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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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26 January 2016

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NOTICE OF MEETING – ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE – 3 FEBRUARY 2016

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Wednesday 3 February 2016 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.	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.		-
3.	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.		-

4.	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.		
5.	CHILDREN'S SERVICES UPDATE	BOROUGHWIDE	1
	A report providing the Committee with an update on the progress of Children's Services since the last meeting		
6.	CHILDREN'S SERVICES PERFORMANCE UPDATE	BOROUGHWIDE	18
	A report providing the Committee with an update on the progress of Children's Services since the last meeting.		
7.	QUALITY ASSURANCE FRAMEWORK REFRESH	BOROUGHWIDE	21
	A report on the Quality Assurance Framework Refresh that builds on the emphasis of quality and refreshes the directorate's approach to performance and to quality assurance		
8.	SHORT BREAKS COMMISSIONING PROCESS 2016-17	BOROUGHWIDE	82
	A report setting out the plan to create a more personalised approach to short breaks services in Reading through the creation of unique and individualised packages for families.		
9.	PERMISSION TO BEGIN FAMILY SUPPORT CONSULTATION	BOROUGHWIDE	87
	A report outlining the purpose and nature of the proposed first stage of consultation on the Council's future family support offer.		
10.	ADULT SOCIAL CARE COMMISSIONING INTENTIONS 2016-17	BOROUGHWIDE	90
	A report introducing a summary of the Adult Social Care Commissioning Intentions for 2016-17.		
11.	READING BOROUGH COUNCIL STRATEGY FOR PEOPLE WITH LEARNING DISABILITIES	BOROUGHWIDE	104
	A report asking the Committee to agree the Council's Strategy for People with Learning Disabilities.		

12.	CONTINUING HEALTH CARE FUNDING A report informing the Committee of the operation of national Continuing Health Care guidance locally and recommending a scrutiny enquiry to review local practice.	BOROUGHWIDE	110
13.	BETTER CARE FUND UPDATE A report informing the Committee of the Better Care Fund and the National Conditions that will inform plans for 2016-17.	BOROUGHWIDE	115
14.	DELAYED TRANSFERS OF CARE – PROGRESS REPORT CHRISTMAS A report informing the Committee of the work undertaken to reduce delayed transfers of care from Royal Berkshire Hospital and develop "discharge to assess" pathways which reduce the need for long term care.	BOROUGHWIDE	126

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READING BOROUGH COUNCIL

REPORT BY HEAD OF TRANSFORMATION AND GOVERNANCE

TO:	**ADULT CHILDREN AND EDUCATION COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**5**
TITLE:	**CHILDREN'S SERVICES UPDATE**		
LEAD COUNCILLOR:	**CLLR JAN GAVIN**	**PORTFOLIO:**	**CHILDREN'S SERVICES**
SERVICE:	**CHILDREN, EDUCATION AND EARLY HELP**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**KATHERINE PEDDIE**	**TEL:**	0118 937 3786 (ext 73786)
JOB TITLE:	**HEAD OF TRANSFORMATION AND GOVERNANCE**	**E-MAIL:**	**Katherine.peddie@reading.gov.uk**

1. PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

1.1 This report is to give an update to the Adult Children and Education Committee on the progress of Children's Services since the last meeting.

1.2 At the time of the last meeting, members were concerned about a few distinct issues. This included staffing due to a high volume of staff leaving the organisation since June; about morale and staff pride in the service they were providing; about performance which was dipping between June and November; and about management and leadership which lead to the dismissal of the Director of Children's Services.

2. RECOMMENDED ACTION

2.1 It is recommended that the Committee notes the progress made within Children Education and Early Help Directorate since the last update.

3. STAFFING & LEADERSHIP

3.1 The interim appointment of the Director of Adult Services as the Director of Children's Services at the end of November 2015 was followed in December 2015 by the securing of a new senior management team. This included the permanent appointment of Head of Early Help. The Head of Safeguarding and

Children in Care and the Head of Education were appointed to alongside additional experienced interim capacity in the Head of Transformation and Governance role. The role of the DCS has been secured and the new DCS will take up post on the 1st February 2016. Recent permanent recruitment of the Principal Social Worker will act as a custodian of social work practice and development. A permanent Service Manager for MASH and A&A started in January 2016.

3.2 A short term intensive management action plan was implemented in December 2015 and delivered to ensure that work was consolidated and delivered to a high standard. This was monitored through the Children's Services Improvement Board.

3.3 All vacancies within the social work teams have been filled and the caseloads in the long term teams are now within 'reasonable' caseload limits. Caseloads in Access and Assessment remain high, but have been reduced by 50% since November. The new Service Manager is monitoring the workloads and a new Transfer Protocol will assist with stepping cases down or across to longer term teams.

3.4 The development of the 'LEAP' Vision alongside staff has focused the service on the delivery of the key aims of children's services. The priorities are shared across the directorate and are pertinent to all staff in Early Help, Education and Children's Social Care. A copy of the vision is attached at Appendix 1.

PRIDE IN PERFORMANCE

3.5 Since the development of the 'dashboard' for Looked After Children, performance has seen a clear improvement as managers and staff can review their performance in 'live time' and use it to secure performance for individual children. The Performance Team are concentrating efforts to deliver dashboards for Child Protection and for Children in Need.

3.6 Management oversight is having the benefit of focusing staff on delivering to timescales. In early January some of the teams were reporting 100% of visits within timescales, performance which we have not attained since early 2015.

3.7 Over 80% of assessments are completed within timescales and stability for looked after children is improving. Over 90% of LAC Health Assessments have been completed, this includes children who live out of local authority area.

3.8 The Adult Children and Education Committee will also receive a paper outlining the Directorate's refreshed Quality Assurance Strategy which will help to maintain focus on performance and quality of services.

3.9 At the 3 Staff Development Days held in December and early January staff told us what made them proud about working for Reading. This exercise was encouraging in that some key areas of good practice were reported and demonstrated that staff are focused on and committed to making a difference to the lives of children and young people.

