over the 2014/15 winter is likely to be repeated this year despite the measures that have been put in place. There will be a likely extra financial burden on the local authority of £190,977.91. This will be closely monitored through the winter months, and if an increase becomes a reality, partnership conversations with CCG colleagues will commence to ascertain a plan for funding this.

10. CAPITAL IMPLICATIONS

10.1 There are no capital implications contained in this report.

11. RISKS

11.1 The report does not specifically identify risks for the Council, however as identified in section 10.1, the move to support greater number of Residents in the community rather than a hospital settings. Whilst being the appropriate direction of travel has had the effect of placing additional demand pressures on the Council at a time of significant reductions in funding.

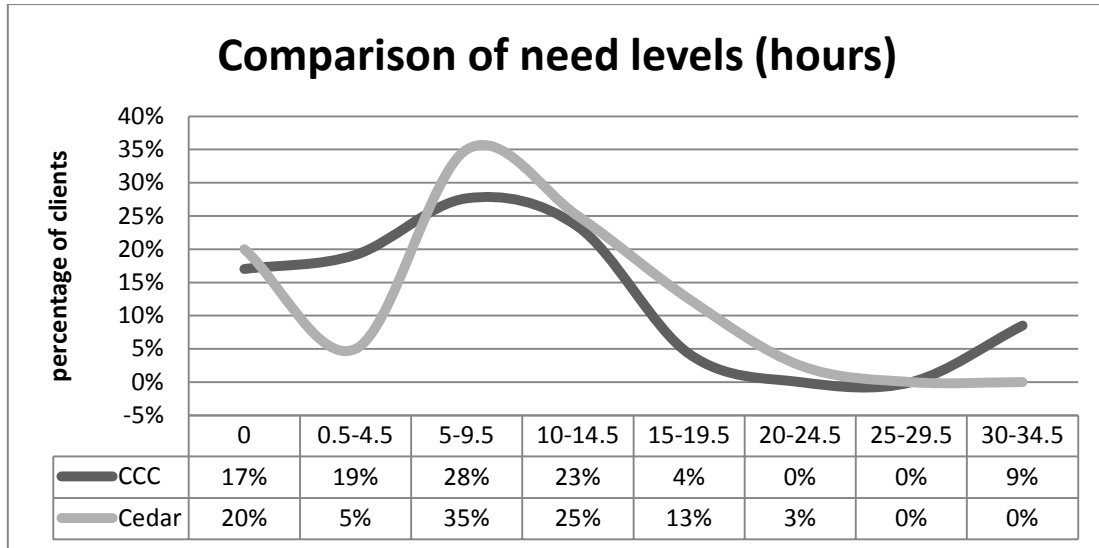
READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	19
TITLE:	CHARLES CLORE COURT SAVINGS PROPOSAL		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	SOUTHCOTE
LEAD OFFICER:	ANGELA DAKIN	TEL:	01189373207
JOB TITLE:	INTERIM HEAD OF COMMISSIONING AND IMPROVEMENT	E-MAIL:	Angela.dakin@reading.gov.uk

1. PURPOSE OF REPORT AND INTRODUCTION

- 1.1 This paper outlines the proposal for savings available from Charles Clore Court from restructuring and outsourcing. The proposal is described in the context of Reading's emerging Accommodation with Care Strategy, and a brief needs analysis is given.
- 1.2 Charles Clore Court is an Extra Care Housing site in Southcote Ward, on Appleford Road. The site is run by A2 Dominion, and the care is provided by Reading Borough Council staff.
- 1.3 There are 47 flats in Charles Clore Court - all of which are assured tenancies with A2 Dominion. 37 of these flats are used by clients who have some care needs.
- 1.4 The level of care provided is mixed and weighted towards the lower end of need. However, four people receive over 30 hours of care, which is a much higher level than in other RBC Extra Care provision (although this is largely incurred by using two staff for care instead of using aids and technology). An illustrative comparison with Cedar Court levels of need, based on hours delivered per client, is shown in the table below:



- 1.5 There are 16 staff currently employed by RBC. These staff deliver 393.75 hours care per week, against a care plan total of circa 340 hours (this may be volatile and subject to review). The service costs £398,600 per annum which covers the hours between 6am and 10pm, including 'floating support' of approximately 35 hours per week to respond to emergencies or unplanned care needs. In common with other extra care schemes there is a night care service also provided by RBC staff; the full cost of this is met by a service charge to the tenants, and so is cost neutral to Adult Social Care.

2. Recommended Actions

- 2.1 That Members agree the action in phase 1 of the proposal to approve the deletion of the scheme manager's position at Charles Clore Court and the redundancy of the current manager, and delegate the Head of Service for Adult Social Care to secure any further staffing efficiencies required.
- 2.2 That Members authorise officers to tender for an external provider to take over the running of the care service at the scheme as outlined in phase 2 of the proposal.

3. Policy Context

- 3.1 The Council is committed to increasing the use of Extra Care Housing as an alternative to residential care, to enable people to remain as independent as possible, for as long as possible.

- 3.2 Demand for social care in Reading is increasing, but can be influenced by a greater emphasis on prevention and independence. In recent years, the Council's focus has shifted towards short-term, intensive support to promote independence. This has been actioned through the re-ablement service that enables people to build, recover and retain skills to be able to live as full a life as possible, reducing the need for longer term care and moves to residential care. The Council intends to spread and embed this approach across the local market so that we are always working to help people progress and prevent, reduce or delay their need for support.
- 3.3 The older population in Reading is projected to increase by 9% (1800) in 2020 and 23% (4400) by 2025. As an illustration of the impact of this increase a 9% increase in the number of people entering residential care would cost the council approximately £2 million¹, whilst a 9% increase in people with the same level of need in extra care housing would cost around £880k².
- 3.4 The number of people over 85 is projected to increase by 15% (500) in 2020 and 30% (1200) by 2025. This is significant, and suggests a rise in the complexity of need with an increase in people with dementia. How extra care can be better used to accommodate those with dementia is being explored in the emerging Accommodation with Care Strategy. The council is already developing two additional extra care schemes over the next five years, which we anticipate will adequately meet increased need.

4. Current Provision of Extra Care Housing

- 4.1 Current provision of Extra Care Housing (ECH) is focused on 5 schemes with 100% nomination rights held by RBC outlined below. These 5 sites provide 244 units in total. All the externally commissioned extra care services are due for re-tendering within the next 18 months. As part of the ECH development, RBC are tendering for 16 units at Beechwood Grove and are negotiating a scheme at Green Park.
- 4.2 **Oak Tree House**
60 units. Care provided by Radis. Building owned and managed by Catalyst HA. The care needs in this provision are low. 291.5 hours are delivered.
- 4.3 **Cedar Court**
40 units. Care provided by Radis. Building owned and managed by RBC. The care needs in this provision are mixed. 343.5 hours are delivered.
- 4.4 **Charles Clore Court**
47 units. Care provided by RBC. Building owned and managed by A2Dominion. The care needs in this provision are mixed. 393.75 hours are delivered.

¹ Current number in residential – 598. Increase of 9% - 53. Current residential usual rate - £700.

² Increase of 9% on current residential – 53. Assuming 20 hours per week at a potential 2017 hourly rate of £15.90.

4.5 Chimney Court

56 units. Care provided by A2D. Building owned and managed by A2Dominion. The care needs are polarised with a small number of high needs clients alongside clients with no needs. 286.5 hours are delivered.

4.6 Cornerstones

41 units. Care provided by A2D. Building owned and managed by A2D. The care needs are mixed with a significant minority of people with no care needs. 227 hours are delivered each week.

4.7 All these units are currently at full occupancy. The mix of needs in each provision was set at one third high needs (10+ hours), one third medium needs (5-10 hours), and one third low needs (0-5 hours). However due to people's needs changing over time and a majority of sheltered housing tenants with no or low needs moving into Oak Tree House, the current levels of care needs do not always reflect this mix. To support the strategic plan to reduce residential care use and increasing need, a shift to a mix of 50/50 medium and higher level need is being considered along with a review of the definitions of high, medium and low care needs. The forthcoming Accommodation with Care Strategy will develop this approach further.

5. Charles Clore Court

5.1 Charles Clore Court costs approximately £19.42 per hour of care - this rate is approximate because historically in-house provision had been budgeted on fixed staff and infrastructure costs and not calculated at an hourly rate in the same way that our independent providers are funded.

5.2 In comparison, the current Cedar Court care service, provided independently by Radis, costs £13.89 per hour, and a recent bid for Domiciliary Care provision quoted £15.90 per hour from 2017 (which would be Living Wage compliant). Another alternative Living Wage compliant bid was submitted recently at the rate of £18.37. However, Officers are confident that the lower rate is achievable and realistic. At £13.89 and £15.90 an hour these costs are significantly cheaper than the current costs of Charles Clore Court and cheaper than the average pro-rata home care or care home rates for a comparable quality of care. External provision of care at Charles Clore Court would need to take TUPE costs for existing RBC staff into account, such as the need to account for additional pension costs for the first year of outsourcing. Initial costs therefore may be higher than the rates quoted above, however it is still likely to generate a lower cost over time.

- 5.3 A review has already taken place of the staffing arrangements of Charles Clore Court to ensure that the service provision is as cost effective as possible. Staff hours are fully utilised, with no 'down time'. Reviews are currently taking place on the number of hours care provided to each client within Charles Clore Court, but initial indications are that the hours provided are at the appropriate level to meet individual needs, and this is comparable to the hours of care provided in other extra care schemes. The current structure allows for 35 hours of care provision which is not assigned to individuals, known as 'floating support'. These hours are used as an emergency response service to assist in ad-hoc situations such as falls and escorting. This amount of support is again comparable to schemes of a similar size to Charles Clore Court in the independent sector.
- 5.4 Proposals as part of the existing social care savings plan include changes to how domestic service elements of home care packages are provided (i.e. shopping, laundry, cleaning). 30 hours of similar domestic support is provided each week at Charles Clore Court so, in line with this approach, a member of staff could be employed to provide these services, but on a lower grade than the care staff. This will have the dual impact of a lower employment cost for these hours and increase capacity of care staff. As the service is currently using agency staff to cover vacancies and overtime, this change potentially could be quickly progressed. It would generate a small amount of saving.
- 5.5 The staffing structure currently in place at Charles Clore Court is very flat. It comprises a manager, one Extra Care Co-ordinator and 15 carers (including one on an agency contract). The other Extra Care Schemes in the borough are managed by a full time manager covering two schemes. The current Charles Clore Court structure could be changed to match this model by merging the post of Community Reablement Team (CRT) manager with the Charles Clore Court manager. The current Charles Clore Court manager is about to retire so this change could be effected with little disruption. This would create a saving for the in-house service.
- 5.6 All clients have been financially assessed to see if they need to make a contribution under the Fairer Charging policy for the care services they receive. These assessments show we are currently achieving the maximum income possible from clients.
- 5.7 The service is required to be available 24 hours a day 7 days a week. This has meant that a night worker is in place between the hours of 10pm and 6am. This worker is funded by the service charge paid by tenants to A2Dominion and the costs are recharged by the council. This effectively makes the night care element nil charge to the council's Adult Social Care Department. This arrangement would be the same with an external provider.

- 5.8 In addition there is a housing support role provided which is similar to that of a Sheltered Housing Officer. The current service costs £20,000. It is proposed to restructure this support into the care service, making a saving of circa £12,000 per annum, however, there are risks to this proposal and so the £12,000 savings have not been factored into the final savings shown in Appendix A. Risks include the following: The positioning of tasks to the care team may mean that job descriptions require amendment although substantial changes are not expected and so pay grades should not be affected.
- 5.9 The risk associated with this proposal is that care providers may not want to take on non-care roles within the scheme. The care providers would need to TUPE across the current officer in the role and they wouldn't be able to use them in any other capacity in their organisation other than the housing support role. As the needs of the individuals placed in the scheme increase the amount of work for the housing officer increases as well. With the proposal to change the needs criteria for Extra Care the role of the housing officer will become more time consuming and will require more hours to be commissioned and may therefore reduce any proposed saving outlined above.
- 5.10 TUPE advice will be required to explore the position of the current housing officers once the current housing contracts end.
- 5.11 These savings are outlined in Appendix A and are based on a management structure change date of 1st April 2016 which allows time for staff and user consultation.

6. Savings Proposal

- 6.1 There has been careful consideration of all options for savings over a number of months to reduce the cost of Charles Clore Court and retain the level and quality of care. To achieve savings, two phases have been explored - to outsource the care provision and to restructure the in-house service. To achieve the level of savings required both phases need to be taken forward.

6.2 Phase 1. Charles Clore Court in-house restructure

The service makes savings through a restructure of management staff as outlined above. The service can be run effectively by the current Community Re-ablement Team (CRT) manager overseeing both the re-ablement team and Charles Clore Court. The service could continue to be managed effectively for a period until a new provider takes over in 2016. The existing Extra Care Co-ordinator based in Charles Clore Court would be a daily presence at the Extra Care scheme. This arrangement would not impact on the Reablement service and keeps continuity for care staff, whilst generating savings from April 2016 as the current manager would be made redundant. We understand this meets CQC regulations.

- 6.3 This reduces the current management by one post, making £47,116 savings and reducing the hourly cost of running the service to £17.12.

- 6.4 Redundancy costs as well as pension would be due for the current manager (although these would be met by central council funds rather than the directorate budget).
- 6.5 In addition the proposal to employ a domestic role at a lower grade would be taken forward, as outlined above, as well as reviewing the housing support role.
- 6.6 This would then prepare the service for outsourcing in Phase 2 below. A smaller number of staff will be affected by the TUPE agreement when the service is outsourced, so transfer costs will be lower. It has the additional benefits of maximising the efficiency of the in-house service and a structure that reflects the independent sector which could help to minimise further disruption for the TUPE'd staff and maximise service continuity to the tenants.
- 6.7 From our review of the service no further savings on in-house running costs and care are thought possible (outlined above under 4.)

6.8 Phase 2. Outsourcing Charles Clore Court provision

This part of the proposal provides the greater longer term saving by building on Phase 1. However, due to the complexities of the TUPE legislation it is possible that in the short to medium term there will be an increase in cost. This would be temporary and the savings over a three year period are maximised when using this approach.

- 6.9 The service would be outsourced as soon as possible and tie in with the proposed new framework of Extra Care provision procurement. Once in place, the new provision at Charles Clore Court would be quality monitored to ensure there was no negative impact on service delivery.
- 6.10 Staff could be offered the opportunity to transfer to CRT, made easier by the phase 1 restructure, which gives them choice to continue in council employment and potentially reduces the level of TUPE costs
- 6.11 As the current care provision for Charles Clore Court is a council delivered service, a consultation period with staff, residents and their families is required to inform any decision to outsource the service. This consultation period must take 30 days for residents and 45 days for staff.
- 6.12 Currently, TUPE would apply for all staff working at Charles Clore Court. TUPE is a right of existing staff to transfer their employment under their current terms and conditions to the new provider. This is not dependent on the choice of either employer. The new employer can change those terms and conditions, but only after a reasonable period of time. The tendering process can allow an additional one-off payment to protect the TUPE'd staff
- 6.13 A recent quote for a 2017 domiciliary care price was £15.90 per hour, and was stated to be Living Wage compliant. Taking this as an indicative but realistic example of the potential savings at this rate, the current 393.75 hours of care at Charles Clore Court would cost £326,446. This suggests a potential saving of £72,153 per year.

6.14 If all staff were to use their right to TUPE, the hourly rate from the provider would increase in the medium term, but then reduce if the provider reduces terms and conditions after a period of time.

6.15 Because of this, it is possible that outsourcing the service will only make the savings outlined in Proposal A in the first year. However, the savings available by outsourcing this service create savings year on year, so has a longer term effect. The longer the service is held in house; the greater the delay in realising these savings.

6.16. **Benefits of the proposal**

- A more efficiently run staff group that generates a level of saving.
- A smaller number of staff will be affected by the TUPE agreement when the service is outsourced and so the costs will be lower.
- A staffing structure in line with the independent sector mitigates impact when the new provider takes over.
- An outsourced service would achieve significant savings for the council in the long term in the region of £185,000 over three years.
- The TUPE'd staff would have a period of protection.
- The proposed timescale for outsourcing gives staff who will be affected by the action time to apply for appropriate posts within the council.
- Impact on the service is minimised if the current landlord is successful in bidding for the care service

6.17. **Risks of the proposal**

- The service may be destabilised by the loss of the current manager, however if the current postholder manages the change before leaving, this effect is reduced.
- The staff may feel destabilised by the removal of a full time manager from the service; however this could be mitigated by basing the new manager in the scheme.
- The restructure may trigger a reappraisal of the new manager's grade depending on who is appointed, which could have a small impact on level of saving.
- Timescales could lengthen depending on the outcome of detailed planning for implementation of the new arrangements, which delays savings
- Savings are made over longer period with full year savings achieved by 18/19 because of TUPE factor. The savings will take longer to achieve, but then produce greater savings over a longer period.
- The current care market is fragile therefore there may be an insufficient interest in tendering for this service. However officers believe this is unlikely.
- Preparing staff for TUPE may not have the desired result, and staff may still choose to transfer to the new provider, giving less savings

7. Tendering Options and Savings

7.1 It has been assumed that a recent offer to provide a similar service can be used as a realistic basis for this tender. The offer we received was from a provider of Domiciliary Care and is the lowest quote on the current Home Care Framework. This quote is seen as a good base for comparison as care in Extra Care is generally cheaper than domiciliary care in the community due to the lack of travel incurred. This proposal has been adapted to take into account the additional costs associated with a TUPE transfer of staff.

7.2 The calculation has been worked out below.

7.3 **Existing cost:** The average wage paid to RBC staff is £10.27 per hour. RBC staff also receive an allowance for anti-social working time. This has been split across all hours at £1.09 per hour to give a consistent figure. When overheads are included this gives an hourly rate of **£19.42 per hour**.

7.4 **Potential future cost** Using the £15.90 per hour example above for the independent provider, this has been broken down as £7.85 wages (living wage) and £6.71 as the on-costs for the provider. The hourly rate has then been increased by £3.51 to reflect the additional staffing costs incurred by the TUPE arrangements.

7.5 This gives an expected **hourly rate of £19.41 for the first year** as shown below.

Back office cost	£8.05
Standard Wage	£7.85
Increase to average RBC wage	£2.42
Average Shift Premium from budget	£1.09
Total Cost	£19.41

7.6 £19.41 per hour is a realistic, price to allow for the costs of TUPE'ing staff over to a private company. It is assumed that this rate will be in effect for one year to allow time for a comprehensive review to take place and for terms and conditions to be standardised to the new provider's rates.

7.7 After this period it is anticipated that the previously quoted rate of £15.90 per hour, plus inflation, should be achievable.

7.8 Removing the separate Housing Support funding (and using some of those funds to increase availability of establishment staff to provide that support) could save approximately £12,000 per annum.

7.9 The savings proposal laid out over a three year contract delivers the anticipated savings of **£136,649.06 in total by 2019**. This is the total saving achievable by implementing phase 1 and 2 of the proposal.

7.10 It is acknowledged that the savings in the short term do not match original projections due to the TUPE regulations and protection payment. However, the period of one year with reduced savings enables the year on year savings.

7.11 Wider procurement of Extra Care

The care services at Beechwood Grove, Oak Tree House, Cedar Court, Chimney Court, Cornerstones and Charles Clore court will be re-procured in a Framework, with services being awarded in June 2016. Services would have staggered starts across each site, enabling consistent recruitment levels (significant spikes in recruitment can damage related provision such as home care, which draw from the same labour market) and ensuring we do not have significant voids to manage because of reduced capacity. By including Charles Clore Court within this procurement we mitigate the TUPE costs incurred if one provider was to take on more than one site.

7.12 This has the benefit of a larger scale tendering exercise and makes better use of limited council procurement resources. It is believed that holding one large tendering exercise will generate larger savings due to greater economies of scale for providers, as creating lots or portfolios of services enables sharing of resources thus lowering costs which will be passed to the council.

7.13 The inclusion of the housing support service restructure, mentioned in section 5.8, could be applied across all the Reading schemes but does require specific scoping as part of the tender process. However, this could generate further savings in the other schemes.

7.14 The process will ensure all services are attractive to providers with the right mix of skills and that the quality of care is maintained with minimal disruption to tenants. For Charles Clore Court this will also include careful preparation around costings for TUPE. It is proposed to hold provider information and consultation days to shape the service provision as part of the tender process.

7.15 Procurement Timescale

It is anticipated that the procurement of these services will be complete in time for the awarding of contracts in June 2016 with the first start date likely to be September 2016. The reshaping of the care provision and merger of the housing and care roles requires careful consideration. There are considerable savings to be made if the right mix of care and support is procured. To build a package that will be cost effective and is attractive to potential bidders it is proposed to hold provider events and consultations to ensure that the council's vision of an integrated service is followed through to completion. TUPE information is to be collated for all services and time will be needed to compile this.

Time Scale	Tasks
September to December	Consult on restructure proposal and outsourcing service with staff and tenants. Committee agreement to proceed
January 2016	Preparation for tendering exercise and TUPE process.
February to June	Invite tenders from providers
March	Manager leaves
June	Award tenders to successful bidders
June to September 2016	Work with successful bidder to ensure a smooth handover to new provider with no lapse in quality of care.

Summary of recommended actions

1. To make short term savings of £47,000 by reducing the in-house management and change of domestic support. A small part of this saving could be achieved in 2015/16. No further savings are likely to be achievable running the service in house.
2. To initiate the required consultation exercise with staff and tenants as soon as possible
3. To outsource the care provision by including Charles Clore Court as part of the Extra Care Framework being procured in 2016.
4. To agree the timetable above for the outsourced provision based on the needs of staff, the council and the new provider which, combined with recommendation 1 is anticipated to deliver the savings target of £105k in 2018/19.
5. To ensure staff are prepared for TUPE, and explore offering transfer within the CRT service instead of moving to the new provider

8. CONTRIBUTION TO STRATEGIC AIMS

- 8.1 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.

9. COMMUNITY ENGAGEMENT

- 9.1 Consultation proposals have been drafted, and will be finalised shortly.

10. **LEGAL IMPLICATIONS**

10.1 Under the Council's Contract Procedure Rules 9(1) the procurement will be regarded as high value procurement and will be dealt with in accordance with the rules referred to.

10.2 It will be necessary to enter into a new contract with the winning provider for the provision of care services at Charles Clore Court.

11. **EQUALITY IMPACT**

11.1 The equality impact assessment has been carried out and is currently in draft form

12. **FINANCIAL IMPACT**

12.1 Please refer to Appendix A

13. **SUPPORTING PAPERS**

N/A

Appendix A

Period	Days	Action	Current Running Costs	Recommended Action Cost	Recommended Action Saving	
01/04/2016	31/08/2016	153	Phase 1. Deletion of Managers Post	£ 167,084.38	£ 144,585.00	£ 22,499.38
01/09/2016	31/03/2017	212	Phase 2. New Provider paying TUPE costs £19.41 ph	£ 231,515.62	£ 231,464.25	£ 51.37
Costs/ Savings Year 16/17			£ 398,600.00	£ 376,049.25	£ 22,550.75	
01/04/2017	31/08/2017	153	New Provide paying TUPE costs £19.41 ph	£ 167,084.38	£ 167,047.31	£ 37.07
01/09/2017	31/03/2018	212	New Provider with costs at £15.90*	£ 231,515.62	£ 189,607.50	£ 41,908.12
Costs/ Savings Year 17/18			£ 398,600.00	£ 356,654.81	£ 41,945.19	
01/04/2018	31/03/2019	365	New Provider with costs at £15.90*	£ 398,600.00	£ 326,446.88	£ 72,153.13
Costs/ Savings Year 18/19			£ 398,600.00	£ 326,446.88	£ 72,153.13	
Total Savings 15/16 to 18/19					£ 136,649.06	

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	20
TITLE:	AUDIT OF ADULT SAFEGUARDING PRACTICE AND PERFORMANCE		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT CARE	WARDS:	ALL
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2072
JOB TITLE:	DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES	E-MAIL:	Wendy.fabbro@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides a summary of the findings of an audit of the Adult Safeguarding function commissioned in order to measure compliance with both Safeguarding Adults policies and procedures as defined in the Care Act 2014, and with local policies and procedures of the West of Berkshire Safeguarding Adults Board. The independent and objective audit was commissioned from an experienced Consultant following a case involving the death of a service user. This case was agreed as a SAR (Safeguarding Adults Review - formally known as a Serious Case Review). While there is evidence of some good practice, this is not yet consistent.

2. RECOMMENDED ACTION

- 2.1 That the Committee accept the report and Proposal (see 4).

3. POLICY CONTEXT

- 3.1 The Safeguarding Adults function is delivered by the care management teams in Single point of access (SPOA), long term care, Learning Disability and Mental Health. A central Safeguarding Team provides advice and guidance.
- 3.2 The SAR concerned a man with mental health problems with a care plan commissioned to provide daily visits from a home care service in large part because he had threatened self-harm and it was known that he neglected his

health. The individual had frequently refused to open his door to the carers, and on these occasions if the carer had tried to communicate through the door and not been successful in getting any engagement, would look for 'signs of life' before leaving to notify the manager. For three days running this occurred before he was found dead in his apartment.

- 3.3 On immediately reviewing the files there was concern about the standard of professional recording, risk management and compliance with legislation and policy. The case was referred to the Safeguarding Adults Board, but actions were not as efficient as we would intend as the Independent Chair resigned suddenly with immediate effect around this time. We have now found an interim for the next 12 months with high professional reputation and expertise in managing recovery and improvement.
- 3.4 As a new Director, and with a new Head of Service, it was very important to clarify the extent of the practice issues; and to clarify if this was an unfortunate isolated case or a symptom of more systemic problems. I immediately started my own small scale and random selection case file audit process.
- 3.5 Lorna Pearce of Pinnacle Social Care Services was commissioned to audit in excess of 70 randomly selected safeguarding cases against Care Act requirements and local policy and procedure. She considered policy and procedure, referral process, timeliness, protection, proportionality, empowerment, partnership, and accountability

4. THE PROPOSAL

4.1 Summary of Findings:

1. It is clear that RBC custom and practice uses different terms and timescales from the West of Berkshire SAB; and operates across 10 access points leading to inconsistency both across West of Berkshire and within RBC.
2. Local policy and procedure are insufficiently written, and exists largely as guidance. This leads to inconsistency.
3. In 50% of cases audited the consultant felt there was insufficient evidence of risk being appropriately managed, and inadequate evidence of satisfactory discharge of Duty of Care.
4. In 52% of cases audited the evidence available identified cases where information.
5. In 64% of audited cases there was insufficient evidence of consultation with the adult concerned or an appropriate advocate.
6. Very good evidence of partnership working, and mostly good working in SPOA.

4.2 Planned response:

The planned response will have three domains:

1. The local guidance will be re drafted to local policy and procedure aligning to the West of Berkshire SAB and Care Act duties. This will also include agreeing:
 - a. the ongoing management oversight,
 - b. standards for reflective supervision and
 - c. evidenced based decision making;
 - d. co-production and consultation with vulnerable people
 - e. senior management oversight of consistency across RB at access points
2. A programme of training and briefing, split into cohorts of managers and practitioners respective duties and roles and tasks will be arranged for compulsory completion at an acceptable standard (with end of course assessment).
3. A regime of audit across care management, line management and Safeguarding team audit, overseen by DMT case file audit.

4.3 Expected outcome:

1. Once the training on new procedures has been completed and the audit regime established, a monthly report will be available indicating Compliance with Care Act duties.
2. Customer satisfaction and the extent to which interventions have delivered a greater feeling of safety and well being

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;
4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

5.2 This decision contributes to the Council's strategic aim to promote equality, social inclusion and a safe and healthy environment for all.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	21
TITLE:	ADULT SOCIAL CARE TRANSFORMATION PROGRAMME - POLICY IMPLICATIONS		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report follows on from the 'Proposed Service Offers and Budget Proposals 2016-2019 to Narrow the Budget Gap' report presented to Policy Committee on 22 July 2015. That report outlined the budget savings proposals for each Directorate.
- 1.2 The purpose of this report is to highlight those areas where implementation of the Adult Social Care Transformation Programme currently underway requires Officers to implement a change of current practice in relation to existing policies, and to give early indication of instances where policy change may be required.
- 1.3 Members are asked to re-affirm their commitment to the implementation of the existing policy provisions relevant to activities described in this report, in particular relating to:
 - a) Contributing to further development of the vision outlined in the RBC neighbourhood strategy to create vibrant, thriving neighbourhoods and to work together to develop joined up services at a local level. This contribution would include the development (and subsequent use) of a broader range of housing options (both type and geography) for those with additional care needs to support a move away from institutionalised residential care, and to ensure sufficiency of appropriate options.
 - b) Increased support for care needs provided by community based services as opposed to more traditional centre-based models of care, and optimising the use of universal services.

- c) Focusing the assessment and care planning process on maximising independence. This may include:
 - d) Routine and proactive consideration and use of assistive technology to replace traditional people-based services like homecare.
 - e) Investment in short term support to return people to full independence, thereby avoiding the need to put in long term care packages.
- 1.3 Members are also asked to note that further review of the Charging Framework may be necessary to enable RBC to implement the principle of full cost recovery for those who are assessed as able to pay for their own care. Where provision is in future treated as a service for the care recipient, this may include the withdrawal of current subsidies (e.g. for respite care)
- 1.4 Although the majority of proposals in this paper are provided for within existing policies, in some cases the future application of the policy will mean a change for current or new service users and for staff, and this report is intended to make Councillors aware of the potential impact.

2. RECOMMENDED ACTION

- 2.1 That authority be delegated to the Lead Member for Adult Social Care and the Director of Adult Care and Health Services to implement the necessary changes in practice required to deliver the proposals in this report**

3. POLICY CONTEXT

- 3.1 On 20 July 2015 Policy Committee approved savings proposals for Adult Social Care totalling £6,709,000 over 3 years to 2017-18. These proposals are embedded within the Adult Social Care Transformation Programme, which totals over 60 discrete pieces of work. The six key savings projects relate to:

- 1) Adult Social Care Spend - Older People & Physical Disabilities
- 2) Adult Social Care Staffing - Older People & Physical Disabilities
- 3) Extra Care Housing / Supported Living
- 4) Adult Mental Health Services
- 5) Voluntary and Community Sector (VCS) / Neighbourhoods (preventative) services
- 6) Learning Disabilities Efficiencies in purchased services & support

- 3.2 All of these six proposals were agreed in full by Policy Committee on 20 July 2015, but a significant proportion of the savings these projects are committed to deliver are dependent on the implementation of existing policies and decisions which are not currently applied, or are only partially applied.

- 3.3 Areas that will require a change in practice:

- a) RBC offer a high number of intensive care packages (across all service types) which are expensive to maintain and don't always support the promotion of independence
 - b) RBC's total gross expenditure on adults with mental health needs is 9% compared to the national average of 6%
 - c) 58% of the Learning Disability budget in Reading is spent on residential care, as opposed to a National average of 38%. This means that we are not able to offer the community based life opportunity focused services that we would expect to offer to our clients with learning disabilities. The Learning Disability Transformation Project is a significant and varied piece of work for which a report will be forthcoming to Members with full proposals
 - d) RBC currently offers up to 4 weeks p.a. of heavily subsidised residential respite for cared for / carers without the requirement for a financial assessment. This is at odds with most other local authorities
 - e) RBC currently has high usage levels of low need packages (i.e. under 5 hours per week) for homecare. This needs to be reviewed to understand whether such services are appropriate and good value - in particular the high number of 15 minute home care calls which can impact on service quality and efficiency
 - f) RBC do not currently routinely consider making placements outside of the Reading boundary as part of the care planning process, despite the fact that cost is one of the criteria for decision making within the Choice of Accommodation and Additional Payments Policy, and that many older people in Reading may have family and social networks outside the Borough
- 3.4 The Care Act (2014) introduced National Eligibility Criteria for adult social care which creates a minimum threshold for access to funded social care services. Part of the process of transformation for all of our services will be to ensure that reviews of existing clients and assessments of new clients are conducted in accordance with the new criteria. This could mean changes to existing packages of care for some people or a different offer to newly assessed clients.

4. PROPOSALS

- a) The transition to a more modernised model of day services across Older People, Physical Disability, Mental Health and Learning Disability services. This model focuses on centre-based services for those with the most complex needs and a broader range of community based offers to promote independence and integration between cohorts
- b) Active review of individual packages of care across Older People, Physical Disability, Mental Health and Learning Disability, based on a measured risk model to ensure that support is appropriate to needs and national eligibility criteria and is maximising potential for the use of assistive technology
- c) In support of the vision to create cohesive, attractive and vibrant neighbourhoods, plans include a shift in the balance of accommodation provision from residential care to Extra Care Housing and Supported Living. This will enable us to offer more independent living solutions to a broader range of clients, which will support us in meeting the duty to promote independence
- d) A review of out of hours services with a view to making best use of existing local resources and promoting integration of Berkshire West and Health partners

e) Proactive work to promote and encourage the take up of Direct Payments

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. They also contribute specifically to Corporate Plan (2015 to 2018) priorities 1,2,3 and 6 below:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;
4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The following public consultations have taken place to date:
a) Improving Day services - closed June 2015
b) Voluntary Sector funding - open until 16 October 2015
Further consultations will take place as appropriate according to individual service changes.

7. EQUALITY IMPACT ASSESSMENT

7.1 Equality Impact Assessments are currently being completed across the range of proposed service changes, as projects get underway and in accordance with Corporate policy

8. LEGAL IMPLICATIONS

8.1 The Care Act (2014) creates a new statutory duty for local authorities to promote the well-being of individuals. This duty - also referred to as 'the well-being principle' - is a guiding principle for the way in which local authorities should perform their care and support functions.

8.2 Section 2(1) of the Care Act places a duty on local authorities to provide or arrange services that reduce needs for support from people with care needs and their informal carers, and contribute towards preventing or delaying the development of such needs. Developing and maintaining a day activities offer and a variety of independent living options to meet a range of needs is an important part of discharging the Council's wellbeing and prevention duties. A separate report will be forthcoming which outlines the Council's proposed Wellbeing Strategy.

8.3 The services which the local authority is under a duty to provide or arrange under the Care Act are broadly defined, as wellbeing will mean different

things to different people (hence the need for a Wellbeing Strategy as referenced above in paragraph 8.2). Local authorities must promote individual choice and control over the services people choose, with more Adult Social Care service users being supported to use Direct Payments to purchase their own support services.

8.4 The Care Act also requires local authorities to carry out a needs assessment for any adult who appears to need care and support. The person will have eligible needs if they meet all of the following:

- they have care and support needs as a result of a physical or mental condition;
- because of those needs, they cannot achieve two or more of the outcomes specified; and
- as a result, there is a significant impact on their wellbeing.

The outcomes are specified in the Care Act regulations, and include people's day-to-day outcomes such as maintaining nutrition, managing toilet needs, developing personal relationships, and making use of services in the local community. As part of the process, the authority must consider other things besides formal social care services that can contribute to achieving an individual's desired outcomes, and whether any universal preventative services or other services available locally could help that person stay well for longer.

8.5 Members are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act 2010. In order to comply with this duty Members must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups who may be adversely affected by any of the proposed service changes under the Adult Social care Transformation Programme.

8.6 Members are requested to delegate to the Director of Adult Care and Health Services the authority to implement individual service changes in line with the strategic changes outlined in this report, and to require 6 monthly progress reports

9. FINANCIAL IMPLICATIONS

9.1 The Adult Social Care Savings Target of £6,709,000 is largely delivered via the projects within the Adult Social Care Transformation programme. This delivery relies on Officers having the delegated authority to implement proposals as described in this document and in the 'Proposed Service Offers and Budget Proposals 2016-2019 to Narrow the Budget Gap' report presented to Policy Committee on 22 July 2015, with full support from Members.

9.2 Financial risks include non-delivery of committed savings if projects are not progressed within the current financial year.

9.3 Value for Money

One of the cornerstone considerations for all projects within the Transformation Programme is that of value for money. These assessments will be included as one of the base criteria in all service re-design activity.

9.4 Risk Assessment

Key risks include:

- Service user / carer dissatisfaction with changes to care packages or service offerings
- Progress in transformation is too slow or undermined, preventing savings from being achieved as described
- Savings have been over-stated in initial estimates, requiring alternative plans to be created to close the gap

9.5 Each project will be risk assessed as part of the project governance mechanism to address issues that may arise as a result of individual service changes. The over-arching Transformation Programme Board will oversee key risks relating to service user safety, achievement of savings and compliance with statutory requirements

10. BACKGROUND PAPERS

- a) Strategic Approach to Adult Social Care 3-5 Year Plan (Policy Committee 22 September 2014)
- b) Proposed Service Offers and Budget Proposals 2016-2019 to Narrow the Budget Gap
- c) Adult Social Care Transformation Programme Project Initiation Documents and Savings Plan

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	22
TITLE:	READING'S AUTISM STRATEGY AND ACTION PLAN		
LEAD COUNCILLORS:	CLLR EDEN CLLR JONES CLLR GAVIN CLLR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE EDUCATION CHILDREN'S SERVICES HEALTH
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents Reading's Autism Strategy, a document developed by a range of local partners that sets out the plans to improve support for children, young people and adults with autism in the borough. The Strategy was approved by Reading's Health and Wellbeing Board on 17 April 2015.
- 1.2 Following approval of the Strategy, the Health and Wellbeing Board endorsed the establishment of the Autism Partnership Board to progress the delivery of the Strategy. This report also presents the Action Plan developed by the Board that sets out the detail of the plans to take forward this work.

2. RECOMMENDED ACTION

- 2.1 To endorse the Autism Strategy and Action Plan developed by the Autism Partnership Board.

3. POLICY CONTEXT

- 3.1 In 2014 the Department of Health published 'Think Autism', the update to the first national autism strategy, 'Fulfilling and Rewarding Lives'. This update confirmed the government's commitment to delivering the priorities identified in the strategy that aimed to improve the lives of adults with autism.
- 3.2 The statutory guidance published alongside the 'Think Autism' strategy set out the responsibilities of local authorities and other agencies such as health organisations to support the implementation of the strategy in local areas,

including their statutory duties from the Autism Act 2009 or other Acts of Parliament such as the Care Act.