CHILDREN'S SERVICES IMPROVEMENT BOARD

3.10 The Children's Services Improvement Board has now consolidated its membership with regular attendance from the Heads of Service, the Director of Children's Services, the Lead Member for Children's Services, the Managing Director and partners from the Police, Health and Headteacher representation.

3.11 The plan has been refreshed to take into account the fact that a number of items were completed with the short term management action plan. Several actions had their deadline for completion extended (for example to take into account the restructure of services and the regionalisation of adoption project plan) and the Heads of Service are taking accountability for reporting on the actions within specific themes. Once performance is embedded and demonstrably stabilised, the Board will be disbanded and monitoring and challenge will be driven by this Committee, the LSCB and the operational Quality Assurance Board.

3.12 The refreshed action plan is attached at Appendix 2 for information.

3.13 The short term management action plan included the refresh of the Quality Assurance Framework, the delivery of the SGO Policy, the securing of the performance dashboards and the development of a staff forum and the update of a number of procedures.

3.14 As a result of the delivery of the short term action plan, partner perception at the Children's Services Improvement Board was that the service has delivered a huge amount in the last two months and they voiced improved confidence in the management team that they are able to secure and deliver improved performance.

3.15 It has been reported back that the Judiciary are also noticing a positive change in performance and the quality and timeliness of assessments and court reports.

3.16 The senior management team are clear about what they need to do to progress performance further and the appointment of Helen McMullen as Director will ensure continuity and stability for the staff during 2016.

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 This report is in line with the overall direction of the Council by meeting two of the following 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.

4.3 The directorate's delivery of the Strategic Aim "To promote equality, social inclusion and a safe and healthy environment for all" will be monitored through the Quality Assurance Framework and through the oversight of the Children's Services Improvement Board.

4.4 **Community Safety Implications** – Under Section 17 of the Crime and Disorder Act 1988, the Council must consider the following in the exercise of its duties and decision-making:

- crime and disorder
- anti-social behaviour
- behaviour adversely affecting the environment
- substance misuse reduction

4.5 The Quality Assurance Framework and Children's Services Improvement Board will be an additional mechanism for improvements and dissemination of best practice in relation to all service delivery areas within Children, Education and Early Help, including monitoring how the Directorate responds to youth offending, domestic violence and anti-social behaviour issues including substance misuse.

4.6 A regular quality assurance and performance monitoring framework will assist in addressing health inequalities for our service users and will help us to identify and address with partners how they can assist in addressing this issue.

5. EQUALITY IMPACT ASSESSMENT

5.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- 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.

5.2 An Equality Impact Assessment (EIA) is not relevant to the decision as a good overview of the quality of service delivery will address any inequalities and seek to remove them.

6. LEGAL IMPLICATIONS

6.1 Whilst there are no legal implications in relation to this report, it is important to note that under Children's Services legislation, we are required under a general duty of the Children Act 2004 to address the quality of services and to safeguard and promote the welfare of children. This framework establishes a clear mechanism for doing so.

7. FINANCIAL IMPLICATIONS

9.1 There are no financial implications arising from this report.

(CSIB Item 4 Appendix 1 Draft Plan) # Framework for Improvement

1. Leadership & Governance
1.1 Accountability and oversight structures
Outcomes we will achieve: Strong clear effective strategic leadership and decision making to ensure immediate and sustained progress is made to improve the lives of children and young people in Reading.
1.2 Improving timeliness
Outcomes we will achieve: Improved assurance of children's safety through timely assessments and interventions.
1.3 Increasing social worker capacity
Outcomes we will achieve: Ensure that social workers have a manageable workload which is delivered to a high standard.
1.4 Improving management and professional practice
Outcomes we will achieve: Managers oversight is improved to ensure that case management is of a high standard.

2. Partnership Working
2.1 Better information gathering/sharing (Referral, assessments, Strategy Discussion, S47 enquiries including DV and MASH)
Outcomes we will achieve: Through multi-agency panels, working arrangements and strategy meetings partners effectively gather and share information to help and protect children and young people. The impact of domestic violence is minimised for children, young people and their families.
2.2 Effective child protection processes
Outcomes we will achieve: Child protection conferences take place within statutory timescales and children and young people are effectively protected.
2.3 Coherent early help offer
Outcomes we will achieve: Early Help is co-ordinated and targeted at children and families who are most at risk.
2.4 Responding effectively to children missing from home and care/who are at risk of Child Sexual Exploitation
Outcomes we will achieve: There is an environment where children are aware of risks and are able to report concerns in relation to CSE/missing. Agencies respond proactively to incidents/issues raised.

3. Quality of Practice
3.1 Voice of the child is heard
Outcomes we will achieve: The views of children and young people are taken into account at every stage.
3.2 Audit programme
Outcomes we will achieve: Audit is used to improve practice.
3.3 Consistency of practice and recording)
Outcomes we will achieve: Plans for children and young people are focused on their assessed needs with clear outcomes and timescales.

3.4 Supervision and reflective practice
Outcomes we will achieve: Good quality supervision supports staff to reflect and learn, enabling them to improve outcomes for children and young people.

4. Workforce Development
4.1 Establishing a stable workforce
Outcomes we will achieve: Create a stable workforce of directly employed staff to deliver a high quality of service to children and young people.
4.2 Effective learning and development
Outcomes we will achieve: Continually develop the workforce to deliver effectively for children and young people.

5. Performance Management
5.1 Regular, accurate performance information
Outcomes we will achieve: Information is used to drive improvement.
5.2 User feedback mechanisms
Outcomes we will achieve: Feedback on services is used to improve services.
5.3 Audit supervision activity
Outcomes we will achieve: Effective independent reviewing improves outcomes for children and young people who are on Child Protection Plan or are Looked After Children(LAC).