- 3.3 'Think Autism' covers support for adults with autism, and the transition of children and young people into adult services. Support for children and young people with autism is addressed separately, with statutory responsibilities for local authorities that impact on this support contained in the Children and Families Act.

4. READING'S AUTISM STRATEGY AND ACTION PLAN

- 4.1 A Steering Group made up of representatives from across Council services, health services, voluntary sector organisations and families of people with autism led the work to develop an Autism Strategy for Reading. This Strategy was informed by a needs assessment completed by Berkshire Autistic Society in 2013 that included consultation with people with autism and their families, mapping of existing provision, and an examination of data to understand need.
- 4.2 The draft Strategy was consulted on with wider partners across the local authority, health services, the voluntary sector, and people with autism and their families. After taking this feedback into further drafts, a final version of the Strategy was presented to the Health & Wellbeing Board for sign-off in April 2015. The Strategy sets out some high-level priorities for improving support for people with autism in Reading:
1. Increasing awareness and understanding of autism
 2. Improving access to diagnosis
 3. Supporting better outcomes for people with autism
 4. Supporting people with autism to live safely and as independently as possible
 5. Supporting families and carers of people with autism
 6. Improving how we plan and manage support
- 4.3 Following sign-off of the Strategy, the Steering Group that led the production of the document changed into an Autism Partnership Board to oversee the delivery of Strategy. The Health & Wellbeing Board endorsed this approach. The Autism Partnership Board retains a broad membership that includes people with autism and their families and carers.
- 4.4 The Autism Partnership Board has developed an Action Plan for the delivery of the Autism Strategy. This focuses on actions that are achievable and that will allow for progress against the six priorities identified in the Strategy.
- 4.5 The Autism Strategy was developed with the aim of strengthening partnership working. This collaborative approach has continued into the development of the Action Plan, where a wide range of partners have contributed. Both the Strategy and the Action Plan are set in the context of reducing budgets across Council services and other partners. There is no additional resource available

to deliver the Action Plan, but the plan is focused on how existing resources across partners can be used most effectively.

4.6 The Strategy and the Action Plan aim to align with existing local plans and strategies. The Partnership Board will ensure that work continues to align in this way as updated plans and strategies are developed. This includes the Raising Attainment Strategy 2015-18 which sets out the Council's ambitions to ensure that children achieve well at school, including those with Special Educational Needs (which may include children with autism).

4.7 The Action Plan includes information on what the impact of the actions will be on outcomes for people with autism, and how we will measure when we have achieved this. Some of the actions refer to new services where a baseline measure will need to be identified initially. Further work to agree these measures and the way that information such as service user feedback can best be collected and analysed will be carried out by the Autism Partnership Board.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Strategy supports Priority 1 in the Council's Corporate Plan 2015-18, "Safeguarding and protecting those that are most vulnerable". The focus on early support through universal services also supports Priority 2, "Providing the best life through education, early help and healthy living".

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Consultation with people with autism, their families and carers, and a wide range of partners and providers heavily informed the production of the Autism Strategy. Ongoing engagement with people with autism and their families will be central to delivery of the actions set out within the Action Plan.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment was completed for the Autism Strategy that did not identify any negative adverse impact on any group with protected characteristics as defined by the Equality Act.

8. LEGAL IMPLICATIONS

8.1 The Strategy and Action Plan have been developed with regard to the statutory duties for local authorities from the Autism Act 2009 and other related legislation. Key requirements from this legislation include the responsibilities for local authorities to:

- Develop the area's commissioning plan around services for adults with autism using the best available information about adults with autism in the area
- Appoint a joint commissioner/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism
- Ensure that the views of adults with autism and their carers are taken into account in the development of services locally

9. FINANCIAL IMPLICATIONS

- 9.1 As noted above, the Action Plan was developed in the context of making the most effective use of existing resources. There are no new resources for delivering the Autism Strategy. There is also no ring-fenced funding available for autism.
- 9.2 The Action Plan aims to be realistic about what is achievable with existing resources for the Council and other organisations, within the context of reducing budgets. It sets out those areas where there are deliverable actions to make progress towards the longer-term objectives in the Autism Strategy and where a tangible difference could be had on outcomes for people with autism, their carers and families.
- 9.3 While there are no specific savings proposed as part of the Autism Strategy Action Plan, delivery of the actions should mean that partners are in a better position to support people with autism within constrained resources.

10. BACKGROUND PAPERS

- 10.1 Reading's Autism Strategy (Appendix A)
- 10.2 Reading's Autism Strategy Action Plan (Appendix B)
- 10.3 Equality Impact Assessment for Reading's Autism Strategy
- 10.4 'Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update' (2014)
- 10.5 'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England' (2010)

**Reading's Autism Strategy
for Children, Young
People and Adults**

2015 - 2018

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Introduction

Autism is a condition that affects people in a variety of different ways and degrees. Reading Borough Council is committed to improving the lives of people with autism living in the town. This Strategy sets out how we aim to achieve this, through our own commissioning and delivery of services and our close working with partners locally.

This is a broad strategy that covers all autistic people, across the spectrum. It is a “life-long” Strategy that considers children, young people and adults, as well as the wider impacts for their families and carers. For people with autism who are assessed as eligible for statutory support from social care or health services, the Strategy explains how we will ensure their needs are met in a consistent and person-centred way. However, we recognise the importance of support that is available to all people on the autistic spectrum, and the key role of universal services and preventative or low-level support. One of the aims of this Strategy is to encourage all services and organisations to “think autism”, maximising the opportunities to better support autistic people in Reading.

A range of partners across the public sector (including health services), private sector (such as providers of care and support) and the voluntary, community and faith sector already work together to support children and adults with autism and their families and carers. At a time of reducing budgets across public services, we need to strengthen this partnership working even further. There is no new money to deliver this Strategy, and so the focus for the actions identified is making the most effective use of existing resources. This might mean reshaping current provision and taking creative approaches towards the use of resources across partners to continue to develop our services. Autistic people and their families and carers are central to this service development, and their involvement is key in shaping and delivering services, such as informal or peer support.

Developing Reading’s Autism Strategy

In 2013, Reading Borough Council commissioned Berkshire Autistic Society (BAS) to carry out an assessment of the needs of people with autism locally and the services available. This needs assessment and the recommendations from the work have informed the development of Reading’s Autism Strategy. The needs assessment included a survey with autistic people and their carers and families. Feedback from people with experience of living with autism in Reading was central to the development of Reading’s Strategy.

The Autism Strategy was drafted during 2014, with input from a wide range of stakeholders to make sure that the Strategy represented the work of the variety of

services and organisations that support people with autism. The Autism Strategy Steering Group of key partners has helped with the detailed work on the Strategy, such as ensuring that it aligns with existing work in other areas.

We would like to thank the many people and organisations that have been involved with the development of the Council's Strategy. This list is not exhaustive, but some of those involved include:

- Reading Borough Council staff and councillors
- People with autism, their carers and families
- Berkshire Healthcare NHS Foundation Trust
- NHS Central Southern Commissioning Support Unit (for North & West Reading and South Reading Clinical Commissioning Groups)
- Autangel
- Berkshire Autistic Society
- Reading Children's & Voluntary Youth Services
- Reading Families Forum
- Reading Mencap
- Talkback

The Structure of this Strategy

The Strategy presents some clear actions aimed at improving support for autistic people in Reading. These are identified in the boxes throughout the Strategy organised by the six priorities that are identified for improving support for people with autism in Reading:

1. Increasing awareness and understanding of autism
2. Improving access to diagnosis & beyond
3. Supporting better life outcomes for people with autism
4. Supporting people with autism to live safely and as independently as possible
5. Supporting families and carers of people with autism
6. Improving how we plan and manage support

The final part of the document sets out how we plan to deliver the Strategy through the development of an Action Plan to be overseen by Reading's Autism Partnership Board.

What is Autism?

The term “autism” is used in this Strategy as an umbrella description for all autism conditions, including Asperger Syndrome, that fall under the headings of Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC). Autism is a lifelong developmental disability that affects how a person communicates with and relates to others, how a person learns and makes sense of the world, and processes information. People who are on the autistic spectrum share difficulties in the following three areas:

- Social communication (e.g. understanding verbal and non-verbal language)
- Social interaction (e.g. recognising and understanding other people’s feelings)
- Social imagination (e.g. restrictive repetitive patterns of behaviour)

As a spectrum condition, autism affects people in varying ways and requires differing levels of support. Some people with autism are able to live relatively independent lives, but others will need a lifetime of specialist support. Autistic people may have other co-existing conditions, such as a learning disability, or mental health needs. We use the terms “people with autism” and “autistic people” in this Strategy.

Autism can be a “hidden disability”, meaning that it is not always possible to tell that someone has the condition from their outward appearance or behaviour. This makes raising awareness of the condition even more important. People with high-functioning autism may go for many years without a diagnosis, even if they experience less obvious difficulties such as difficulties in social situations throughout their lives.

What have people with autism told us?

The Berkshire Autistic Society (BAS) survey with children, young people and adults with autism, and their families highlighted some important themes and some areas to be addressed to improve support in Reading:

- People wanted more support to increase knowledge and understanding of autism - both for children and adults to know how to manage the condition, and for those who are providing support. Parents especially flagged strategies to manage challenging behaviour as an area where they wanted more training and support.
- Increasing awareness was seen as an important thing to do, especially among those people who come into contact with autistic people in everyday life.
- There was a desire for improved access to information about the support available and what people can expect from different services.
- Parents highlighted the challenge of accessing support when children are not attending school, such as if they've been excluded.
- Many people said there was a need to support carers and families with their health and well-being better, and especially the siblings of autistic children.
- There were strong concerns from carers about the future for the person with autism that they cared for when they are no longer there to provide support.
- Support to ensure that people with autism can succeed in education, employment and training post-16 and into adult life was seen as highly important.
- People felt there should be more accessible leisure opportunities for autistic people to develop their social skills and reduce their isolation.

Some of the feedback given to BAS by people with autism and their carers or family members is quoted throughout the Strategy.

National Context

The 2009 Autism Act and the first national Autism Strategy in 2010 ('Fulfilling and Rewarding Lives') set the national vision for improving the lives of adults with autism. The Department of Health published the updated 'Think Autism' Strategy in 2014, reaffirming the importance of the five areas for action in the original Strategy:

1. Increasing awareness and understanding of autism
2. Developing clear, consistent pathways for the diagnosis of autism
3. Improving access for adults with autism to services and support
4. Helping adults with autism into work
5. Enabling local partners to develop relevant services

The Care Act introduces a wide range of changes to care and support for adults, including a national eligibility criteria and updated rules for assessment and support planning. It gives local authorities a new duty to ensure people can access preventative services and information and advice about care and support. The Care Act gives carers the right to an assessment of their needs in their own right.

While there is no equivalent national strategy for children with autism, there are significant changes to the law for children and young people with special educational needs and disabilities (SEND) through the Children and Families Act. This includes the introduction of single Education Health Care Plans (EHCPs) to replace SEN statements. EHCPs last until a person turns 25 to allow for a more seamless transition between children and adult services. Carers of disabled children also gain similar rights to assessment of their needs as in the Care Act.

The National Institute for Health & Care Excellence (NICE) regularly updates its clinical guidelines that advise on the standards of support for people with autism.

Local Context

One of the aims of this Strategy is to align with existing local plans and strategies across the wide range of areas that cross-over with support for people with autism. Some of the key documents for Reading include:

Health

- Reading's Joint Strategic Needs Assessment
- Reading's Health & Wellbeing Strategy

Children & Young People

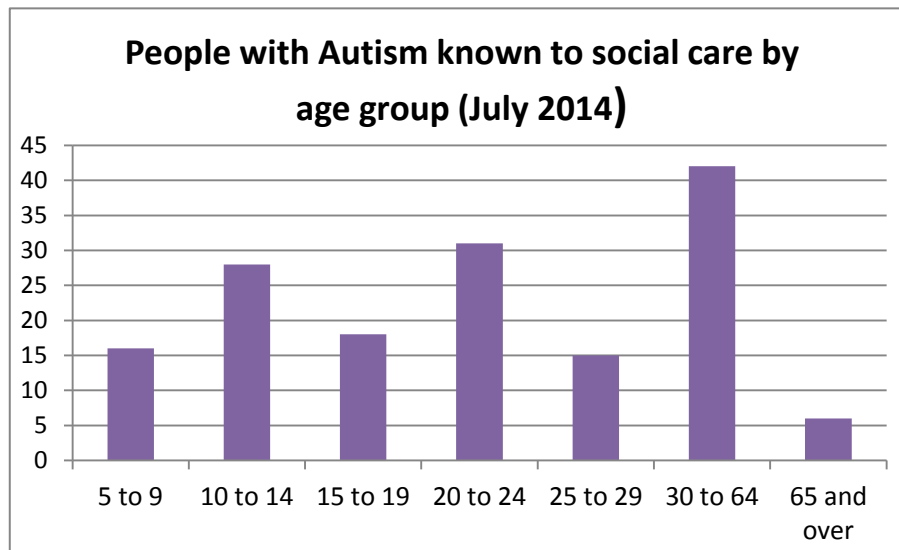
- Reading's Special Education Needs and/or Disability (SEND) Strategy
- Reading's Early Help Strategy

Adults

- Reading's Adult Learning Disability Partnership 'Big Voice' Workplan
- Berkshire West's Joint Commissioning Plan for Services for People with Learning Disabilities and Challenging Behaviour
- Reading's Market Position Statement for Adult Social Care
- Reading's Prevention Framework and Reading's Adult Social Care Information & Advice Plan

Autism in Reading - Local Profile and Needs Analysis

In July 2014, 156 people with autism in Reading were receiving support from the Council's Social Care services. The graph below shows that the numbers are particularly high for children and young people; 62 (40%) of those known to social care are aged 0-19. While this is consistent with the younger than average population in Reading as a whole, it does suggest there may be increasing demand for support in future years as these people grow older.



Of those adults with autism who meet the threshold for social care support, a majority (59%) also had a learning disability. A smaller percentage (6%) of the autistic adults meeting the eligibility criteria also had mental health problems.

The number of people known to social care services only represents a small proportion of the actual number of autistic people. Because many people with autism do not have a diagnosis of their condition or do not meet the threshold for social care support, it is difficult to know how many autistic people live in Reading, and understanding of needs is often based on estimates.

Information on the diagnosis pathway for adults with autism shows high demand, with a waiting time of 28-30 weeks for assessment - an increase on previous years. Of those seen for assessment by the service between April 2013 and March 2014, 46% received a diagnosis of autism and 38% received a partial diagnosis of autistic traits.

The National Autistic Society suggests that 1.1% of the UK population may be on the autistic spectrum or around 700,000 people. In Reading it is estimated that the number of people with autism is slightly higher than the UK ratio, as factors such

as the high number of ICT jobs in the area (a sector that is popular with some autistic people) and the amount of autism support in primary, secondary and tertiary education, mean that autistic people are more likely to choose to live here. With the higher ratio of 1.3%, the number of people with autism in Reading is estimated at 2024 people (using 2011 Census population data) - 1526 adults and 498 children and young people aged 18 and under.

Reading’s ethnic diversity has increased by 50% (from 12% to 25%) between the 2001 Census and 2011 Census, so it is now estimated that there are 510 people from black and minority ethnic (BME) groups with autism in Reading, of which 124 are aged 0-18. There is no evidence that autism is more common for different ethnicities, but Reading’s diverse population means that the needs of different communities should always be considered when we are looking at providing services and support, and addressing any barriers to accessing these, such as language barriers.

	Adults		Children and young people (0-18)	
Number of people estimated to have autism in Reading	1526		498	
	Female	Male	Female	Male
	381	1145	125	373
	BME	Non-BME	BME	Non-BME
	386	1140	124	374

The Projection of Adult Needs and Service Information (PANSI) suggests an increase of 12.5% in the number of working age adults (aged 18-64) with autism in Reading over the next twenty years, rising to 1219 people by 2030. It is expected this rise will come from the number of children and young people with autism growing older in Reading as well as a number of autistic people drawn to Reading for local jobs and education. This expected future increase means that it is important that there are appropriate services and support in place to meet this need.

Outcomes for people with autism

Education data does give an indication about the experiences of children with autism in Reading schools. In the 2013-14 academic year, 105 pupils in Reading schools had a Statement of Special Educational Needs that identified ASD as the primary need - 19% of all pupils with a statement. Of those pupils who were excluded from school during the first two terms of the academic year (September 2013-April 2014), 19 children had ASD as the primary need on their statement - 20% of all exclusions for pupils with a statement. Absence rates for the first two terms of the 2013-14 academic year at Reading schools are recorded as 5.7% for pupils

with ASD as the primary need. This is higher than the 4.6% absence rate for all pupils, but lower than the 7.6% absence rate for all pupils with statements.

This data suggests that pupils with a statement for autism are more likely to be excluded or absent from school than other pupils, although not more likely than pupils with a statement for other needs. It should be noted that this data only covers those pupils with an autism diagnosis and a statement that identifies this as their primary need, and not those with a lower level of need or without a diagnosis. Parents and carers have raised concerns about children with autism being “unofficially” excluded, although data isn’t available to evidence this.

Current Services and Support for People with Autism

Like all Reading residents, people with autism will come into contact with a wide range of services and organisations throughout their life. It is impossible to list all of these, but some of the main support currently available (either specifically for people with autism, or where autistic people can access help) is explained below:

Children and Young People

Universal support

Services that support all children and young people - **children's centres, schools, youth services, GPs and other health services, and voluntary and community organisations and activities** - all play their part in helping families to identify the signs of autism and access diagnosis, as well as with developing strategies to support their child and ensuring that children with autism can access support and opportunities.

Additional support

Berkshire Healthcare NHS Foundation Trust provides a single diagnostic pathway for any child aged 0-18 years through the **Autism Spectrum Disorder Pathway**. The team includes a Community Paediatrician, a Clinical Psychologist and a specialist Speech and Language Therapist. Depending on a child or young person's need, they may be referred for further support from the **Children and Young People's Integrated Therapies (CYPIT)** team - including Speech & Language Therapy, Occupational Therapy, Physiotherapy, and Specialist Dietetics services - or **Children and Adolescent Mental Health Services (CAMHS)**.

Reading Borough Council's **Autism Support Worker** provides support post-diagnosis including a home visit, a free Introduction to Autism Course, and acts as an ongoing point of contact. For families who need additional help, Reading Borough Council's **Children's Action Teams** provide help, guidance and support. The multi-disciplinary teams include Family Workers, Educational Psychologists, Education Welfare Officers, Primary Mental Health Workers and Youth Workers who can help with managing behaviour and children's attendance and attainment at school. Families can also access parenting programmes including the Time Out for Special Needs course through the Parenting Service and that are run by voluntary sector organisations.

Most children with autism in Reading are in mainstream education. Schools can access support from **Educational Psychologists, Speech and Language** and

Occupational Therapy for pupils who need this. Pre-school children including those attending nursery provision with a diagnosis of autism can be supported by the **Portage workers**. In primary schools, two part-time **ASD advisory teachers** give advice on individual children and provide staff training. A massage therapist also works across primary schools in Reading, primarily with children with identified special educational needs including autism.

Adviza provides support to young people aged 13-20 with identified Special Educational Needs to prepare for leaving school. Reading Information, Advice & Support Service for SEND (formerly Parent Partnership) provides confidential, impartial advice and support to parents and carers of children with special educational needs and/or disability, including autism, offering practical help, attending meetings at school and explaining the legal rights.

A range of voluntary groups and organisations support children with autism and their families. **Berkshire Autistic Society** provides post diagnosis support including home visits and training. **Parenting Special Children** provides support pre and post diagnosis including peer support for parents and carers of children recently diagnosed. **Reading Mencap's** Family Advisors also supports families one to one and the **Alpha Service** supports families of children with learning disabilities and autism from BME communities. Reading has a good range of supported activities and short breaks for children. Autism specific activities run by **BAS**, **Children of the Autistic Spectrum Young People's Project (CATSYPP)**, and **Engine Shed** cover different age groups. Some children with autism access activities provided by **Reading Mencap** or **The Avenue School Holiday Play Scheme** for children with learning disabilities.

Specialist support

Reading Borough Council's **Children and Young People's Disability Team** provides assessment and care management to children and young people up to the age of 25 who are eligible for social care support. This can be defined as a level and type of support that cannot be gained from universal services, and where children are at risk of significant harm and statutory processes need to be followed. This includes support in the community such as accessing short breaks provision. Children with complex needs can access overnight and daytime respite at **Cressingham Resource Centre**.

Reading has a range of **specialist education provision** across all school years, including the **Thames Valley School** which currently supports children with a statement of special educational needs where the primary need is autism. There are specialist resource units at **Christ the King Primary School**, **Blessed Hugh**

Farringdon Secondary School and **Reading College** that support pupils with autism alongside the mainstream education provision. Children with autism alongside more complex needs may be supported at **Dingley Nursery** or **Snowflakes Nursery** (0-5 years), or at **The Avenue School** (2-19 years). Some children travel out of the borough to **Brookfields School** in West Berkshire and **Addington School** in Wokingham.

Adults

Universal support

As with children and young people, universal services play a key role for adults with autism. GPs are often the gateway for access to diagnosis services. Organisations such as the emergency services, transport providers, health services such as hospitals, leisure services and other statutory services like the Job Centre must make reasonable adjustments to make sure that autistic people can access and benefit from their services.

Additional support

Berkshire Healthcare Foundation Trust runs an **Autism Spectrum Condition Service** for people suspected of having High Functioning Autism (HFA) or Asperger syndrome. Post-diagnosis, people with autism are offered a 'Being Me' course to understand their condition more. A referral to **Talking Therapies** for a range of therapies, including cognitive behaviour therapy and counselling, may be made if appropriate.

Young people with a learning disability and/or autism can access additional support and specialist courses at further education settings such as **Reading College**. The Council's Adult Education service **New Directions** delivers adult education and provide specialist support for those with learning disabilities, including those with autism. A number of organisations, including **Reading Jobcentre** and **GRAFT Thames Valley** provide support to autistic people to prepare for and find employment. **Royal Mencap** deliver a supported employment service for people with disabilities including autistic people.

There are a number of voluntary and community sector organisations that provide support that prevents people needing more specialist support or that supports them to live as independently as possible in their communities. Some of this support is specific to people with autism. **Berkshire Autistic Society** runs a helpline and information service, and a range of social clubs. BAS also offers an

Autism Alert card to people with a diagnosis that can be shown to explain the condition. **Reading Mencap** provides a number of clubs and regular activities for adults with learning disabilities (including those with autism). Other voluntary groups provide social clubs and events that support people on the autistic spectrum, including **Berkshire PHAB**.

People with autism involved with the criminal justice system can access the **Liaison and Diversion Support Worker** who supports vulnerable offenders.

Specialist support

Reading Borough Council provides assessment and care management to people with autism who meet the Adult Social Care eligibility criteria. Depending on a person's age, the **Children and Young People's Disability Team (0-25)** or the **Adult Disability Team (25+)** provides or arranges support that aims to help them to lead safe and fulfilling lives, with a focus on promoting independence and giving choice and control to service users, through access to Personal Budgets. The support can take many forms and may be from an organisation that specialises in supporting autistic people.

Berkshire Healthcare NHS Foundation Trust runs the **Community Team for People with Learning Disabilities** which provides specialist health services for people with learning disabilities, including some people with an autism diagnosis. The team has community nurses, occupational therapists, physiotherapists, psychologists, psychiatrists and speech and language therapists. Where people with autism present with complex and challenging behaviours, the teams work closely with assessment and treatment centres to support and reduce the impacts of such behaviours on people's ability to lead independent and safe lives.

Reading's **Community Mental Health team** is a partnership between Berkshire Healthcare Foundation Trust and Reading Borough Council to provide support. The team provides no autism-specific services, but a number of service users have autism alongside mental health needs.

Priority 1 - Increasing Awareness and Understanding of Autism

Widening awareness and knowledge of autism

Berkshire Autistic Society's research highlighted the importance of raising awareness of autism as much as possible among everyone who has contact with people with autism in a professional capacity. Understanding among GPs is critical as they are often the gateway to diagnosis. Increasing access to training and ensuring that existing training is accessed by the right people and across a broad range of organisations and services is key to widening awareness. Autistic people and their families should be involved in planning and delivering this training as much as possible. Taking opportunities to raise public awareness of autism through local events and information sources is also important.

People with significant contact with people with autism such as teachers, social care and health staff should be supported to deepen their understanding of autism. This should include building confidence to respond to autistic traits and behaviour and provide appropriate support, even before or without a diagnosis. Specific training may also be needed for those who support young autistic people transitioning to adult services, or for those supporting older people with autism.

- Review existing training across different organisations and identify gaps
- Develop a training programme with the involvement of people with autism with options such as online training
- Encourage organisations to access autism awareness training for their staff
- Support staff across health and social care teams to develop knowledge through accessing specialist training and sharing with others
- Work with education settings to develop understanding of autism and the confidence to respond to the behaviour of pupils with autistic traits

Helping people to access information, advice and support

The research by BAS found that people felt they did not always know what they could expect from various services, or find clear information in one place. The Council will continue to develop its information and advice offer to support people. A key element of this is the Reading Services Guide that is accessible online and through other methods

"The Autism Support Worker was great. Other support was good, but I found it difficult knowing where to look for support."

Parent of a child with autism

such as by phone or with the support of a professional/volunteer. This will be supported by other methods of providing information, advice and guidance, including working with groups who are trusted or already have a relationship with people to provide effective and timely information.

- **Continue to develop information and advice offered so that people with autism, families and carers can access clear, accurate and timely information in a range of ways**
- **Promote autism awareness through the Reading Services Guide**

Supporting autistic people and their families/carers to understand autism

People diagnosed with autism and their families stressed the importance of training and education that supports them to explain and manage behaviour, and to develop communication and social skills. For parents of children with challenging behaviour, this could include support with strategies to manage behaviour from school staff or the Children's Action Teams. This support needs to be adapted to ensure that it meet the needs of different people, such as those with limited literary or English skills. The Council will continue to work with partners in the voluntary and community sector to ensure that support reaches different parts of the community, such as those from different BME groups.

- **Work across partners to ensure people with autism and their carers are supported to access training and support to manage their condition, including different BME groups**

Priority 2 - Improving Access to Diagnosis & Beyond

Autism diagnosis services

“I was first mistaken for having a learning disability for 11 years, and misdiagnosed with a borderline personality disorder from 1999.”

Adult with autism

Raising awareness of autism is especially important for getting a diagnosis of autism, as universal services such as schools and GPs are often the starting point for someone to discuss concerns. Helping people to understand autism and access services for assessment can be particularly important for adults who may have never had a formal diagnosis. Not everyone will want a diagnosis, but for some it is important to be able to understand their condition and explain their behaviour to others.

Reading has diagnosis pathways in place for children and young people and, separately, for adults. There are currently waiting lists for both services. In the research completed by BAS, 58% of parents said it was hard to get their child diagnosed, with the most common reason being the wait for an appointment. Diagnosis services are the responsibilities of the Clinical Commissioning Groups. Reviews of the current pathways are needed to ensure that capacity is available to see people within the timescales recommended by the National Institute for Health and Care Excellence (NICE) clinical guidelines.

- **Work with health services to review the effectiveness and capacity of the children’s and adult’s diagnosis pathways**
- **Establish processes to signpost adults awaiting diagnosis to available support**

Support after diagnosis services

After a diagnosis of autism, children and young people can access support from a range of places, depending on the level of need identified. Parents responding to the BAS survey were especially positive about the support of the Council’s Autism Support Worker and liked the idea of someone to co-ordinate their child’s ongoing support from across services. In the future this co-ordination will take place for any child eligible for one of the new Education, Health and Social Care Plans (EHCPs) through this process. A possible gap in existing post-diagnosis support is for young people who receive a diagnosis, who could benefit from support specifically developed for their age range.

Adults who have received a diagnosis are offered a range of additional support including courses provided by voluntary organisations, and access to further health services such as Talking Therapies as appropriate to their individual situation. The research by BAS does note that this can only support a small number of those diagnosed, particularly as the number of adults being referred and diagnosed continues to increase. There is more work to do to ensure there is sufficient post-diagnosis guidance and support for people, including those who do not receive a diagnosis and may need to access provision such as Talking Therapies.

- **Align with work through the Special Educational Needs & Disability Strategy to better co-ordinate support for children with autism**
- **Work with partners to ensure that people receiving a diagnosis can access appropriate support such as training, peer support, and resources to support self-management**

Priority 3 - Supporting Better Life Outcomes for People with Autism

Education

Reading's Special Educational Needs and Disability (SEND) Strategy sets out how the Council will meet the requirements in the Children & Families Act, including the move to single Education Health Care Plans (EHCPs) to replace SEN statements. Work is underway to review all pupils who currently have SEN statements and, if appropriate, transfer these to EHCPs by 2017. EHCPs cover provision 0-25, to support improved transitions, and include all partners in an integrated process. The child or young person and their family are an essential part of this, to ensure the plan is personal to meet the individual needs identified.

“Previous schools have not taken his needs into consideration and my son was left unsupported, behind in his work, with no friends.”

Parent of a child with autism

“School has been amazing, putting immediate interventions into place.”

Parent of a child with autism

Many parents stressed the importance of getting the right support for their autistic children in school. The Council will continue to work in partnership with schools (both mainstream and specialist) to improve outcomes for pupils with autism, supporting their learning and attainment, and their development of social and communication skills. Using routes such as the Pre-School SENCO network supported by the Educational Psychologists to share learning and build knowledge that can be taken back to settings are important ways that this can be further developed. Pupils who have low attendance or are excluded are currently a particular area of focus, and Reading Borough Council's School Improvement Service is focusing on addressing issues for pupils with SEN (including those with autism identified as a need) through a number of measures to support and challenge schools and settings. Another opportunity is to facilitate support offered between schools, particularly from those with more specialist expertise.

- **Align with work to deliver the SEND Strategy to improve support for pupils with autism, including those move to Education, Health & Care Plans**
- **Continue to work with schools to strengthen knowledge and skills to support pupils with autism, encouraging links between specialist and mainstream settings**
- **Support the Virtual Head for CME (Children Missing Education) to work**

with schools to reduce exclusions and low attendance among children with autism

Training and Employment

“I have not worked due to inaccessibility in employee selection during a job interview in 1985-86”

Adult with

Moving on to further education, training or work is an important time for people with autism. While there are a number of options available in Reading, person-centred support is important to help young people to find the right opportunity. Local employment support organisations already help people with autism with taking steps towards employment, and the Elevate Reading project offers an opportunity to strengthen the support available in an integrated way. The Elevate Reading project will introduce a co-located central hub for employment support for 16-24 years - including traditional services such as Jobcentre Plus and wider support such as mentoring schemes run by the voluntary sector. The Hub will bring together organisations that work with employers to increase job opportunities, including for people with autism. The Council’s newly commissioned supported employment service for people with disabilities will be based at the hub, to enable it to specifically support people with autism to find and retain employment in partnership with other local organisations.

- **Establish the supported employment service for people with disabilities including autism to help people find work that is appropriate for their skills**
- **Work with partners in the Elevate Reading project to increase awareness among employers about autism and to increase opportunities for people with autism to experience, find and retain work**

Health, Social and Leisure

Ensuring people with autism can access universal services should be the starting point to support people in Reading’s communities to stay healthy, live fulfilling lives and develop social skills. The Council will continue to work with a range of local services such as leisure facilities to support them to make reasonable adjustments that enable autistic people to access their services. Specific activities for children, young people and adults with autism are also important, and the Council works with a mix of voluntary organisations to offer a range of social and

leisure opportunities, including support groups. The Council's Early Help Strategy (for children, young people and families) and Prevention Framework (for adults and carers) both confirm the commitment to provide low-level, community-based services - particularly for those who are not eligible for social care services and often rely on these services for support and advice. People have suggested areas for development such as peer support groups and buddying at transitions e.g. when leaving school; the opportunities to introduce these will need to be explored within existing funding.

- **Support a wide range of organisations to develop autism awareness, to ensure people with autism are confident to access their services**
- **Work with partners including voluntary and community sector groups to explore ways to further develop local autism community support**

For people with autism where their needs are more complex, health and social care staff will continue to support them to develop skills to live as independently as possible. Those people who are eligible for support from health and social care teams are helped by staff to feel confident and comfortable about accessing health services such as health screenings and reviews. More widely, there is work that partners including health services and the Council's Public Health team can do to ensure that all autistic people are supported to stay healthy, e.g. attending GP health checks. Parents were concerned about access to health support for their child with autism, particularly the waiting times and lack of clear pathways for some specialist services. The establishment of the Children and Young People's Integrated Therapies (CYPIT) with a single referral route aims to address some of these issues.

“Larger swimming groups with teachers who do not understand ASD was not a good experience”

Parent of a child with autism

- **Work across partners to ensure that people with autism are supported to access services that help their health and wellbeing**
- **Gather feedback on the effectiveness of the new Children and Young People's Integrated Therapies (CYPIT) to support plans to shape the future service**

Priority 4 - Supporting People with Autism to Live Safely and as Independently as Possible

Transitions to adult services

Moving from children's to adult's service can be a challenging time for young autistic people and their families. Schools, colleges and other education providers have a critical role to ensure that young people can access the right support at this point in their lives. Voluntary sector organisations and peer support opportunities can also be important support to people through this period.

- **Align with work for the SEND Strategy to review pathways for transitions between children and adult services**

Housing

As adults, the level of support that people with autism need will vary greatly. Promoting independence is a key principle in Reading, and all services will aim to help people to live as independently as possible for their own level of need. There are a range of housing options available to people on the autistic spectrum, from living alone or with a family, to supported living and residential accommodation. Reading Borough Council's recent tender for a Supported Living Accreditation Select List (SLASL) aims to ensure that high quality and good value Supported Living is available for all people who need this type of accommodation. The aim is that the providers on the list can develop their specialist knowledge so their provision can meet the range of needs in Reading, including people with autism. However, there will still be an option to have some level of specialist provision if someone with autism (for example) has very specific needs that cannot be met by any of the providers.

For those people with autism and challenging behaviour who need very specialist support, Reading Borough Council is working with neighbouring authorities and health partners on the Berkshire West Joint Commissioning Plan for Services for People with Learning Disabilities, Autism and Challenging Behaviour. The Plan has developed in response to the Winterbourne Review and aims to ensure that people with challenging behaviour are supported to remain living in their local communities and that any in-patient assessment and treatment is timely and, where possible, provided locally. Where people are placed out of Berkshire they are regularly reviewed and moved back to Berkshire where appropriate. Working together across Berkshire and across organisations will be critical to ensure that very specialist support is available to those that need this.

- Support providers on the Supported Living Accreditation Select List develop their skills and expertise to support people with autism
- Work with the Council's Housing team and local housing providers to ensure there is a range of accommodation for people with autism
- Work with partners across Berkshire West to improve support for people with autism and challenging behaviour

Staying safe and independent

"I don't have any help meeting appropriate people safely. There is a lack of opportunity to make genuine friends."
Adult with autism

Adults with autism need to feel confident and safe in their communities. The research completed by BAS found that autistic people are more likely to be at risk of financial abuse and other forms of abuse such as 'mate crime'. Advice and support should be accessible to adults with autism where needed to help them to live independently - managing money or staying safe online, for example. We will continue to work with agencies such as Jobcentre Plus to support people to access universal services, and offer travel training for children, young people and adults with autism to help people feel confident to get around independently. Other tools that provide practical support to help people with autism to live safely, such as the Berkshire Autistic Society's Autism Alert Card, will also continue to be supported. Autistic people are more likely to come into contact with the criminal justice system, and these services should be linked to other support available across partners to ensure that vulnerable defendants are supported pre-sentencing, including access to diagnosis if this is identified as a need. As adults with autism get older there may be a need for further support, if carers develop their own support needs, or to address additional health problems such as dementia. The Council will work to ensure that its team and other organisations supporting older people can understand and be aware of the potential impact of autism on the people they work with.

- Work with partners in the criminal justice system to raise awareness of autism and ensure that people with autism are supported appropriately
- Promote and support local initiatives that help people with autism to feel safe in their communities
- Ensure that services and organisations working with older people are aware how people with autism may need further support

Priority 5 - Supporting Families and Carers of People with Autism

Parents, families and other carers often provide valuable ongoing support to autistic people, both as children and through adulthood. The demand on carers will vary depending on the individual needs of the person being cared for, but in Berkshire Autistic Society's Survey of Carers in 2013, 33% of carers said that they never get a break from caring, and 50% reported suffering from depression and physical problems such as difficulty sleeping.

The Care Act introduces new rights for carers of adults, so that they are entitled to an assessment of their needs and support if they are eligible. Adult carers of disabled children get similar rights from the Children and Families Act. Not everyone will provide a level of support that will mean they qualify for support funded by the Council, but the assessment can also identify other types of support available in the local area that carers might benefit from. The Council is using the changes to the law to refresh its existing offer to carers and to make sure more carers are aware of their role and the support available to them. Locally we are choosing to support adult carers in the same way, whether they care for a child with a disability or an adult.

"I feel that while I am living I can continue to protect my daughter's interests, but I worry about the time when I shall not be around"

Parent of an adult with autism

A gap identified by BAS in their research was support for siblings of children diagnosed with autism; as part of our whole-family approach, we will make sure that siblings are referred to services for young carers and know about other opportunities that will support them. Opportunities for short breaks were highly popular with parents, and a review of current provision is under way currently.

- **Align with the work to implement the Care Act and the Children and Families Act to make sure carers of autism are aware of their rights and offered an assessment and further support (depending on their needs)**
- **Work with partners to promote the support available to carers and families of people with autism**
- **Review existing short breaks provision for children with autism**

Priority 6 - Improving how we Plan and Manage Support

Collecting and using data

There is limited data available on autism, with planning based mostly on estimated data and on the small percentage of people with autism known to Social Care services. We will work with partners to look at how data could be better collected about levels of autism locally and the outcomes for autistic people, to support further work and identify areas for development. While projections show that the number of people with diagnosis is increasing, improved use of data on local diagnosis rates would help local services to ensure that there is sufficient capacity to meet increasing demand and to inform the development of education provision, for example. This should be addressed in future policies and plans across different services and organisations, such as the Joint Strategic Needs Assessment.