6. Services for LAC & Permanency
6.1 High quality services for LAC and Care Leavers
Outcomes we will achieve: Looked After Children and care leavers feel well supported and are able to access opportunities.
6.2 Improving fostering and adoption services
Outcomes we will achieve: Where it is appropriate, children are fostered and adopted in an appropriate timescale to meet needs.
6.3 Health of LAC
Outcomes we will achieve: Looked After Children experience similar health outcomes to the wider community.
6.4 Improving life story work
Outcomes we will achieve: Children and young people understand, in an age appropriate way the decisions about them and their lives.

Children's Services Improvement Plan

Leadership and Governance

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
L1 1.1	Ensure that Elected Members are aware of and sighted on their responsibilities for the children the Council is responsible for. Members will know and understand what is happening in the service so that they are able to effectively discharge their duties as corporate parents. Updated Corporate Parenting Strategy to be developed and agreed including training for members.	Head of Transformation and Governance						
L2 1.4	Deliver training session to all staff via Teamtalk on their roles and responsibilities in Corporate Parenting.	Head of Safeguarding and Long Term Teams / Head of Transformation and Governance						
L3 1.1	Reinforce the significance of the Statutory Roles and Responsibilities of the Director of Children's Services and the Role of the Lead Member through regular scheduled reviews with the Managing Director and Leader of the Council	Head of Transformation and Governance						
L4 1.1	Re-launch of key governance arrangements including Quality Assurance Board, Performance Board and Commissioning Board	Head of Transformation and Governance / Head of Commissioning						
L5 1.3	Design, consult on and implement service restructure of Children's Social Care and Business Support based on Workflow, Workforce & Workload.	Head of Safeguarding and Long Term Teams						

Ref	Action	Lead	Timeframe					
		/ Head of Transformation and Governance						

Partnership Working

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
P1 2.1	To complete the review of MASH and A&A taking into account any previous audit recommendations.	Head of Safeguarding and Long Term Teams						
P2 2.1	Re-alignment of process and practice at all stages to take place. Further development of MASH/A&A policies and procedures aligned with Tri-X.	Quality Assurance Service Manager						
P3 2.1	Workshop on effective supervision/management oversight alongside current reflective supervision sessions.	Head of Workforce Development						
P4 2.1	Review of support services available for DV including 1:2:1 provision	Head of Safeguarding and Long Term Teams						
P5 2.2	Develop and implement a Neglect Action plan	LSCB Business Manager						
P6 2.2	Work with Designated Safeguarding Leads in Reading schools to ensure Safeguarding responsibilities outlined in 'Keeping Children Safe in Education' July 2015 are implemented	Head of Education / Head of Virtual School						
P7 2.3	Creation of a single pathway to Early Help Services.	Head of Early Help						

Quality of Practice

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
Q1 3.1	Work to improve analysis within assessments and in the recording of children's views to ensure concerns are explicitly addressed.	Head of Safeguarding and Long Term Teams						
Q3 3.2	Review and implementation of the revised Quality Assurance Framework. This includes the continuous monitoring and scrutiny of the integrity of the quality assurance work by Senior leaders and evidencing the improvement taking place as a result of quality assurance activity.	Quality Assurance Service Manager / Head of Transformation and Governance						
Q3 3.3	To achieve effective multi agency work with regard to Private Fostering Arrangements Re-issue guidance to multi-agency partners in relation to Private Fostering to remind them of their responsibilities. (This is complete) Undertake Multi Agency Audit of Private Fostering	LSCB Business Manager						
Q4 3.4	Ensure that managers are well supported and have the capacity and competence to deliver effective supervision and management oversight on all cases.	Head of Safeguarding and Long Term Teams						
Q5 3.4	Further training in reflective supervision to be delivered.	Head of Workforce Development / Principal Social Worker						
Q6 3.4	Develop audit tool and undertake supervision audits. (Supervision audit currently in progress)	Quality Assurance Service Manager / Head of Transformation and Governance						
Q7	Improve the quality of chronologies	Head of Safeguarding						

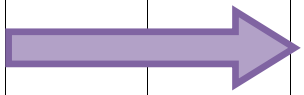
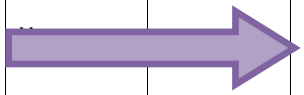
Ref	Action	Lead	Timeframe					
3.3		and Long Term Teams / Principal Social Worker						
Q8 3.3	Improve the quality of core groups	Quality Assurance Service Manager						

Workforce Development

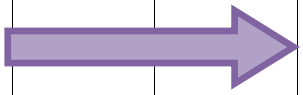
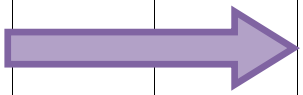
Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
WD 1 4.1	Develop and implement Social Worker recruitment and retention programme.	Head of Workforce Development						
WD 2 4.2	Review models of sector-led improvement and roll-out management/leadership development programme at all levels to embed an open culture that learns from itself and embraces transformational change as a mechanism to improve.	Head of Workforce Development						

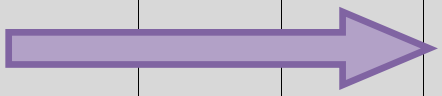
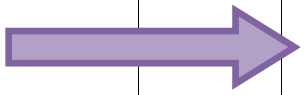
Performance Management

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
PM1 5.1	Review and development of Performance Management arrangements including Purple Book indicators (This is complete)	Head of Transformation and Governance						
PM2 5.1	Undertake a strategic review of the 'Quality and Information for Children's Services' – monthly report (Purple Book) in relation to the content and application of the included data. (This is complete)	Head of Transformation and Governance						
PM3 5.1	Restatement of the correct processes in relation to where information needs to be recorded and training and support to ensure this is embedded into practice and management oversight. (This is complete)	Head of Performance						
PM4 5.1	Increased use and application of the Workload Report which will be checked by all workers and managers on a daily basis and embedding of data within front screen on Mosaic in Framework I. (This has been developed and will be reported through CSMT and DMT meetings as a standing item)	Head of Performance						
PM5 5.1	Implement Tranche 3 of the Mosaic plan for the ESCR system including group working and embedding CAT teams into the system	Head of Safeguarding and Long Term Teams / Head of Commissioning						