- **Work across partners to improve data collection about people with autism, and the use of this to inform service planning**
- **Ensure that the needs of people with autism are included in plans and policies for developing services**
- **Work with the Public Health team to explain the needs of people with autism (including any specific issues for different genders, ethnicities and age groups) in the Joint Strategic Needs Assessment**

Providing support across the spectrum

Previously, young autistic people transitioning to Adult Social Care services were assessed and, if eligible, moved to the Learning Disability or the Long-Term Support teams. The Council's reorganisation into a life-long Disability service aims to address this split for those who are eligible for ongoing support. We will continue to monitor the effectiveness of this rearranged service to meet the needs of adults with autism. While a number of adults with autism are eligible for Social Care services, many others across the spectrum live independently or with family support. We are committed to working with partners to provide appropriate support at all levels, from signposting and support groups up to specialist support to people with autism.

- **Work together across partners to ensure people with autism can access appropriate support, including those who do not meet the eligibility threshold for social care services**

Overseeing support and involvement

More detail about how the Strategy will be overseen with the input of a range of partners is set out in 'Delivering the Strategy' below. These partners will support the work to involve and engage autistic people and their families and carers in the delivery of the Strategy and the shaping of services, building on the work so far to ensure that the Strategy is built on the views of people who use services that support people with autism already.

- **Continue to work to involve people with autism, their families and carers in delivering the Strategy and shaping future services**

Delivering the Strategy

Developing the Autism Partnership Board

The production of this Autism Strategy has been underpinned by the Berkshire Autistic Society research, and particularly by their consultation with people with autism and their families and carers to inform our future plans. BAS set up a Steering Group with representative from key agencies and organisations. The Autism Strategy Steering Group (with a refreshed membership) has continued meeting to drive the development of the Autism Strategy and to make sure that it is focused on the needs of autistic people and their families and carers in Reading.

The Group will continue meeting quarterly once the Strategy is published, as an Autism Partnership Board. Terms of Reference set out its role to oversee the delivery of the Strategy through an Action Plan and to support a wide range of organisations to improve their awareness of autism and “think autism” in their delivery and development of services. The Board will continue to focus on partnership working with members from social care, education and health services, other organisations across the statutory and voluntary and community sectors, and people with autism and their families and carers.

Autism Strategy Action Plan

Delivery of the Strategy will be supported by the development of an Action Plan by the Partnership Board to set out in more detail how the work will be progressed. This might involve setting up sub-groups to do more detailed work, or involving different services and organisations as appropriate.

The Partnership Board will report back on progress with the delivery of the Autism Strategy to Reading’s Health & Wellbeing Board and to Reading’s Learning Disability Partnership Board. The Strategy and the Action Plan will support the completion of the Autism Self-Assessment (for adults with autism). It will demonstrate how it is narrowing the gap for people in Reading, in line with the Council’s ambitions in the Corporate Plan 2015-18, and improving outcomes for children, young people and adults with autism, their carers and families.

Improving Outcomes for People with Autism

Delivery of the Strategy and the Action Plan should enable Reading to meet its aim of improving outcomes for children, young people and adults with autism, and their families and carers. Achieving the actions set out in this Strategy should support changes for people so that we can show that we meet the following outcomes:

Adults with autism

- People with autism achieve better health outcomes
- People with autism are included and are economically active
- People with autism are living in accommodation that meets their needs
- People with autism are benefitting from the personalisation agenda in health and social care and can access personal budgets
- Adults with autism are no longer managed inappropriately in the criminal justice system
- People with autism, their families and carers are satisfied with local services
- People with autism are involved in service planning

Children and young people with autism

- Better educational outcomes - narrowing the gap in attainment, ensuring good attendance and reducing exclusions (linked to the objectives of Reading's Special Educational Needs & Disabilities Strategy)
- Being safer - improving parenting skills and confidence to manage behaviour related to autism
- Being included and able to participate
- Improving access to universal services and use of these services
- Improving access to and use of information and advice
- Being independent - reducing the number of young people not in education, employment or training

Priority 1 - Increasing Awareness and Understanding of Autism						
<i>Services across different organisations in Reading are "autism-friendly" and responsive to the needs of people with autism through improved knowledge and awareness.</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
1.1	Write to the leads for key organisations in Reading: <ul style="list-style-type: none"> - Promote the Autism Strategy - Ask what they will do to improve their support for autistic people, with ideas of what they could do - Ask if they will nominate a "champion" to help with this work - providing a brief of the expectations of the role and the support e.g. training offered 	Chair of Partnership Board	Identified organisations/services: Council (Housing, Transport, Leisure, Education, Children's, Adult Social Care, Customer Services), Health services, schools, colleges, Voluntary Sector, employers Brief to be developed by the Partnership Board at October meeting.	December 2015	People with autism can access services that are more autism aware that have champions in place to support the principles of the Autism Strategy	75% of organisations written to have responded and identified their own autism champion and their actions to support people with autism
1.2	Circulate information about current providers offering autism awareness training to leads & make this information available on the Reading Services Guide	RBC Disability Service	Work with Consultation & Engagement Officer to add page to the RSG	December 2015	People can better support autistic people after accessing training to understand their needs and develop knowledge and skills	Information published and number of visits to the site to establish engagement 25% increase on numbers accessing autism training after 6 months on current baseline.
1.3	Increase knowledge among Child & Adolescent Mental Health Service (CAMHS) staff of people with learning disabilities and autism through delivering training and sharing best practice.	Child & Adolescent Mental Health Service	Underway - staff from ASD Pathway working with staff across CAMHS e.g. sharing ideas of effective interventions. Depression & Anxiety Pathway now more open to autistic children.	Review progress June 2016	Autistic children get effective support from CAMHS staff with better expertise around autism	Increase in the number of CAMHS staff completing training.
1.4	Use Educational Psychology training days with schools to test and measure effectiveness of new ways of supporting autistic children in classrooms (supporting a shift to needs-led rather than diagnosis-led approaches)	Educational Psychology	Training day to be identified and planned in Autumn term Deliver training in Spring term to allow for evaluation	March 2016	Autistic pupils will get effective support from staff with knowledge about the best way to support them	Numbers attending training days, feedback from training attendees on the course and the impact for pupils
1.5	Upskill Adult Social Care teams around assessment and care planning for autistic people, particularly knowledge of the wide range of needs across the spectrum	RBC Adult Disability Team	Promotion of online autism training course to all teams Pilot specialist face-to-face autism training for Adult Disability Team Evaluate feedback on training to consider running more widely	November 2015 December 2015 February 2016	People with autism will get effective support from Adult Social Care teams from staff with expertise	50% of staff in the Adult Disability Team have completed autism training
1.6	Cascade National Autistic Society posters to GP surgeries and other health services	South, Central and West Commissioning Support Unit	Plan to attend Practice Manager meetings to promote the Autism Strategy and poster resources	January 2016	GP surgeries are better aware of the needs of autistic people and able to meet their needs	Strategy and posters sent to all GP practices requesting to visit. 50% of practices visited to promote the Autism Strategy.

Priority 2 - Improving Access to Diagnosis & Beyond						
<i>Autism diagnosis services for children and adults are timely and link service users and their families to appropriate support including pre-diagnosis and after a diagnosis service.</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
2.1	Review the diagnosis pathways for children and adults including:	South, Central and West Commissioning	Meeting to agree terms of reference Review completed	November 2015 October	People with autism and families have an improved experience of diagnosis	Review recommendations are put in place Diagnosis services meet

Autism Strategy Action Plan

(September 2015)

<ul style="list-style-type: none"> • Capacity • Pre-assessment support, and any alternatives to diagnosis offered • Quality and appropriateness of diagnosis • Post-assessment support including follow up or other services offered or signposted • Support offered to families and carers • Support available by linking with partners 	Support Unit		2016	services, with clarity about what they can expect, reduced waiting times and more consistent support	the NICE guidelines for service provision Waiting times for diagnosis reduced - proposed target of 95% of young people on the ASD care pathway will access their service within 12 weeks by March 2016
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Priority 3 - Supporting Better Life Outcomes for People with Autism						
<i>Services and support in Reading is effective in helping people with autism to be and stay healthy, to have good well-being and to engage with education, work, social and leisure activities</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
3.1	Support autistic people to access health services by: <ul style="list-style-type: none"> • Introducing a single referral route for CAMHS and Children and Young People's Integrated Therapies • Explore developing a Reading 'health passport' for autistic people 	CAMHS, South, Central and West Commissioning Support Unit, Partnership Board	Progress to be confirmed by next meeting To review existing health passports by Talkback and NAS at October meeting to see how these could be used/adapted	2016 March 2016	Autistic people have easier access to the health services with reduced duplication and referrals, that supports them to stay healthy	New referral route set up Health passport is launched and 50 people complete this in the first 6 months with feedback to review the Passport.
3.2	Review short breaks commissioned in the voluntary sector for autistic children and young people	RBC Commissioning, Reading Families Forum	Review underway and will inform bidding process for grant funding for 2016-17.	March 2016	Provision is autism friendly and appropriate to meet the needs of children and young people with autism	Feedback from families that short breaks are fully accessible and appropriate for their needs
3.3	Address low attendance at school of autistic pupils through the Emotional Wellbeing Strategy Group and working with the Virtual Head for Children Missing Out on Education	Educational Psychology		Review progress March 2016	Attendance among pupils with autism increases, leading to better educational outcomes	Increase attendance rates for pupils with ASD
3.4	Increase the number of people with autism in employment by promoting the supported employment service among partners as support available to autistic people looking for employment, including raising awareness among employers	Royal Mencap Partnership Board	Achievements and areas for further work to be reviewed one year into service	March 2016	The Supported Employment service provides support to 10 autistic people in their search for employment in 2015-16.	Set a baseline in 2015/16 and set targets based on this to increase by 25% in 2016-17 for the number of people with autism referred to the service, starting and sustaining apprenticeships, and taking up full-time or part-time employment
3.5	Ensure that the Adult Social Care Wellbeing Framework for preventative services funding is aligned with the Autism Strategy with the introduction of new peer support service for autistic people and their families.	RBC Disability Service	Consultation on draft Framework ongoing until Autumn 2015	February 2016	Autistic people and families can access peer support that helps them live well independently	Number of families linked to a peer support worker, Number of families undertaking self-management training

Priority 4 - Supporting people with autism to live safely and as independently as possible						
<i>Autistic people in Reading can find somewhere appropriate to live and be confident about being part of their community, even if they have very high levels of need</i>						

Autism Strategy Action Plan

(September 2015)

No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
4.1	Work with the providers on the Supported Living Accreditation Select List (SLASL) to ensure they can offer consistent and good quality support for people with autism	RBC Commissioning	Audit of current training levels completed and to be reviewed by Partnership Board	April 2016	Autistic people who need supported living can get appropriate support from a SLASL provider with the skills to meet their needs	75% of SLASL providers will have core staff trained to work with people with autism so they are skilled to support these people
4.2	Ensure that the Council's Learning Disability, Mental Health and Accommodation with Care strategies highlight the needs of autistic people	RBC Commissioning	Strategies currently being drafted. Learning Disability Partnership Board Housing group is supporting this work and ensuring autism is covered.	February 2016	Future supported living plans ensure there is sufficient appropriate accommodation for people with autism	Council commissioning strategies and plans in place
4.3	Review learning from existing safety schemes (Safe Places, BAS Autism Alert Card) to understand what more needs to be done to highlight safe places in the community to people with autism	Learning Disability Partnership Board - Living and Working group	Use review to consider possible card for sensory issues. Lead to be identified from the Autism Partnership Board to support this work.	August 2016	Safety schemes support more people with autism to feel safe when they are outside their homes	Increase in the number of people with a BAS Autism Alert Card
4.4	Engage with the Berkshire West Joint Commissioning Plan for Services for People with Learning Disabilities, Autism and Challenging Behaviour with partners	RBC, South, Central and West Commissioning Support Unit	'Positive living' model developed in Reading in line with the Berkshire West work. Further steps to implement actions are within the separate action plan.	March 2017	Provide specialist community support that reduces the need for inpatient assessment and treatment and where admissions are necessary, reduces the length of time	Principles of the work incorporated in the Learning Disability Strategy Residents of Reading in this cohort can access specialist community support that reduces the use of inpatient assessment
4.6	Review advocacy services for people accessing Adult Social Care to ensure support is available for autistic people who need this from trained staff with knowledge and expertise	RBC Disability Service	To be considered as part of any further review of services or recommissioning.	May 2016	Support from appropriately trained advocates means that people with autism can engage effectively with Adult Social Care services	Review numbers accessing new advocacy services to engage with Adult Social Care services. Service users give positive feedback on advocacy support

Priority 5 - Supporting families and carers of people with autism						
<i>Families and carers of autistic people are made aware of and can access appropriate support for their needs that enables them to stay well and continue to provide support</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
5.1	Ensure that the recommissioning of carers support as part of the Adult Social Care Wellbeing Framework is aligned with the Autism Strategy	RBC Disability Service	Consultation on draft Framework ongoing until Autumn 2015	May 2016	Carers of autistic people can take planned breaks to enjoy a life outside of caring and support their wellbeing	Number of carers of receiving planned breaks from caring
5.2	Promote the rights of carers to assessment and support among carers of autistic children, young people and adults with consistent messages	Reading Borough Council	Ensuring information and advice from the Council promotes support for carers	March 2016	Carers of people with autism are aware of what support they are entitled	Increasing number of carers of people with autism known to the

					to and access this	Council
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Priority 6 - Improving how we plan and manage support						
<i>Data and other information is used to understand the level of need in Reading and to deliver the Autism Strategy in the most effective way through work with a wide range of partners</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
6.1	Work with Public Health to refresh the information available in the Joint Strategic Needs Assessment (JSNA)	RBC Disability Service	Work underway on areas where data is required within the JSNA to better understand needs	March 2016	More detailed and robust information on the needs of people of autism in Reading is available to inform service development and commissioning	Publish more detailed autism information in Reading's JSNA JSNA information on autism used in all plans and strategies
6.2	Establish the Autism Partnership Board with appropriate membership to oversee the delivery of the Autism Strategy and review the effectiveness of the Action Plan on improving outcomes	RBC Disability Service	First Autism Partnership Board meeting July 2015. Terms of Reference for the group agreed.	July 2015 - Completed	A wide range of partners, including the people with autism and their families/carers support the delivery of the Strategy in an effective way	More than 10 organisations represented at the Partnership Board across different sectors attending at least four meetings each year

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	23
TITLE:	RAISING EDUCATIONAL ACHIEVEMENT IN READING - STRATEGY UPDATE		
LEAD COUNCILLOR:	CLLR TONY JONES	PORTFOLIO:	EDUCATION
SERVICE:	EDUCATION	WARDS:	BOROUGHWIDE
LEAD OFFICER:	KEVIN MCDANIEL	TEL:	0118 9374240
JOB TITLE:	HEAD OF EDUCATION	E-MAIL:	Kevin.mcdaniel@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 In response to the Ofsted themed inspection of school improvement services in October 2014 and subsequent letter, the Council has undertaken a number of actions to accelerate the rate of improvement in schools. This report with appendices, sets out a vision for education in Reading; the proposed establishment of The Reading First Education Partnership to oversee school to school support; and a set of actions and commitments for the local authority and schools to achieve the vision in three years. This vision aligns with the framework of the Corporate Plan and if successfully implemented, Reading will be among the top quartile of education performance for pupil attainment, pupil progress and school quality.
- 1.2 This report updates the committee on the feedback from the borough-wide consultation process, highlighting the changes suggested. The strategy continues to build on the school improvement approach set out by the Interim Director of Children, Education and Early Help Services in her report to the ACE Committee on 5 March 2015.
- 1.3 The report sets out the steps required to begin to implement this three year strategy and the committee is asked to approve the strategy and implementation plan.

2. RECOMMENDED ACTION

- 2.1 That the Adult Social Care, Children's Services and Education Committee approve the *Raising Attainment Strategy 2015-2018* and the *Implementation Plan* as set out in Appendix 1 and 2 of this report.
- 2.2 The Committee approve the actions set out in sections 4.25 to 4.29 required to implement the strategy, with particular note of the draft *Partnership Terms of Reference* set out in Appendix 3 which will be developed to steer the day to day school improvement work.

3. POLICY CONTEXT

- 3.1 Local Authorities are accountable for the success of all young people in the education system, however the advent of Academies has fragmented the responsibility for school improvement. Local Authority measures still include the achievements of pupils at state-funded schools and therefore it is crucial that the local authority leads the overall system, holds all schools to account and creates the environment where school to school support is effective.
- 3.2 OfSTED inspects all schools to a national framework which includes an assessment of the level of school to school support and the leadership role of the local authority.
- 3.3 Local Authority school improvement services are also subject to inspection by OfSTED, however the decision to undertake such an inspection is taken on an authority by authority basis. OfSTED undertook a focussed inspection of schools in Reading and included an assessment of the local authority effectiveness in supporting school improvement in October 2014 and published their findings in January 2015.

4. THE PROPOSAL

BACKGROUND

- 4.1 As part of a range of activities and the school improvement approach set out by the Interim Director of Children, Education and Early Help Services in her report to the ACE Committee on 5 March 2015, the Local Authority has developed a proposed vision and approach to education in Reading which will involve all schools. The proposals are based on international research of some of the best education systems, system research from the Department for Education and national research on the role of the middle tier in government.
- 4.2 This suggests that strong collaboration among education leaders and practitioners that focuses on teaching improvement for every child and organised school to school challenge and support is the most significant and common feature in the leading education systems and for sustained improvement. There is a key role for the local authority, as the middle tier, to provide vision, drive and coordination of school improvement work and a range of services that support education.
- 4.3 The Council put three draft documents out for consultation. They are summarised below:
 - Reading First - Raising Attainment Strategy 2015-2018**

This paper sets out the vision for education in Reading. The ambition is that achievements by summer 2018 place Reading within the top 25% of local authority areas for educational achievement of children and young people and for every school and early years setting to be good or outstanding. It clearly sets out what schools and the local authority will be doing if the system is to deliver these results and it sets out a baseline of current public data about schools in Reading.
 - Reading First - Implementation Plan**

This paper describes the activities and behaviours required to deliver the outcomes. It underlines the principle that the most effective school improvement is through joint partnership, with an open relationship among schools and with Reading Council, in which schools lead improvement of others.

The plan proposes the establishment of the Reading First Education Partnership which includes the Local Authority, schools and other key partners such as Reading University.

The paper sets out a system of groups that build upon what exists in the Borough to support the work of the Reading First Education Partnership in a transparent process that will secure constant monitoring, support and challenge to effect improvement.

Reading School Effectiveness Guide

This document is Reading Council's School Improvement plan. It sets out how individual schools will work with the school improvement service in Reading, built upon international research on how the world's most highly achieving school systems operate and how systems improve from where they are to be good and outstanding. The guide proposes an assessment of the position and trajectory for each school and setting to enable resources to be targeted early to ensure continual school improvement. A common approach to this assessment will enable schools to identify focussed areas for improvement or areas of strength that could be used to help others.

- 4.4 The revised processes set out in the three documents identifies the crucial role of the Reading First Education Partnership in assessing needs and commissioning support in line with a defined categorisation. The Local Authority retains statutory responsibility for the achievement of young people. This will continue to be delivered via the Lead Member for Education and this committee, including an annual report of performance and the effectiveness of these arrangements.

CONSULTATION FEEDBACK

- 4.5 The feedback received has been grouped together and used to make suggested changes to the documents in the appendices. Section 6 Each document is taken in turn in the sections below

The Raising Attainment Strategy

- 4.6 There was a broad view that the level of ambition in the Raising Attainment strategy is appropriate and in line with the expectations that we should hold for our young people. There was a concern that the way the targets are expressed, in terms of comparison with others, may lead to the appearance of failure even in light of local improvements for some schools. It is important to re-iterate that individual schools will be measured objectively about their improvement performance while reporting the relative position of Reading as a whole.
- 4.7 A number of respondents expressed reservation about the proposed "Reading First Partnership" name, noting that it did not describe education or achievement. A number of suggestions were made, leading to an alternative: "Reading's Educational Excellence for All Partnership" (REEAP). It is recommended that this name is adopted.
- 4.8 Almost all respondents agreed that the targets where challenging and the timing, of three school years to summer 2018 was tough. However those with the furthest to travel believe that they have to improve within that timescale and therefore it is recommended that the target date be set at summer 2018.
- 4.9 There was specific feedback that the Key Stage 4 target for GCSE's is unrealistically high and should be reviewed in light of the national changes in the examination system which will take effect during the life of the strategy. This has been reduced in the proposed strategy and will be kept under review.

- 4.10 There was strong support for an explicit commitment to a “Culture and Sport Entitlement” in addition to the correct focus on attainment in core subjects. There were a number of suggestions on how to support this including:
- more interschool competitions and shared events
 - joint working to manage increasing costs for transport, especially coach travel
 - Increased collaboration built on individual school excellence
 - Finding ways to engage local employers in stimulating activities.

It was also noted that we need to ensure equality of access to these activities across the borough so that we continue to focus on narrowing the opportunity gaps that some young people face.

- 4.11 Most respondents noted that the performance table, constructed from public data needed to be in the document; however it was suggested that the use of just one year’s data could create an unrealistic picture of some schools. It is recommended that the table is developed with a three year average attainment figure, based on the end of year results and updated each year of the partnership.
- 4.12 Early Years education is a key stage for improving outcomes and it was noted that our Nursery schools should also be part of the performance table. They have been added to show Ofsted judgements; results are not included as they are not published data.
- 4.13 The final draft of the Raising Attainment Strategy is set out in Appendix 1.

The Implementation Plan

- 4.14 All respondents were overwhelmingly in favour of a partnership approach to raising standards through self-improvement. Such a partnership of all schools, led by a Board drawn from a range of schools with expertise in each phase of education is the preferred approach. There was concern that the Board should not be too large with most believing a maximum of ten members would be most effective. It is suggested that a process of nomination from all member schools would enable those with the passion for joint working to take a lead. The draft terms of reference for the partnership board are set out in Appendix 3.
- 4.15 It was noted that the Local Authority has a critical role in school improvement at the centre of the partnership and should be explicit about the contribution it makes to the board. Section 9 of this report details the financial contribution to the partnership by the Local Authority.
- 4.16 There was good support for the key areas of priorities with a particular focus on the recruitment and retention of good teachers. In particular there was a view that the shared training of staff will be crucial and utilising the skills of all schools provides capabilities. For example each school could be asked to provide a single briefing session each year on an area of good practice. The Churched Academy Training Alliance will be represented on the partnership board to ensure that the system reduces duplication and shares as much local knowledge as possible.
- 4.17 The schools who responded to the consultation recognised that, in addition to the LA contribution which will operate the partnership, there needs to be resources to tackle the joint priority areas. They supported the idea of a membership fee and recommended that it be based on the number of pupils in a setting. The following table sets out the proposed schedule for 2015-16:

Max number of pupils in setting	Less than 300	300 to 700	More than 700
Annual cost	£200	£400	£800

For the support for this cost to remain, the partnership has to add value and it will be supported by an annual survey of all schools which will also be used to rank relative priorities in the future.

- 4.18 The final draft of the Implementation Plan is set out in Appendix 2.

The School Effectiveness Guide

- 4.19 Consultation feedback identified the need for a transparent assessment of all settings in order that there was confidence in the overall system, however there was a concern that it might be seen as scrutiny if not used to support school improvement.
- 4.20 Respondents supported the use of evidence in the assessment of schools and felt the proposed range of data-led areas ran the risk of too many assumptions and not enough professional judgement. It is recommended that the assessment set is reduced from the draft proposal and that a discussion between school and School Partnership Advisor should inform the summary of top improvement priorities for a school.
- 4.21 With the focus on rapid and sustained improvement, it is further recommended that the summary includes a three year view of performance along with timescales and milestones on the improvement journey - all information that schools already have.
- 4.22 There was broad support for the publication of assessment guidance as set out in the draft guide and that it should be continue to be a key resource to underpin professional judgements.
- 4.23 It is clear that further work is required on the detail of the School Effectiveness Guide before it can be endorsed. The Local Authority's school improvement team will work with schools in autumn 2015 to establish the right level of detail in the assessment of a school. This data will be private within the partnership, with schools using the information to inform the documents already shared with parents, OfSTED and the wider public.
- 4.24 Schools are clear that they need to own the improvement plan for their school and welcome the chance to access expertise from across the borough. To enable this, the partnership is recommended to proactively assemble a picture of capability across the borough.

NEXT STEPS

- 4.25 Committee is asked to approve the Raising Attainment Strategy in appendix 1 and the Implementation plan in appendix 2.
- 4.26 With the approval of the strategy and implementation plan, the Head of Education will invite nominations to the Partnership Board and establish the first meeting in October. This first meeting will refine the terms of reference, set out in draft in appendix 3.
- 4.27 The school improvement team, led by the Senior schools advisor, will work with schools to refine Effectiveness Guide in line with the feedback in 4.20 - 4.24 in order that the guide can be refined and reviewed by the partnership before it is returned to committee for agreement.
- 4.29 The education team will enable the partnership by the commitment of the relevant resources as set out in section 9.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 This report contributes to the Council strategic aim of Narrowing the Gap and the service priority to “Providing the best life through education, early help and healthy living”.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The consultation process with schools began on Friday 5th June with a half-day conference which was attended by representatives of 93% of schools, with apologies from the others. This event used voting pads to take a straw poll of schools at key points in the discussion and the following general observations were made:

- 95% were in favour of the collaborative process
- 82% believed the aspiration was realistic to hold
- 60% felt it was achievable by summer 2018 which rose to 80% by summer 2019
- 66% were in favour of a common assessment approach with the others unsure

- 6.2 All schools have been invited to give individual feedback both in person and via a written response. Twelve schools took up this opportunity. The detail of the response is covered in section 4. A number of councillors and members of the Education service also provided feedback and suggestions which have been incorporated into section 4.

- 6.3 The council has published the draft documents online for public comment, and they can be accessed at <http://beta.reading.gov.uk/readingeducationconsultation>. At the end of August there had been no responses from the public.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The strategy applies to all schools and the pupil who attend them and therefore there is no requirement for an Equality Impact Assessment related to this report.

8. LEGAL IMPLICATIONS

- 8.1 There are no legal implications arising from this report.

9. FINANCIAL IMPLICATIONS

- 9.1 The strategy has been developed within existing resources, including the cost of the consultation.

- 9.2 There are costs associated with the delivery of the strategy and the Reading First Education Partnership. The local authority already funds the annual Landscape conference and the online portal which enables the sharing of information with schools regardless of ICT systems. This costs circa £20k per year.

- 9.3 It is proposed to support the operation of the Reading First partnership with a 0.5 FTE operations post in order that the group can be effective. This will be funded from within the Head of Education budget line, with a value of circa £10k per year.

- 9.4 The Reading First partnership has a proposed membership fee based on number of students which will generate £23k from schools which will be used to commission cross-borough work under the control of the Reading First partnership.

10. BACKGROUND PAPERS

Reading Educational Excellence for All Partnership

Educational ambition and achievement strategy

2015 -2018



ABOUT READING

9% increase in residents since 2001	159,200 people live in Reading	↑	Population to increase by 24% by 2050 to 193,065
↑	0-4 year olds have increased by X5	Employment rate:	78.1% - one of the highest in the UK
2,300 Children in poverty	67,000 employed in the private sector	16,800 employed in the public sector	
28% of residents don't own a car	High weekly earnings: £606/week	Highly skilled: 42.6% of residents have NVQ 4 or above	
63,000 households - an 8% increase since 2001	Increasing ethnic diversity - 35% of the population are from Black & Minority Ethnic Groups		
26% Residents living in private rented homes has increased	Ranked in top 10 European cities for Foreign Direct Investment		
7 miles of river frontage	650,000 sq. ft. of new or grade A refurbished office space under construction		

Reading is an exciting, dynamic and inspiring place to be - our future in this century will be driven by the success of our children and young people.

Reading is a dynamic, fast moving economy. We have a high proportion of young people and aspire to the highest levels of achievement for our young people ensuring that Reading is a world class place to live, work and grow for everyone.

Almost half of our school population belongs to an ethnic group other than white British. This diversity is a strength - 30% of pupils speaking English as an additional language, with 150 first languages in the area - which creates real opportunity. Together, we have the highest expectations for every child and young person and that the levels of achievement for every group should be second to none.

We want to ensure that children achieve whilst in school and go on to take advantage of a wide range of opportunities in further and higher education and with employers who are committed to learning outcomes through ongoing training. With a vibrant economy in the Reading area we want employers to be committed and actively engaged in access, completion, achievement and progression for every young person¹

Our pledge to every parent and carer - what they can expect for their child

- Have good quality teaching all the time and much of it being outstanding.
- Recruit and retain the best teachers and ensure that they have the highest quality professional development.
- Engage with parents and expect them to take an active role in supporting the achievement of their children.
- Demonstrate collaboration with other schools both within and across phases as part of the Reading community.
- Provide enrichment experience for every pupil throughout their time at school.
- Ensure that children and young people get outstanding information advice and guidance and development of employability skills.
- Show strong links with Reading communities including further and higher education, business, and third sector.

¹ Outcome Bound Sir Michael Barber – The journal of the RSA 1 2015

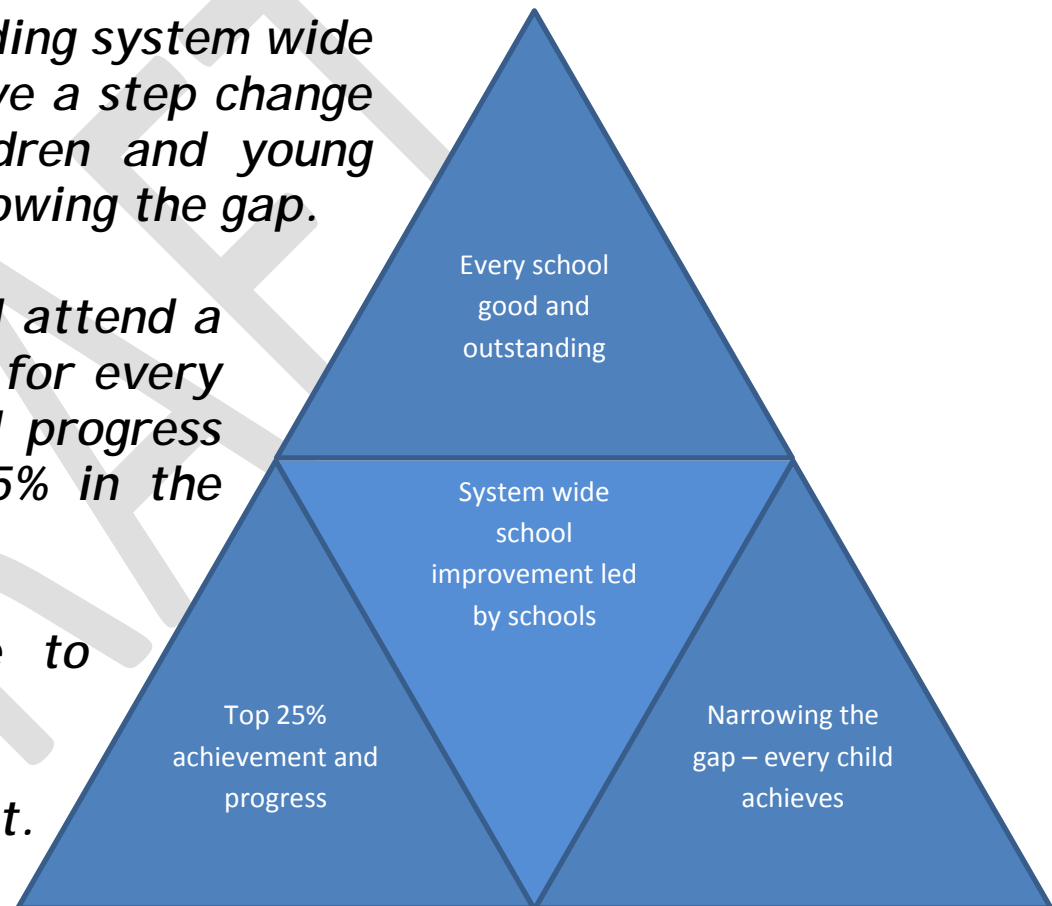
Reading Educational Excellence for All Partnership: Ambition, achievement and aspiration

Working together, with schools leading system wide school improvement, we will achieve a step change in educational outcomes for children and young people. Raising standards and narrowing the gap.

By 2018 every child in Reading will attend a school that is good or better, and for every group, children's achievement and progress in Reading will among the top 25% in the nation.

Our education system will move to great and outstanding.

Children in Reading deserve the best.



This means that by 2018 we will:

- **See schools leading the development and improvement of others** in partnership with the local authority - together ensuring that 90%² of primary schools and 90%³ of secondary schools in Reading are good and outstanding by the end of 2017. Following robust action we will press for early re-inspection of schools that are currently *requires improvement* or lower. Every school will be good or outstanding by the end of 2018.
- **Achieve challenging targets for attainment, progress and progression** where at least 85% of children achieve age related expectations by the end of key stage 2 in reading, writing and maths combined by the end of 2018⁴ and that this is maintained through Key Stage 4 - where at least 65% of young people achieve the Level 2 equivalent of GCSE %5A*-C including English and maths by the end of 2018⁵. Every child makes at least necessary progress in every school year, no young person becomes NEET and that there are powerful and diverse routes into employment and higher learning for every young person.
- **Every group will be outperforming their peers nationally** - those eligible for Pupil Premium, Looked After Children, BME children, children with SEND - and be among the top 25% for that group nationally.
- **Ensure that every child has the best possible start through the early years foundation stage** - with every setting being good or better by the end of 2018 and in Reading at least 70% of children achieving the expected level across the Specific Areas of Learning.⁶
- **Every child and young person in Reading is inspired and delighted through high quality teaching, an exciting curriculum, culture, sport employment and careers and skills development.** Starting from 2015 we will regularly assess pupils' attitude to their curriculum, the quality of information, advice and guidance and levels of engagement in cultural and sports activities and set ourselves ambitious targets for inclusion in these areas. Starting from 2015 we will set out the unique contributions of every school in Reading and collaboratively develop "*The Reading Entitlement for Culture and Sport*".

² Top quartile performance in 2014 was 88.5% of primary schools. Top 25 performances is 90% of primary schools. Readings performance in 2014 was 72.2% (151 out of 162) – source Watchsted March 2015

³ Top quartile performance in 2014 was 88% of secondary schools. Top 25 performance was 88.5%. Reading's performance in 2014 was 57.1% (135 out of 162) – source Watchsted March 2015

⁴ The lowest performance of a top quartile LA area in 2014 is 81% of children achieving L4+ RWM combined. Reading's 2014 performance was 75% - source DfE March 2015

⁵ In Reading 59.3% of young people achieved 5A*-C including English and maths. Only 5 Local Authority areas achieved 70% or more of their young people achieved this standard in 2014 – source DfE March 2015

⁶ In 2014 61% of children in Reading achieved the expected level across specific areas of learning. Top quartile performance in 2014 was 64%.

We are committed to moving to good and outstanding in Reading by 2018

Every child deserves an outstanding school and an outstanding local authority

SCHOOLS AND SETTINGS	THE LOCAL AUTHORITY AND CHILDREN TRUST PARTNERS
<p>Leadership:</p> <ul style="list-style-type: none"> • The Head Teacher, senior leaders and governors who know their school well, understanding its strengths, areas for development and strategies to become and stay outstanding; consistently communicating an ethos of high expectations and ambition to staff and pupils. • School leadership that is recognised with many accredited for their work. • Effective external support and challenge to constantly improve performance and positive engagement in school to school improvement. • A clear school plan showing how the school challenges itself to develop, improve and remain at the forefront of educational excellence. 	<p>Leadership</p> <ul style="list-style-type: none"> • The Lead Member, Director of Children’s Services and senior staff know schools well, understand the strengths and areas for development of every school; helping to resource and promote a joint practice development way of improvement, preparing to share data and intervene early to secure rapid improvement. • Secure effective ways of working with Heads, principals and governors to support high standards for pupils especially for looked after children and other disadvantaged groups of pupils. • Ensure that there is a clear LA wide school improvement strategy which every school understands and ‘buys into’. • Leads the establishment of ambitious targets for Early Years, KS2, 4 and 5 with a partnership approach to achieving them.
<p>Teaching</p> <ul style="list-style-type: none"> • Teaching and learning that is at least good, with the majority outstanding across the school and in all subjects, investment in developing staff to teach a broad and balanced curriculum, showing an unrelenting focus on improving standards and promoting positive attitudes to learning, with children making good progress. Targets are also set for top quartile performance of progress and achievement. • High quality planning, assessment for learning and targeted intervention to enable all children to achieve the best they can and to close the attainment gaps for low and under-performing groups and pupils. 	<p>Teaching</p> <ul style="list-style-type: none"> • The LA has a clear understanding of the quality of teaching across every school kept up to date every half term, working with schools to ensure this constantly improves to outstanding. • Taking a lead supporting the Joint Education Partnership to ensure joint practice development among schools and other partners such as Reading University as the means to constantly improve practice. • Promoting Reading and supporting the recruitment and retention of the best new teachers, teachers and school leaders into Reading. • Taking a lead role with The Joint Education Partnership schools to ensure teachers are very well versed in wider aspects of their role (safeguarding, independent information, advice and

	guidance, strategies for supporting children from disadvantaged groups to narrow the gap, promoting health and ensuring children with SEN achieve and have full access to an effective Local Offer).
Curriculum	Curriculum
<ul style="list-style-type: none"> • A curriculum that provides well organised opportunities for learning, promotes positive behaviour, and provides a broad range of experiences and enrichment that contributes to pupils' achievement, and personal and social development including opportunities to engage in extra-curricular activities and educational visits. • An approach that enables children and young people to be prepared for the next phase of their development and being ready for education beyond school and for the world of work. 	<ul style="list-style-type: none"> • Leading the establishment of an entitlement for children in Reading in sport, the arts and community engagement. • Ensuring children and young people have good access to sports and cultural facilities in Reading with specific strategies to promote their use by children and young people including their direct engagement in schools • Ensuring support for early years assessment and EYFS development • Delivery of an effective Raising Participation Age (RPA) plan ensuring engagements of further and higher education and employers in impacting on the access, completion, achievement and progression of every young person from the ages of 14 to 25.
Inclusion	Inclusion
<ul style="list-style-type: none"> • The school is recognised for their strong inclusive practice and achievement for vulnerable and disadvantaged children and young people. • The school ensures that every child and young person receives early help and an integrated approach to their support when they need it. 	<ul style="list-style-type: none"> • Championing the educational needs of looked after children and ensuring that the Virtual School is outstanding. • Working with schools to deliver an outstanding Local Offer for children with SEN. • Delivering an outstanding school admissions service. • Every Reading child has access to a school in Reading that is good or better.
Partnerships	Partnerships
<ul style="list-style-type: none"> • The school works with other schools and with Reading Council to support improvement. • The school demonstrates engagement with parents and carers supporting children's learning and progress. • The school involves other partners to extend the curriculum such as local communities, leaders in business, entrepreneurs, and others, who will support the ambitions and aspirations of children and young people. 	<ul style="list-style-type: none"> • Ensuring that Reading's Children Trust arrangements are highly effective. • Working with schools to lead on the delivery of a highly effective work readiness programme including work experience and student engagement in businesses programme. • Conducting annual surveys and focus groups on parental and student attitudes to education in Reading

By the end of academic year 2017/18 we will achieve:

Settings:

Every child will attend a school, children's centre or early years setting that is good or outstanding.