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
PM6 5.2	Programme of gathering information from children, young people and their families about the quality of services they have received for all stages of the child's journey. Programme to be formulated and endorsed by the Corporate Parenting Board and the Children in Care Council for looked after children and by the RSCB for other children receiving a service. For example, undertaking qualitative sampling of children on their views of the quality of visits.	Quality Assurance Service Manager / Head of Transformation and Governance						
PM7 5.2	Development and agreement of a Participation Strategy that includes service user feedback	Head of Transformation and Governance						
PM8 5.2	Production of an annual "You said, we did" report for children and families	Head of Transformation and Governance						

Services for Looked after children and permanency

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
LAC 1 6.1	Review current contract with NYAS and re commission advocacy services	Head of Commissioning						
LAC 2 6.1	Work to increase the use of independent visiting services for LAC and CIN through the short term provision of spot purchasing arrangements.	Quality Assurance Service Manager						
LAC 3 6.1	Increase the use of independent visiting services for LAC and CIN -month service review.	Quality Assurance Service Manager						
LAC 4 6.1	Work to improve the support for the education and attainment of Looked After Children by the Virtual School - All LAC will have an up to date, good quality PEP produced in a timely way that will set aspirational targets	Head of Virtual School						
LAC 5 6.1	Introduce systems to monitor the Virtual School and hold it to account Update from CH 30/11/15 Review structure and roles within the Virtual School and all supporting the education of Reading's CLA.	Head of Education						
LAC 6.1	Updated 02/10/15 Work with SEN Team and VH - LAC to ensure children with SEN/LAC attend alternative education provision. Update 02/10/15 Work with schools to ensure that children on their roll but not attending/on a	Head of Virtual School						

Ref	Action	Lead	Timeframe					
			2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016 – 17 Q4
	reduced timetable have a plan in place to achieve 25 hours education, including commissioning Alternative Provision. For those children who are not on a school roll the Council needs to review how it can fund and commission alternative provision and to develop an action plan to address the implementation							
LAC 7 6.1	Development and implementation of new Pupil Premium policy for LAC	Head of Virtual School						
LAC 8 6.1	Revised LAC and Care Leavers and Permanency Strategy. This should be the Corporate Parenting Strategy and a separate Permanency Strategy	Head of Transformation and Governance						
LAC 9 6.1	Review and drive improvement in services for Care Leavers (driven by recommendations from the Barnardo's review).	Head of Safeguarding and Long Term Teams						
LAC 10 6.1	Set clear service standards and management oversight of practice must be improved to ensure that the standards of a 'good' service are met.	Head of Transformation and Governance						
LAC 11 6.1	Take new work plan for the Care Leavers Service to Children in Care Council for review/reappraisal to ensure there is a high level of engagement.	Head of Safeguarding and Long Term Teams						

LEAP Vision

Directorate for Children, Education & Early Help Services

Listen to our children, young people and families.

Enable families to make better constructive choices to have a positive impact.

Act quickly to deliver the right support & outcomes for each child working in a child focused, transparent, timely and inclusive way.

Partnership working to deliver integrated help early enough to be effective, efficient and Proportionate.

Reading Borough Council
Working better with you

READING BOROUGH COUNCIL

REPORT BY HEAD OF TRANSFORMATION AND GOVERNANCE

TO:	**ADULT CHILDREN AND EDUCATION COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**6**
TITLE:	**CHILDREN'S SERVICES PERFORMANCE UPDATE**		
LEAD COUNCILLOR:	**CLLR JAN GAVIN**	**PORTFOLIO:**	**CHILDREN'S SERVICES**
SERVICE:	**CHILDREN, EDUCATION AND EARLY HELP**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**KATHERINE PEDDIE**	**TEL:**	0118 937 3786 (ext 73786)
JOB TITLE:	**HEAD OF TRANSFORMATION AND GOVERNANCE**	**E-MAIL:**	**Katherine.peddie@reading.gov.uk**

1. PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

1.1 This report is to give an update to the Adult Children and Education Committee on the progress of Children's Services since the last meeting.

1.2 At the time of the last meeting, members received a paper on Safeguarding Activity (minute 17) which set out improvements needed. Evidence of some of those improvements is starting to emerge.

1.3 The development of a performance dashboard for Looked After Children has helped to improve performance by enabling managers to have a 'real time' view of performance within the team. Through the use of the dashboard managers are able to see the exceptions in performance and view individual children's records to ensure that progress is made.

1.4 The dashboard report replaces the information that was contained within the Purple Book in relation to Looked After Children. We believe that it has become a useful management tool within a very short space of time. The fact that it is based on current data within the system means that the service no longer has to wait for the Purple book to be issued, meaning they can be much more proactive about performance than previously. 'Real time' information directly from Mosaic enables staff to view performance at any time during the week.

1.5 Viewing the performance in this way has already had results in the number of visits to looked after children on time, the number of children with an up to date care plan and the number of children who have had their health assessments.

1.6 The monthly operational Performance Board (previously known as 'Getting to Good') considers the performance and provides critical challenge to the service. Following this meeting a commentary is added to the dashboard and this final data is saved as the overview of that month's performance. This agreed data is then used to inform the Corporate Performance Report and performance updates for the Children's Services Improvement Board.

1.7 Further dashboards have been commissioned for Child Protection and for Children in Need to assist managers in having oversight in these key areas.

1.8 The presentation will demonstrate the use of the dashboards as used by the service.

2. RECOMMENDED ACTION

2.1 It is recommended that the Committee notes the progress made within Children Education and Early Help Directorate since the last update and the use of the performance dashboards.

2.2 It is recommended that the Committee monitors the use of the dashboard in improving performance.

2. CONTRIBUTION TO STRATEGIC AIMS

2.1 This report is in line with the overall direction of the Council by meeting two of the following 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.