Every school governing body is considered to be good or outstanding.

There is a strong school to school improvement service which engages with every school in Reading.

Every school is able to recruit high quality teachers for their children and all teaching will be consistently good or better.

Attainment

EYFS: 70% of children achieving the expected level across the Specific Areas of Learning.

KS1: Reading will be in the top 25% for children achieving age related expectations by the end of key stage 1.

KS2: 85% of children will achieve at least the age related expectations for the end of Key Stage 2 in reading, writing and maths combined

35% of children will achieve above age related expectations in reading, writing and maths combined for the end of Key Stage 2.

95% of children are progressing at least 2 levels of attainment in reading, writing and maths between the end of KS1 and the end of KS2 with top quartile performance for children progressing 3+ levels of attainment.

KS4 65% of our 16 year olds achieving Level 2 equivalent of 5 A*-C GCSE including English and mathematics or equivalent

KS4 90% of young people achieving A*-C in English and mathematics;

Targeted Groups

Every child with special educational needs will be outperforming their SEN peers nationally and they will be in the top 25% of the SEN peers nationally.

Every BME group will succeed in progress and attainment at least as well as their BME peers and that they will be in the top 25% of the BME peers nationally.

Every Looked After Child will be making significantly better progress at Key Stage 2 and Key Stage 4 regardless of where they go to school and be in the top 25% of the LAC peers nationally.

Life after school

NEET performance in every school will be in the top quartile nationally with strong pathways to education, employment and training for every young person aged 14-25.

The percentage of young people securing places at high entry universities will be in the top quartile nationally.

The percentage of young people achieving Level 2 and Level 3 qualification by the age of 19 will be in the top quartile nationally.

Along the way our milestones are:

By end of 2015/2016 there will be:

- No school below floor standard for achievement.
- Openly published achievement goals for every school with termly monitoring of performance against trajectory.
- Every school achieving its Fisher Family Trust (FFT) D goals.

By end of 2016/2017 there will be:

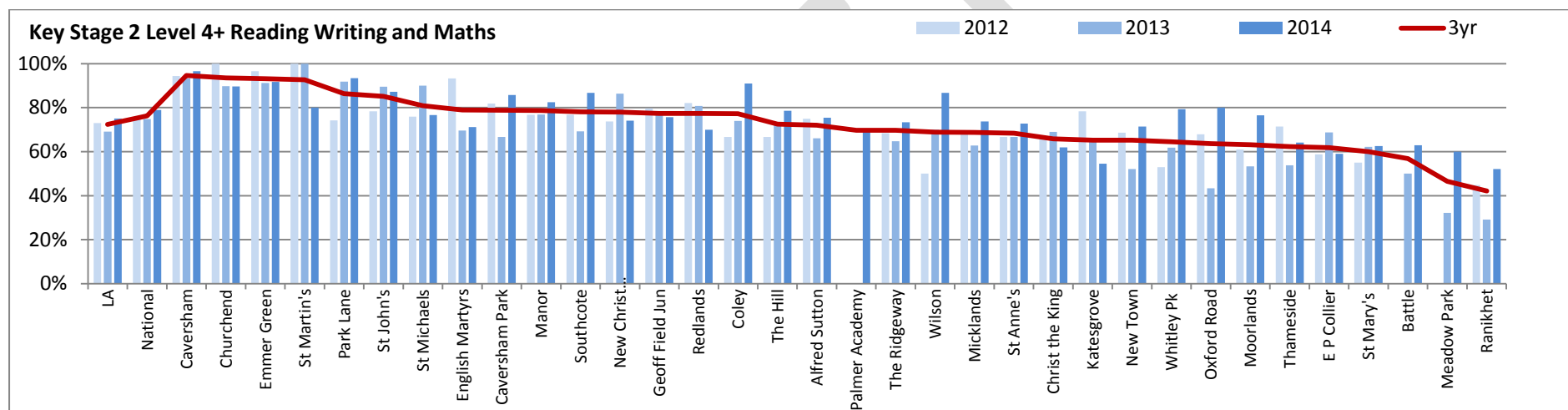
- 65% of children achieving at the Level 2 equivalent of 5A*-C including English and mathematics
- LAC achievement above national benchmark
- BME achievement above national benchmark
- 90% of schools and settings that are good or better
- 90% of Governing Bodies that are good or better



Appendix: How good are we now and what should our ambitions be?

There is a wealth of data available publicly about every school and setting in the country. Below are just some examples of data about every maintained school, academy or free school in Reading and data about progress in the borough as at the end of May 2015.

Primary Schools



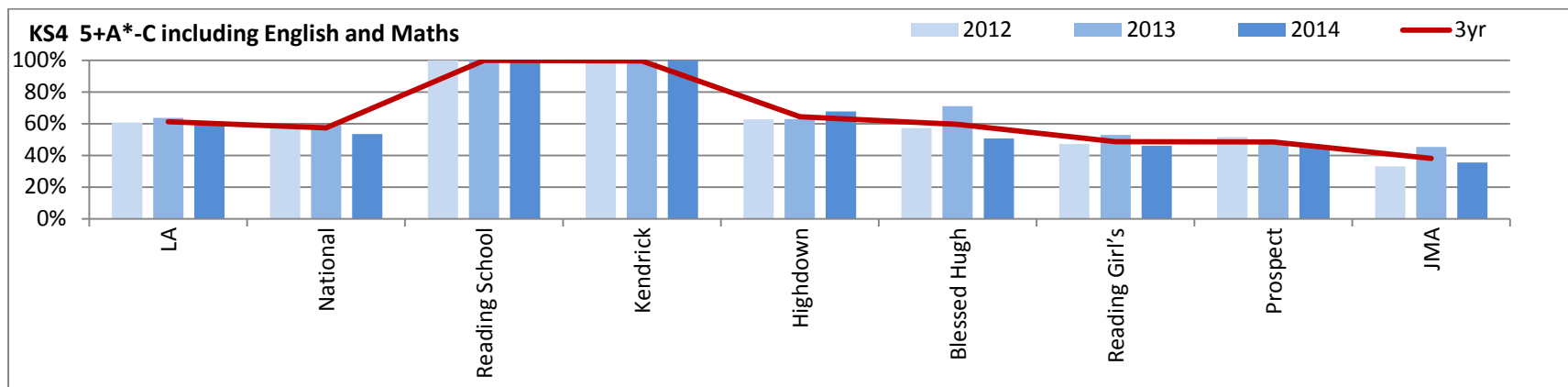
▲ School name	School type	KEY STAGE 2 % achieving level 4 or above in reading, writing and maths				% making expected progress			Inspection Date	Inspection Outcome	Inspection Report
		2014	2013	2012	3yr	Reading	Writing	Maths			
England - all schools		78%	75%	75%	76%	91%	93%	89%			
England - state funded schools only		78%	75%	74%	76%	91%	93%	90%			

Reading - Local Authority		75%	69%	73%	72%	88%	92%	87%	-	-	
									-	-	
Alfred Sutton Primary School	Community School	75%	66%	75%	72%	87%	91%	88%	10-Oct-12	2	Report
All Saints Church of England Aided Infant School	Voluntary Aided School								20-Jun-12	2	Report
All Saints Junior School	Free School - Mainstream	NA	NA	NA		NA	NA	NA	09-Jul-13	1	Report
Battle Primary Academy	Academy Sponsor Led	63%	NA	NA	63%	86%	84%	73%	22-Oct-14	3	Report
Caversham Park Primary School	Community School	86%	67%	82%	79%	100%	96%	96%	18-Apr-13	2	Report
Caversham Primary School	Community School	97%	93%	94%	95%	100%	95%	98%	26-Feb-09	1	Report
Christ The King Catholic Primary School	Voluntary Aided School	62%	69%	67%	66%	86%	86%	83%	19-Sep-13	2	Report
Churchend Primary Academy	Academy - Converter Mainstream	90%	90%	100%	93%	97%	100%	97%	16-Sep-08	1	Report
Coley Primary School	Community School	91%	74%	67%	77%	95%	100%	100%	09-Oct-14	2	Report
E P Collier Primary School	Community School	59%	69%	59%	62%	85%	85%	70%	07-Nov-12	2	Report
Emmer Green Primary School	Community School	92%	91%	97%	93%	95%	98%	92%	22-Nov-12	1	Report
English Martyrs' Catholic Primary School	Voluntary Aided School	71%	70%	93%	79%	93%	93%	87%	27-Nov-13	2	Report
Geoffrey Field Infant School	Community School								18-Jun-13	1	Report
Geoffrey Field Junior School	Community School	76%	77%	80%	77%	90%	97%	93%	04-Dec-13	2	Report
The Heights Primary School	Free School - Mainstream	NA	NA	NA		NA	NA	NA	No Ofsted report available		

										for this institution		
The Hill Primary School	Community School	79%	72%	67%	73%	93%	95%	88%	13-Nov-13	2	Report	
Katesgrove Primary School	Community School	55%	65%	78%	65%	54%	83%	63%	27-Nov-12	2	Report	
Manor Primary School	Community School	83%	77%	77%	79%	95%	97%	95%	13-Dec-12	2	Report	
Meadow Park Academy	Academy Sponsor Led	60%	32%	NA	47%	89%	93%	86%	16-Jul-14	4	Report	
Micklands Primary School	Community School	74%	63%	69%	69%	89%	92%	97%	26-Sep-13	3	Report	
Moorlands Primary School	Community School	76%	53%	61%	63%	86%	100%	80%	12-Feb-14	3	Report	
New Christ Church of England (VA) Primary School	Voluntary Aided School	74%	86%	74%	78%	91%	95%	77%	14-Jan-15	2	Report	
New Town Primary School	Community School	71%	52%	69%	65%	85%	85%	81%	15-Oct-14	4	Report	
Oxford Road Community School	Community School	80%	43%	68%	64%	86%	93%	97%	15-Oct-14	2	Report	
The Palmer Primary Academy	Academy Sponsor Led	70%	NA	NA	70%	89%	100%	95%	02-Jun-2015	3	Report	
Park Lane Primary School	Community School	93%	92%	74%	86%	87%	90%	97%	02-Oct-13	2	Report	
Ranikhet Primary School	Community School	52%	29%	45%	42%	100%	89%	79%	15-Jul-15	3	Report	
Redlands Primary School	Community School	70%	81%	82%	77%	93%	89%	93%	08-Nov-12	2	Report	
The Ridgeway Primary School	Community School	73%	65%	68%	70%	93%	93%	93%	24-Jan-13	2	Report	
St Anne's Catholic Primary School	Voluntary Aided School	73%	67%	67%	68%	91%	100%	91%	21-Nov-13	4	Report	
St John's CofE (Aided) Primary School	Voluntary Aided School	87%	89%	78%	85%	100%	100%	97%	24-Sep-08	1	Report	

St Martin's Catholic Primary School	Voluntary Aided School	80%	100%	100%	93%	95%	95%	100%	08-Mar-12	2	Report
St Mary and All Saints Church of England Voluntary Aided Primary School	Voluntary Aided School	63%	62%	55%	60%	84%	92%	73%	21-Oct-14	4	Report
St Michael's Primary School	Community School	77%	90%	76%	81%	83%	93%	93%	03-Oct-12	2	Report
Southcote Primary School	Community School	87%	69%	77%	78%	97%	98%	92%	24-Oct-12	2	Report
Thameside Primary School	Community School	64%	54%	71%	62%	79%	97%	79%	20-Nov-13	3	Report
Whitley Park Primary and Nursery School	Community School	79%	62%	53%	65%	92%	95%	92%	05-Dec-13	4	Report
Wilson Primary School	Community School	87%	70%	50%	69%	93%	100%	96%	09-Oct-14	2	Report

Secondary Schools



▲ School name	School type	% of pupils making expected progress		% achieving 5+ A*-C GCSEs (or equivalent) including English and maths GCSEs					% achieving the English Baccalaureate	% achieving grades A*-C in English and maths GCSEs	Inspection Date	Inspection Outcome	Inspection Report
		English	Maths	2011	2012	2013	2014	3yr					
England - all schools		NA	NA	59.00%	59.40%	59.20%	53.40%	57.3%	22.90%	55.50%			
England - state funded schools only		71.6%	65.5%	58.20%	58.80%	60.60%	56.60%	58.7%	24.20%	58.90%			
Reading - Local Authority		78.6%	66.5%	55.90%	60.70%	63.60%	59.30%	61.2%	27.80%	60.80%			
											-	-	
Blessed Hugh Faringdon Catholic School	Voluntary Aided School	90%	49%	43%	57%	71%	51%	59.5%	8%	52%	21-Nov-12	2	Report

Highdown School and Sixth Form Centre	Academy - Converter Mainstream	74%	81%	55%	63%	63%	68%	64.5%	27%	69%	02-Jun-15	2	Report
John Madejski Academy	Academy Sponsor Led	77%	38%	31%	33%	45%	36%	38.1%	2%	38%	11-Dec-13	3	Report
Kendrick School	Academy - Converter Mainstream	100%	99%	100%	100%	99%	100%	99.6%	93%	100%	09-Oct-08	1	Report
Prospect School	Academy - Converter Mainstream	68%	65%	40%	52%	48%	46%	48.4%	17%	48%	21-Jan-15	3	Report
Reading Girls' School	Foundation School	65%	54%	54%	47%	53%	46%	48.7%	11%	47%	18-Jan-12	2	Report
Reading School	Academy - Converter Mainstream	99%	100%	100%	100%	100%	100%	100%	72%	100%	19-May-10	1	Report
UTC Reading	Free School - University Technical College	NA	NA	NA	NA	NA	NA	NA	NA	NA	22-Jun-2015	1	Report

Special Schools

The Avenue Special School	Academy Converter Special School	0%	SUPP	0%	0%	0%	0%	14%	10-Mar-11	1	Report
Thames Valley School	Free School - Special	SUPP	NA	NA	SUPP	SUPP	SUPP	SUPP	No Ofsted report available for this institution		
The Holy Brook School	Community Special School	0%	SUPP	SUPP	0%	11%	0%	22%	22-Oct-14	2	Report

Nursery Schools

Blagdon Nursery School and Children's Centre	Nursery School	No Performance Data is published for Nursery Schools	10-Nov-14	1	Report
Blagrove Nursery School	Nursery School	No Performance Data is published for Nursery Schools	10-Feb-13	1	Report
Caversham Nursery School	Nursery School	No Performance Data is published for Nursery Schools	10-Jul-14	2	Report
Norcot Early Years Centre	Nursery School	No Performance Data is published for Nursery Schools	17-Nov-14	1	Report
New Bridge Nursery School	Nursery School	No Performance Data is published for Nursery Schools	10-Sep-14	1	Report

DRAFT

Reading Educational Excellence for All Partnership

Educational ambition and achievement

Implementation Plan for raising standards

Our aim in Reading is to create a school system which is self-improving, driving for a step change in achievement and progress of children and young people.



The primary source of energy for improvement is within schools. Being 'good' will not be good enough. We strive to have a system that is outstanding, where we acknowledge that the system is only as good as its weakest school or setting.

We know that teachers learn best from other professionals and we will strive to ensure that joint practice development is the norm. We will make sure that schools are in control of their own improvement and make it easier for them to learn from each other in ways that best improves practice.

The role of the Local Authority is to be the children's champion, challenging and supporting schools to make these step changes by ensuring that we can work effectively together.

This document sets out how we will do that.

We have set out in “*An Educational ambition and achievement Strategy 2015-18*” the scale of our ambition for every child who is educated in Reading’s schools or lives within our Borough. To deliver those outcomes we have to develop the ways in which we work together. We need to explicitly set out the plan for the joint partnership which we are calling the “Reading Educational Excellence for All Partnership (REEAP)” and this document sets out the following elements: values, behaviours and the process plan to raise the level of achievement.

The Values which underpin the our interactions

The culture for improvement to good and outstanding needs to be inclusive with schools and the local authority taking responsibility for the outcomes for every child including access, completion, achievement and progression

Our shared values for school improvement in Reading are:

1. Respecting the autonomy of individual institutions.
2. Promoting excellence in individual institutions and across the system as a whole.
3. Collaborating to address the needs and interests of learners and the system as a whole.
4. Identifying and tackling issues of underperformance early and dealing with difficulties through dialogue and mutual respect.
5. Valuing and sharing data, performance information and innovation.
6. Improving performance by developing the workforce in every school and setting.
7. Standing up for equality, diversity and for life chances for disadvantaged individuals, groups and communities.
8. Celebrating successes of children, schools and the education community as a whole.

Every school, the Local Authority and Children’s Trust partners support these values.

Key behaviours that will ensure that the system moves towards outstanding and stays there

1. Knowing the system well

The availability and exchange of relevant data is key to a diverse and dynamic education system working effectively. It enables self-critical understanding and improvement at the individual school and system wide levels.

How we do this

- The Data Sharing Protocol sets out clear agreements about what data is collected, its regularity and that it is shared via the Local Authority and all schools; with the LA Data Team acting as the hub on behalf of schools.
- Schools share performance targets and expected outcomes as part of the overall achievement goals.
- Reading, in collaboration with schools, produces an annual educational standards report.
- Ensuring that, on behalf of every pupil, the system has a detailed understanding of quality and trajectory of every school on a termly basis based on a common set, collated and moderated by the local authority.