2.3 The directorate's delivery of the Strategic Aim "To promote equality, social inclusion and a safe and healthy environment for all" will be monitored through the Quality Assurance Framework and through the oversight of the Children's Services Improvement Board.

2.4 The Quality Assurance Framework and Children's Services Improvement Board will be an additional mechanism for improvements and dissemination of best practice in relation to all service delivery areas within Children, Education and Early Help, including monitoring how the Directorate responds to youth

offending, domestic violence and anti-social behaviour issues including substance misuse.

2.5 A regular quality assurance and performance monitoring framework will assist in addressing health inequalities for our service users and will help us to identify and address with partners how they can assist in addressing this issue.

3. EQUALITY IMPACT ASSESSMENT

3.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- 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.

3.2 An Equality Impact Assessment (EIA) is not relevant to the decision as a good overview of the quality of service delivery will address any inequalities and seek to remove them.

4. LEGAL IMPLICATIONS

4.1 Whilst there are no legal implications in relation to this report, it is important to note that under Children's Services legislation, we are required under a general duty of the Children Act 2004 to address the quality of services and to safeguard and promote the welfare of children. This framework establishes a clear mechanism for doing so.

5. FINANCIAL IMPLICATIONS

5.1 There are no financial implications arising from this report.

READING BOROUGH COUNCIL

REPORT BY HEAD OF TRANSFORMATION AND GOVERNANCE

TO:	**ADULT CHILDREN AND EDUCATION COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**7**
TITLE:	**QUALITY ASSURANCE FRAMEWORK REFRESH**		
LEAD COUNCILLOR:	**CLLR JAN GAVIN**	**PORTFOLIO:**	**CHILDREN'S SERVICES**
SERVICE:	**CHILDREN, EDUCATION AND EARLY HELP**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**KATHERINE PEDDIE**	**TEL:**	0118 937 3786 (ext 73786)
JOB TITLE:	**HEAD OF TRANSFORMATION AND GOVERNANCE**	**E-MAIL:**	**Katherine.peddie@reading.gov.uk**

1. PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

1.1 Adult Children and Education Committee received a paper from the Managing Director in June 2015 recommending that a Children's Services Improvement Board be established. This was agreed and the Board has had oversight of the quality of service provision in order to support the service in driving forward improvements.

1.2 This report builds on the emphasis of quality and refreshes the directorate's approach to performance and to quality assurance. It outlines how we will assure ourselves, the elected members and service users that the services we deliver are of high quality.

1.3 It contains a refreshed audit programme for the directorate which will ensure that we are auditing approximately 100 case files per quarter and using the findings from those audits to deliver improvements and to share best practice.

1.4 A strong quality assurance framework assists the organisation to deliver an efficient and effective service. The framework if applied correctly will assist managers and the organisation to ensure:

- Vulnerable children, young people and their families' outcomes are improved.

- Services are achieving consistently high standards.
- Services are regularly monitored, reviewed and evaluated.
- The organisational culture is committed to learning and continual development.
- The continuous improvement and development of the children's workforce.

1.4 It is important for this framework to be agreed by members both as part of their corporate parenting responsibilities and their democratic accountability.

1.4 The Quality Assurance Framework is attached as Appendix 1

2. RECOMMENDED ACTION

2.1 It is recommended that the Committee approves the Quality Assurance Framework for use in Children, Education and Early Help Directorate and that it notes that the Annual Report should be added to the forward plan.

2.2 That the Quality Assurance Framework is presented to the Audit and Governance Committee.

3. POLICY CONTEXT

3.1 Quality Assurance is part of a continual cycle of improvement. Whilst audit is one component of quality assurance, it is one of a number of tools we can use to evaluate our understanding of how we are delivering services and understand the experience of the service user. Surveys, consultations, focus groups and direct observations are other ways in which we can establish a baseline understanding of our services.

3.2 The Directorate has agreed that in order to deliver the framework they will have operational boards that fit neatly into the performance and business planning cycles.

3.3 A series of monthly operational performance boards will be summarised and themes fed into a quarterly operational quality assurance board. At the quarterly board, Heads of Service and key service managers will receive feedback from performance reports, audits, complaints, IRO escalations, service user feedback, quality of commissioned provision and themes arising from supervision.

3.4 The themes will be collated from this information and will be prioritised into a workplan that will inform the service plans and will input directly into the

Learning and Development framework to secure continual improvement. It will also determine what activity needs to take place, for example, whether we need to refresh a process, to undertake a multi-agency audit, or to undertake further consultation or focus groups with service users.

3.5 Quality Assurance and performance reports will be available through the normal Corporate Performance Reporting systems.

3.6 The Annual Quality Assurance report will however be reported formally to the Adult Children and Education Committee.

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 This proposal is in line with the overall direction of the Council by meeting two of the following 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.

4.2 Delivery of the Quality Assurance Framework will demonstrate the delivery of the Corporate Values and it is expected that the Quality Assurance Board will ensure this is done taking into account how we deliver on equalities.

4.3 The directorate's deliver of the Strategic Aim "To promote equality, social inclusion and a safe and healthy environment for all" will be monitored through the Quality Assurance Framework.

4.4 **Community Safety Implications** – Under Section 17 of the Crime and Disorder Act 1988, the Council must consider the following in the exercise of its duties and decision-making:

- crime and disorder
- anti-social behaviour
- behaviour adversely affecting the environment
- substance misuse reduction

4.5 The Quality Assurance Framework will be an additional mechanism for improvements and dissemination of best practice in relation to all service delivery areas within Children, Education and Early Help, including monitoring how the Directorate responds to youth offending, domestic violence and anti-social behaviour issues including substance misuse.

4.6 A regular quality assurance and performance monitoring framework will assist in addressing health inequalities for our service users and will help us to identify and address with partners how they can assist in addressing this issue.

5. EQUALITY IMPACT ASSESSMENT

5.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- 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.

5.2 An Equality Impact Assessment (EIA) is not relevant to the decision as a good overview of the quality of service delivery will address any inequalities and seek to remove them.

6. LEGAL IMPLICATIONS

6.1 Whilst there are no legal implications in relation to this report, it is important to note that under Children's Services legislation, we are required under a general duty of the Children Act 2004 to address the quality of services and to safeguard and promote the welfare of children. This framework establishes a clear mechanism for doing so.

7. FINANCIAL IMPLICATIONS

9.1 There are no financial implications arising from this report.

Children's Social Care
Quality Assurance Framework

January 2016

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Contact: Anne-Marie Delaney

Service Manager – Quality Assurance

Version DRAFT v1- January 2016

About this document

Title	**Quality Assurance Framework**
Purpose	**To set out how Children Education and Early Help Directorate will assure itself of the quality of service delivery.**
Updated by	**Katherine Peddie**
Approved by	**Adoption Service Manager**
Date	**22/01/2016**
Version number	**Final v1**
Status	**Approved**
Review frequency	**Annually**
Next review date	**31/03/2017**

Version Control

Document Location: Reading Borough Council Online Procedure Manual

This document is only valid on the day it is printed

Date Issued:	Version	Summary of Changes	Created by
22/01/2016	Draft 0.1	First Issued	Katherine Peddie

Intended Audience

This document has been issued to the following people for Review (R) Information (I) and Review and Sign off (S). The Quality Assurance Framework should be shared with all staff and elected members.

Name	Position	S/R/I
ACE Committee	Reading Borough Council's Adult Children and Education Committee	S
Wendy Fabbro	Director of Children Education and Early Help	S

Contents

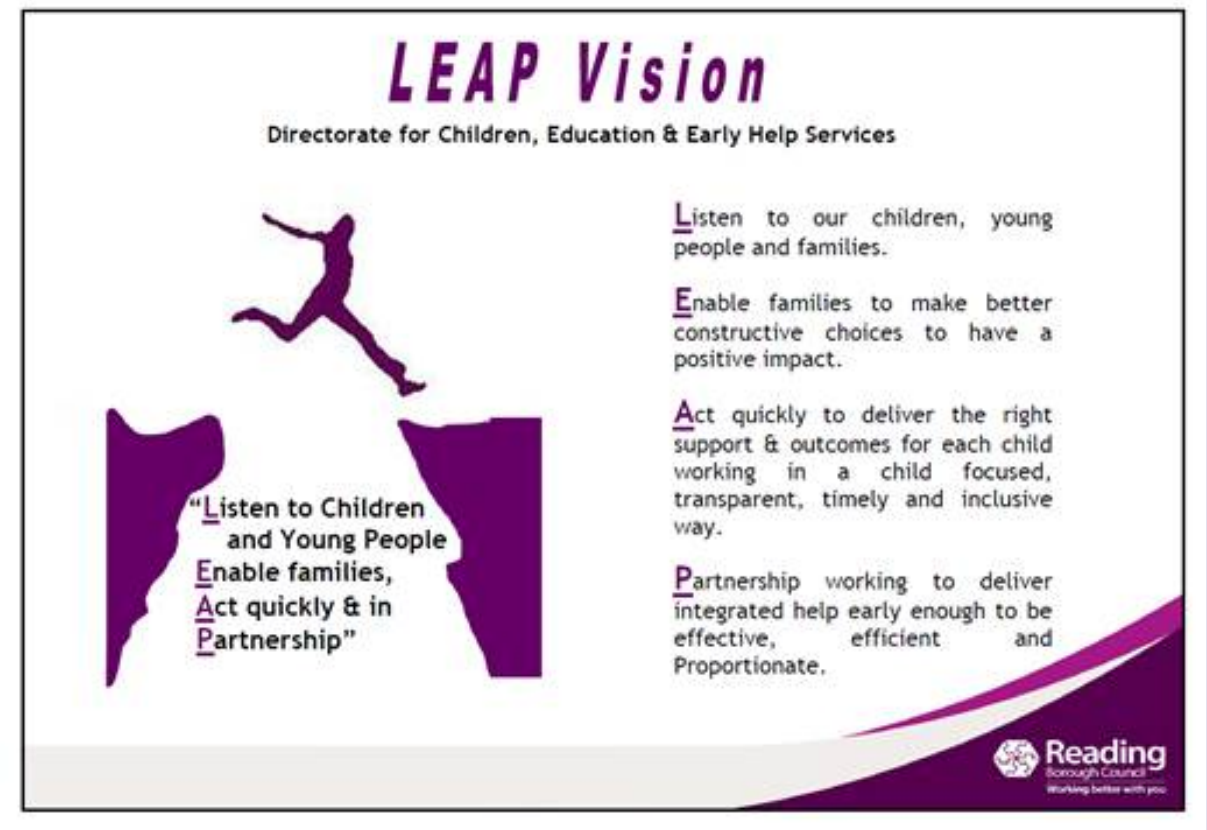
Our Priorities and Values

Our Corporate priorities set out in the Corporate Plan outline the key priorities of the organisation. They are:

- **Safeguarding and protecting those that are most vulnerable**
- **Providing the best life through education, early help and healthy living**
- **Providing homes for those in most need**
- **Keeping the town clean, safe, green and active**
- **Providing infrastructure to support the economy**
- **Remaining financially sustainable to deliver these service priorities**

Within Children's Services, these priorities are underpinned by our vision:

"Listening to Children and Young People, Enabling Families & Act quickly and in Partnership"



The Corporate Priorities and our Children's Services vision are underpinned by the values of the organisation. We deliver our services by working to the values of being:

- Fair
    - tackling inequality and promoting residents rights
    - ensuring residents are part of decision making
    - ensuring our staff have the right support
- Caring
    - putting residents at the heart of what we do
    - working with residents to look after each other
- Enterprising
    - unlocking the power of our communities
    - acting now to create a better future

Reading Children's Services are committed to achieving excellence through continual improvement where children and their families are at the heart of everything that we do and have the opportunity to influence and shape the services that they receive.