2. Monitoring standards and progress- taking action early

The ability of schools to be able to self-evaluate accurately is critical to a self-improving system. Shared professional standards across the system support the standardisation of judgements. Having the trust and confidence to make sound self-evaluation judgements and invite challenge and support in Reading for transfer of good practice. Accurate self-evaluation reports enable governing bodies to provide meaningful challenge to school leaders.

How we do this:

- Maintaining and publishing the Reading School Effectiveness Guide to assess, categorise and support schools.
- Establishing the Reading First Education Partnership which will meet each half term to consider the standards and progress of all schools and coordinate/commission school or borough-wide packages to secure rapid improvement.
- With all schools establish ambitious targets for achievement and progress, and where schools are falling below expected progress to achieve Good or Outstanding judgements establish a common plan to support Governance and coordinate rapid improvement which is reviewed through local authority-led Progress Boards.
- Make effective use of leading practitioners in Reading to support improvement including Teaching Schools to deliver their 'Big 6 priorities'¹ for Reading Schools, NLE, LLE, SLE, and other school / LA professionals who are recognised as leading practitioners.

¹ Teaching schools must be outstanding and have the experience, leadership and capacity to support schools in six key areas: **Initial Teacher Training** lead role in recruiting & training new teachers; **Continuing Professional Development** peer-to-peer professional & leadership development; **Succession Planning & Talent Management** identify & develop leadership potential; **School to School Support** provide & coordinate support for other schools; **Specialist Leaders of Education** LE designate & broker specialist leaders; **Research & Development** engage & lead in educational research

3. Developing

There needs to be local mechanisms to enable effective practice to be developed, disseminated and transferred across the education system in Reading. This helps to inspire confidence and pride in expertise in Reading and promotes the borough as the place to where professional educators learn and grow.

How we do this

- The REEAP coordinates input from Headteachers' Associations, clusters and other professional groups to develop and evolve a cross-borough programme of CPD which maximises the resources of all.
- Promote and further develop a range of Reading Practice Networks of skilled individuals, schools and settings which supports the rapid sharing and adoption of effective practices.
- The Reading Advanced Skills Governors with the LA Governor Support Team producing a guide for good governance and developing a support programme for Governors.
- Brokering and delivering the support programme for 'Schools Causing Concern'.
- Making effective use of the Teaching School Alliance to deliver their 'Big 6' priorities.
- Partnership with National College and the brokerage of support from NLEs and LLEs to accelerate improvement in Reading.
- Partnership with Reading University to promote research and development of practise which leads to classroom improvement.

4. Governing

Strong governance is essential at the individual school level to ensure that leaders are both supported and held to account, and to ensure that schools are accountable to parents and the school's community.

How we do this

- Establishing common understanding of standards for outstanding governance in schools.
- Ensuring significant involvement by local business, education institutions in HE and FE and key communities in school governance.
- Working with schools to secure a strong programme of governor support, putting into place Progress Boards to support Governing Bodies requiring sustained improvement.
- Strong networks to enable governors to work together and share practice.

5. Innovating and inspiring

An informed and dynamic culture of inquiry and reflective practice that inspires creativity drives innovation and embeds great practice. A commitment to partnership working between schools and with universities, teaching schools, local and national leaders of education which goes beyond only academic success.

How we do this

- Promoting a culture of high aspiration and expectations of every young person.
- Securing improvement for all learners in Reading, particularly those at risk of underachievement or limited life experiences.
- Ensuring that teachers are actively engaged in evidence based evaluation, drawing on research to drive improvement through building on proven strengths.
- Schools and settings model learning and teaching that embrace challenge and the values that underpin the partnership.

Processes for improvement

To deliver the improved outcomes, in addition to shared values and behaviours, there has to be a common way of working which:

- prioritises resources where they are most needed
- treats all schools fairly
- ensures that every child had the best chance to achieve

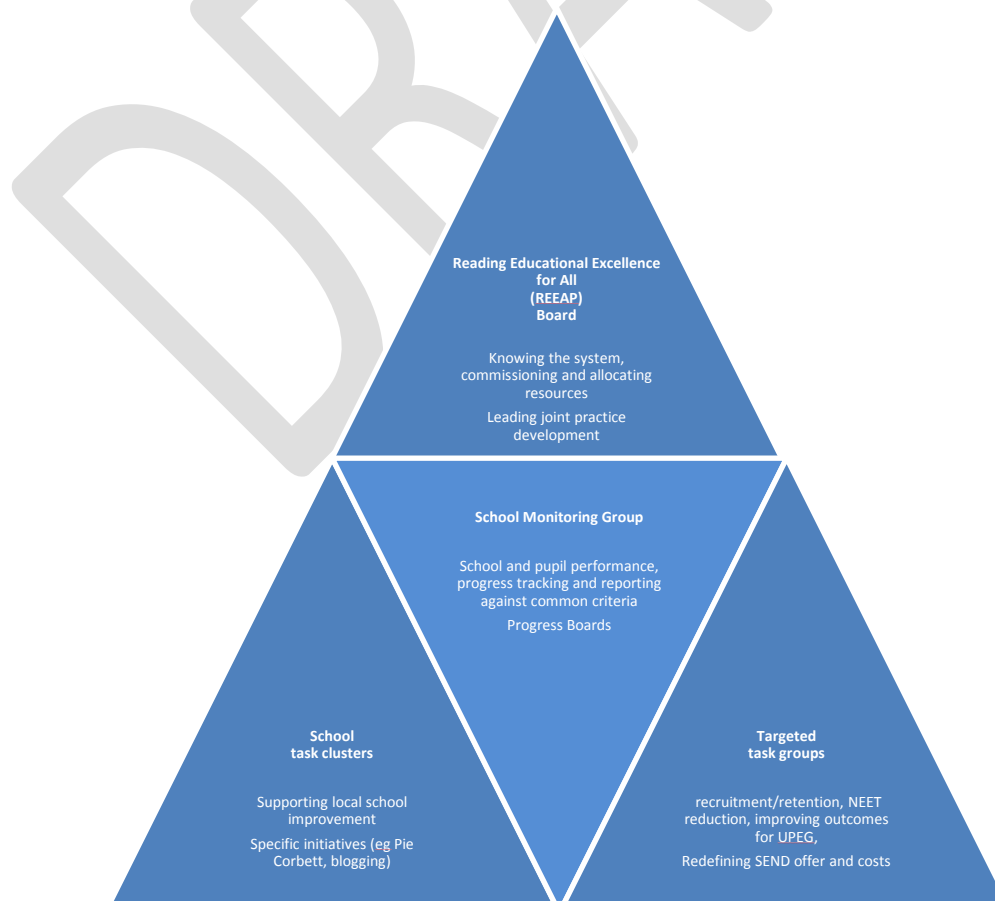
Building on the good practice of individual school governance, including self-evaluation, targeted school development planning and a relentless focus on improvement, we will introduce a partnership approach to operational school improvement practice.

Governance

The local authority remains accountable for the education of all children in Reading regardless of which school they attend. Although the procedures and regulations may vary by school, education performance will be reported three times a year to the corporate management team and Lead Member for Education. An annual report to the Adult, Children and Education Committee will continue to be submitted for cross-party scrutiny and it will be augmented with a review of the performance of the Reading First partnership. This performance information will be used by the local authority in its regular meetings with OfSTED.

Operational Processes

The following picture outlines the over-arching processes for operational delivery of the outcomes set out in the Reading First strategy.



Each element of the process is outlined further below and Appendix A contains a summary of each group / meeting currently in operation across the Education system.

Reading Educational Excellence for All Partnership Board

A representative group, chaired by the Director of Children's Services, consisting of Headteachers, governors, LA officers and teaching school representatives. This group meets each term (six times a year) to review progress at raising attainment; assessing the impact of intervention actions; and considering any requests for further action at either school or system level. The group will oversee the operation of targeted task clusters with leadership from within the Board. The Board will take a direct ownership of the work to develop the system of joint practice in use across Reading.

School Monitoring Group

Building on the existing local authority practice of reviewing individual school progress in the round, this group will collate a common data set as described in the "Reading School Effectiveness Guide", with the School Partnership Advisor being the link to each school. This group will assess the overall ranking of a school and recommend changes of support to the Reading First Partnership Board.

Targeted Task Groups

These task and finish groups will be commissioned by the Partnership Board in response to data-led requests for support. Work initiated directly by the LA during 2014/15 will transfer to the partnership in due course including:

- Raising attainment for those of Black heritage
- SEND provision review
- Recruitment and Retention task group
- NEET reduction activity

School Task Clusters

There continues to be local activity which makes a valuable contribution to the standards in many schools and that is actively encouraged. Work such as the Pie Corbett writing programme will continue.

Timetable for change

The ambition of the strategy is rapid. School improvement has to continue at an accelerated pace while the changes outlined here are put into place. The following table sets out the proposed starting time table for the main elements of the strategy by main academic term (3 per year)

Start of term	Activity
Autumn 15/16	<ul style="list-style-type: none"> • Alignment of data systems to collate and assess "common assessment" framework. • First School Monitoring Group using new data • Establishment of REEAP Board including terms of reference and membership
Spring 15/16	<ul style="list-style-type: none"> • First round of Reading First Partnership progress reviewing and support commissioning. • Development of Joint CPD offering starts.
Summer 15/16	<ul style="list-style-type: none"> • Impact of Task Clusters undertaken.
Autumn 16/17	<ul style="list-style-type: none"> • First annual performance report with Partnership assessment included produced and revised Task Cluster activities planned. • First joint CPD offering available

Appendix 1: Sustaining Processes and Meetings

Key Groups

Group	Who it includes	Function	Meetings	Accountable to	Outcomes/Outputs
1. Reading Council – Adult, Children’s Services and Education Committee,	<ul style="list-style-type: none"> • Lead Member, cross party Members • Managing Director and Children’s DMT 	<ul style="list-style-type: none"> • Reporting on schools standards – attainment and progress 	Three times a Year	<ul style="list-style-type: none"> • The public 	<ul style="list-style-type: none"> • Public statement of standards in Reading, numbers of outstanding schools and settings, trajectory in Reading, attainment and progress of children with particular reference to target groups (esp. LAC)
2. Reading First Partnership Board (RFPB)	<ul style="list-style-type: none"> • LA reps (Head of Education, & Senior School Support Adviser • Outstanding Schools reps • Primary, secondary and special reps • Teaching Schools • Advanced Skills Governor representative • HE representative 	<ul style="list-style-type: none"> • Track school data for quality of L & M, quality of teaching, pupil progress and attainment, attendance and exclusions • Agrees action for improvement • Commissions support packages for school • Monitors improvement and reports action to Adults, Children’s and Education Committee and Schools Forum 	Half termly	<ul style="list-style-type: none"> • Director of Children’s Services and Lead Member • Schools Forum 	<ul style="list-style-type: none"> • On a half termly basis to know standards and progress and trajectory in every school • To agree, resource and monitor the performance improvement plan and attainment/progress targets for every school to good/outstanding
3. Reading Schools Improvement Service/School	<ul style="list-style-type: none"> • Schools Advisory Team • Head of Education SMT 	<ul style="list-style-type: none"> • Produce half termly update information on standards in every school, agreed and checked with 	Termly	<ul style="list-style-type: none"> • REEAP Board • Head of Education and Director of 	<ul style="list-style-type: none"> • Up to date standards data base for every school with outcomes of SPA visits to schools agreed with Head

<p>Monitoring Group</p>	<ul style="list-style-type: none"> • Data Team rep • Teaching School rep 	<p>school</p> <ul style="list-style-type: none"> • Produce and publish school categorisation² and support plan • Evaluates and challenges all schools against LA and school priorities to raise achievement • Notes of Visit reviews • Produces documentation and plans to support the JDP 		<p>Children's Services</p>	<p>and school GBs</p> <ul style="list-style-type: none"> • Maintains and publicises the schools categorisation and trajectory matrices • Monitor effectiveness of delivery of school performance improvement plan • Reports to RFEP on improvement programmes for specific schools
<p>4. Reading CPD and Research</p>	<ul style="list-style-type: none"> • School and settings reps, • outstanding and Teaching Schools, • Reading University/HEI, • Reading School Improvement Team including Induction Programme lead, • National College rep • Joint Practice Development Task Cluster 	<ul style="list-style-type: none"> • Produce, deliver and commission the Reading CPD and research programme informed by needs from performance improvement plans for Reading Schools • Evidence based research of what works from the highest performing LA areas for EYFS, KS1, 2,4 and 5 • International research from high performing systems 	<p>Half termly</p>	<ul style="list-style-type: none"> • Director of Children's Services • REEAP Board 	<ul style="list-style-type: none"> • High quality, school driven, CPD/Research programme, well used by schools
<p>5. Task Group - Reading Recruitment</p>	<ul style="list-style-type: none"> • The Recruitment task cluster • Senior School 	<ul style="list-style-type: none"> • Develop and lead the strategy for school recruitment and retention 	<p>Half termly</p>	<ul style="list-style-type: none"> • Head of Education • Director of 	<ul style="list-style-type: none"> • Reading Recruitment and Retention strategy and action including incentives,

² Proposed school categorisation is set out in the Reading School Effectiveness Guide

<p>and Retention</p>	<ul style="list-style-type: none"> Support Adviser Reading HR Teaching School(s) HEIs including Reading University 	<ul style="list-style-type: none"> Resource strategy Arrange annual celebration of best practitioners in Reading 		<p>Children's Services</p> <ul style="list-style-type: none"> Managing Director 	<p>induction</p> <ul style="list-style-type: none"> Reading Education Awards
<p>6. Task Group – Addressing NEETs and promoting education , employment with training</p>	<ul style="list-style-type: none"> Senior School Support Adviser 2 secondary school representatives 1 primary school representative Careers service representative SEND post 16 representative FE representative Reading Council Economic Development representative 	<ul style="list-style-type: none"> Lead the delivery of the RPA Plan Track destinations of young people 16, 17, 18 and 19+ Deliver high quality IAG for young people post 14 Develop and maintain risk of NEET data base from Y9 onwards Lead on the 14 – 19 offer and entitlement for Reading young people including alternative education offer 	<p>Half termly</p>	<ul style="list-style-type: none"> Managing Director Director of Children's Services 	<ul style="list-style-type: none"> Reading 14-19 (25) offer Reading apprenticeship programme Reading Alternative Education offer Reading work experience programme and entitlement
<p>7. Task Group – SEND Development and Transition</p>	<ul style="list-style-type: none"> Inclusion Service Manager Schools Forum SEND task group Parents Forum Reps 	<ul style="list-style-type: none"> Plan implementation of SEND reforms. Assess reshape of SEN provision Manage cluster moderation processes 	<p>Monthly</p>	<ul style="list-style-type: none"> Head of Education REEAP Board Schools Forum 	<ul style="list-style-type: none"> Securing and publicise the Reading Local Offer for children and young people with SEND Ensuring that every school has its own local offer and has good/outstanding provision for children with SEND Securing outstanding SEND provision for young people age 14-25 in education and

<p>8. Task Group - addressing the needs of BME groups</p>	<ul style="list-style-type: none"> • VHT for children missing out on education • Selected group of HTs 	<ul style="list-style-type: none"> • Assess shortfalls in service • Plan system changes • Implement auditing for impact 	<p>Half-termly and more frequently if needed</p>	<ul style="list-style-type: none"> • Director of Children's Services • REEAP Board 	<p>employment with training</p> <ul style="list-style-type: none"> • Audit performance of children from BME backgrounds • To identify, publish and celebrate good and outstanding achievement, progress and practice for BME children • Take forward specific measures for schools where performance for BME children is below the national benchmark
<p>9. Reading School Governors</p>	<ul style="list-style-type: none"> • Advanced Skills governors in Reading • Governors Services • Senior Schools Adviser 	<ul style="list-style-type: none"> • Governor Standards • Categorisation of GBs • Issuing warning notices, establishment of additional governors, • Progress Boards to support a GB in delivering Ofsted action/performance improvement plans, • Establishing IEBs 	<p>Half termly and more frequently if needed</p>	<ul style="list-style-type: none"> • Head of Education 	<ul style="list-style-type: none"> • Standards and trajectory of every school/local governing body in Reading • Action plan for support for GBs causing concern

The “Reading Educational Excellence for All Partnership” Board Terms of Reference

The Reading Educational Excellence for All Partnership (REEAP) exists to coordinate and direct scarce resources to secure a high performing education system which enables all Reading young people to achieve well and delight in their learning. All schools within Reading are members of the Partnership and are encouraged to be active participants.

The objectives of the partnership are contribute to the delivery of the Raising Attainment Strategy goals through the identification, commissioning and brokerage of services which drive school improvement in Reading schools while respecting the breadth of school arrangements within the borough.

The Board will publish a plan of work stream information to all members, who will be expected to contribute expertise where applicable.

Board Structure and Meetings

The Board is made up of two types of roles: Representatives and Advisors.

Representatives	Advisors
Early Years pupils (inc Reception)	Teaching School Alliance
Primary Phase pupils	Governor Support Manager (RBC)
Secondary Phase pupils	SEND Strategy Manager (RBC)
Post Sixteen students	UoR Education Institute
Governors (Early Years and Primary)	Senior School Partnership Advisor (RBC)
Governors (Secondary and post 16)	Head of Education (Chair) (RBC)
Additional Needs pupils	

The Board will meet six times a year, in September, November, January, March, May and July. All meetings will consider strategic issues that are raised in advance by the membership. Additionally the three meetings (Nov, Mar and July) will consider overall school performance and commission specific school support.

All papers will be published to the full membership via a secure online location, however they are not public papers unless explicitly confirmed. The papers will be available to schools and the local authority as evidence for any OfSTED inspection.

The local authority will provide resource to service the Board to arrange meetings, circulate agendas and papers, take Board meeting minutes and provide back office support to any work streams established.

Board Member Roles and Responsibilities

Representative positions are appointed for a two year term, with nomination by schools and selection by RBC in discussion with those nominated. These discussions are designed to ensure that a broad range of school types and levels of Headteacher experience are represented in the work of the partnership. Each post is remunerated at £600 per academic year, paid big-termly to the school releasing the representative.

A Representative is expected to attend all Board meetings; commit to lead an identified work stream; and consult with colleagues from their representative phase as necessary relating to Board issues.

Advisor positions are filled as a result of existing role responsibilities and there is no remuneration for these posts.

An Advisor is expected to attend the three meetings which include school performance and at least one other meeting during the year.

The Board does not operate a Deputy system except on a long-term change basis.

The Partnership Budget

Each school provides a small membership fee, augmented by a contribution from the Local Authority which provides an annual budget for the Board to commission school improvement projects which will target specific improvements. The current fee structure is:

Max number of pupils in setting	Less than 300	300 to 700	More than 700
Annual cost	£200	£400	£800

The Local Authority will continue to facilitate the annual Landscape conference for the partnership and the Board will approve the theme and agenda.

Schools will be asked to contribute to projects where appropriate to maximise the value of resources.

The Senior School Partnership Advisor will retain responsibility for the School Causing Concern budget and report its impact as part of the school performance discussions. The Board can recommend specific support as part of those discussions.

Meeting dates and papers deadlines

The annual dates will be set during the first meeting in September, along with the first agenda. All papers are to be circulated at least seven calendar days prior to any meeting via the secure online system.