The delivery of quality services is dependent upon a whole system approach to organisational competence which reflects continual improvement and a learning organisation. The success of service delivery is measured by improving the outcomes for children and their families, achieving agreed targets and raising standards. It will need the commitment and support of all managers and their teams to ensure that quality assurance activity is embedded, evaluated and acted upon.

We recognise that we can only deliver our vision through effective and integrated partnership working across a variety of agencies, including schools, police, health and voluntary and community sectors. At the heart of our vision is the intention to always put children and young people and their families first and to deliver services that will help them to sustainably help themselves.

Our Quality Assurance Framework establishes a clear mechanism for ensuring that services are delivered to the standards we want for our children and families. Through the delivery of the framework we can ensure and demonstrate that from the councillors to frontline staff that children are at the heart of service planning and delivery

1 Introduction

1.1 Quality assurance is an integral part of everyday practice within Children's Services. Measuring the impact of service delivery is central to achieving improved outcomes for children. This requires a strong quality assurance system to be in place that evidences that services are being delivered effectively and to standards that enable children's welfare to be safeguarded and promoted.

1.2 A strong quality assurance framework assists the organisation to deliver an efficient and effective service. The framework if applied correctly will assist managers and the organisation to ensure:

- Vulnerable children, young people and their families' outcomes are improved.
- Services are achieving consistently high standards.
- Services are regularly monitored, reviewed and evaluated.
- The organisational culture is committed to learning and continual development.
- The continuous improvement and development of the children's workforce.

1.3 Whilst quality assurance has a scrutiny role, it is important to focus on the supportive and educative function of the role by describing what good practice looks like, and evaluating against this. Effective quality assurance will provide high challenge and support, and is crucially important in supporting the workforce to improve outcomes for children and young people.

1.4 Underpinning the Quality Assurance Framework is an understanding that continual improvement depends on a culture of reflection in action and reflection following action (reflection during social work practice and in supervision/ consultation/ discussion). This is then fed into the double learning loop for the practitioner, service and organisation so that we can re-think, plan appropriately and improve outcomes.

1.5 The purpose of the Quality Assurance Framework is to:

- Ensure that children and families are getting consistent and high quality services
- Review and evaluate standards
- Provide consistency in our system of monitoring and evaluating our effectiveness
- Prioritise and facilitate continuous improvements within Children's Services
- Support learning and to inform our Workforce Development Strategy

1.6 The Framework is underpinned by a set of overarching principle priorities and standards which are continually reviewed and updated in line with new learning and understanding gained through improvement.

2 Key roles and functions

2.1 Assuring quality is everyone's responsibility. There are some specific roles, for instance:

- Frontline staff
- Managers
- Reviewing and Quality Assurance Service
- Directorate leadership team
- Local Safeguarding Children Board
- Elected Members

2.2 There are a number of different roles/functions/boards within the organisation that have a specific purpose in quality assuring our work., the responsibility to implement this framework rests with all of Children's Social Care; whether that be as the first point of contact for people approaching Children's Social Care or as a member of the Senior Management Team. Below is a table outlining the key roles/functions/boards within Reading Borough Council and their quality assurance function.

Role/Function	Description
All Staff	All staff are responsible for ensuring they uphold high quality practice standards and that this is reflected in the quality of case files and outcomes for children and families, monitor their effectiveness and are responsible for embedding a culture of learning and continuous improvement in their teams. Those conducting inspections, audits and other quality assurance approaches share responsibility for ensuring that frontline staffs are actively engaged in the quality assurance process of setting and monitoring standards.
Team Managers and Assistant Team Managers	Team Managers and Assistant Team Managers are responsible for ensuring that quality standards are met and to take corrective action where necessary. They are responsible for supporting frontline and support staff to deliver services that are of a high standard and effective. This is achieved through the line manager process, including performance management. Managers are responsible for ensuring their direct reports are very clear about managers and employees in the supervision and appraisal structure and how practice standards are an integral element of the process. Managers will use all of the available processes to recognise and praise good performance and address poor performance. They will quality control pieces of work, for example by

	signing off assessments and by auditing a case file. They will also work with the staff they manage, using the council's supervision and appraisal systems, to give staff feedback about the quality of their work and ensure that staff receive the support and challenge they need to maintain and improve practice. Team Managers are also responsible for devising and monitoring Team Development Plans.
Service Managers and Heads of Service	Service Managers are responsible for ensuring that quality assurance activity is carried out thoroughly on a regular basis and that the findings are acted upon and shared with staff and form a part of any further development/improvement plan. Heads of Service are responsible for ensuring that findings inform policy and the strategic framework.
Director of Children's Services (DCS)	The DCS has professional responsibility for the leadership, strategy and effectiveness of local authority children's services. The DCS is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers. The DCS will work closely with other local partners to improve the outcomes and well-being of children and young people. The DCS is responsible for the performance of local authority functions relating to the education and social care of children and young people. The DCS is responsible for ensuring that effective systems are in place for discharging these functions, including where a local authority has commissioned any services from another provider rather than delivering them itself. The DCS should have regard to the General Principles of the United Nations Convention on the Rights of the Child (UNCRC) and ensure that children and young people are involved in the development and delivery of local services (Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services, DfE, April 2013).
The Directorate Leadership Team (DLT)	The Directorate Leadership Team is responsible for the strategic and operational function of Children's Services, inclusive of quality and performance. The Team receives quantitative and qualitative performance data from the Quality Assurance Team. The data is used to analyse performance against need, approve improvement plans and resource allocations. The Directorate Leadership Team is held to account by the Lead Member for Children's Services, for improving outcomes for children, young people and their families through the delivery of high quality services.

Lead Member for Children's Services (LMCS)	The LMCS, as a member of the Council, has political responsibility for the leadership, strategy and effectiveness of local authority children's services. The LMCS is also democratically accountable to local communities and has a key role in defining the local vision and setting political priorities for children's services within the broader political context of the Council. The LMCS is responsible for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed. In doing so, the LMCS will work closely with other local partners to improve the outcomes and well-being of children and young people. The LMCS should have regard to the UNCRC and ensure that children and young people are involved in the development and delivery of local services (Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services, DfE, April 2013).
Principal Social Worker	The Principal Social Worker represents the views of frontline staff to senior managers and will champion frontline practitioners and the quality of practice. This includes mentoring and coaching practitioners, providing practice learning opportunities to students, undertaking reflective supervision, promoting innovation, and disseminating informed and evidence based interventions.
Training and Development Lead Officer	The Training and Development Lead Officer is responsible for promoting continuous professional development. In terms of quality assurance of practice they have a role in taking on board lessons from quality assurance and ensuring they are embedded into relevant learning and development opportunities for practitioners.
Service Manager - Quality Assurance	The QA service manager is responsible for oversight of this framework, for Independent Reviewing Officers and Child Protection Chairs; and the LADO and Quality Assurance manager. This team reviews, audits and raises challenge and themes of practice in their areas of responsibility. It is their responsibility to ensure the quality assurance processes in place are robust.
Performance Analysts	The Performance Analyst role is to provide a range of reports and information to support operational activity. Performance data ensures that there is sufficient reporting on local and national indicators, whilst highlighting areas of strengths and areas for development. Performance Analysts maintain a data quality role and are responsible for submitting statutory returns on behalf of Children's Social Care.

Corporate Complaints Team	Children's Social Care recognise that on occasions standards of service may fall below expectations. Where this leads to complaints, Children's Social Care will use the outcomes from such complaints to feed into improvements. Reading Borough Council implement restorative approaches to aim to respond to complaints swiftly and lead to early resolution. The Corporate Complaints Team will liaise regularly with Team Managers regarding ongoing complaints, and will feedback emerging themes and discuss actions that need to be undertaken in order for improvement to take place, in partnership with the Quality Assurance Manager.
Human Resources	Human Resources are involved in ensuring we understand the needs of our workforce. They also support us where individual practice consistently falls below expected standards, but also when organisational changes are required.
Children in Care Council (Your Destiny, Your Choice)	The Children in Care Council is made up of young people in care and care leavers and leads consultation projects with children about their experience in local authority care and feedback their findings to Councillors and senior managers. The Children in Care Council also meets annually with the Independent Chair of the Safeguarding Children Board.
Corporate Parenting Panel	The responsibility for improving outcomes and actively promoting the life chances of looked after children is shared by the local Authority and partner agencies. The Corporate Parenting Panel meets regularly and receives reports on progress, and participates in discussion about proposals for improvement and development. Children looked after and young people leaving care are subject to consultation through the Corporate Parenting Panel.
Local Safeguarding Children Board	The Local Safeguarding Children Board is a key statutory board for ensuring the effectiveness of safeguarding of all organisations working with children and young people. The LSCB plays a key role in relation to the links between Quality Assurance in Children's Social Care and partner agencies. The LSCB undertakes multi-agency audits, themed audits, serious case reviews, and collects and analyses multi-agency data. The outcomes of the work carried out through the LSCB will inform ongoing improvement.

2.3 The LSCB is a key statutory mechanism for ensuring relevant organisations in a local area co-operate to safeguard and promote the welfare of children, young people and their families and ensure single agency and multiagency work in child protection is of a good standard. In delivering its function the LSCB Performance and Quality

Assurance sub-group receives regular reports on the performance of member agencies. The Performance and Quality Assurance sub-group provides the quality assurance function of the LSCB, commissioning multi-agency audits and reviewing audits of individual organisations.

2.4 A part of the Board's scrutiny function is carried out through the Serious Case Review process. The Serious Case Review process is an investigation into the engagement of services with that child or young person before their death or near miss of a death. Each Serious Case Review includes internal management review reports from each agency involved. The internal management review sets out how the agency carried out its functions. The LSCB Berkshire West Case Review Group analyses the learning from the Serious Case Review, develops and monitors the implementation of an action plan to achieve improvements. Serious Case Reviews are conducted under the guidance contained in Working Together to safeguard children (2015). The LSCB needs to demonstrate that all partner organisations have learnt from Serious Case Reviews and that practice has evolved as a result of the review.

3 Professional standards – Social Workers

3.1 Children's Social Care employ qualified and registered Social Workers. Where needed we also contract with Social Workers to carry out bespoke pieces of work or to cover vacancies in our social work teams. Social Workers be registered with the Health and Care Professions Council who is the professions regulator.

3.2 Individuals are responsible for the way they practice and whilst our systems and processes are in place to support them, professionals employed or contracted by Children's Social Care are individually accountable for the standards of their work. The various documents/codes listed below govern/direct the standard expected of those regulated professionals.

3.3 The Reading Borough Council Practice Standards are included at Appendix 1.

Registered Social Workers	
Social Work Professional Capabilities Framework 2012	This documents sets out consistent expectations of social workers at every stage in their career and provides a backdrop to post qualifying continuous professional development.
Health and Care Professions Council Standards of Conduct,	This document must be observed by registered Social Workers, Art Therapists and Psychologists and those applying to register. All standards relate to providing high

Performance and Ethics (HCPC, 2012)	quality and safe services, below are a selection; • You must act in the best interests of service users (Standard 1) • You must keep high standards of personal conduct (Standard 3) • You must keep your professional knowledge and skills up to date (Standard 5) • You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner (Standard 6) • You must effectively supervise tasks that you have asked other people to carry out (Standard 8) • You must keep accurate records (Standard 10) HCPC regulated professionals must meet their standards for continuous professional development which are; • Maintain a continuous, up-to-date and accurate record of their CPD activities • Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice • Seek to ensure that their CPD has contributed to the quality of their practice and service delivery • Seek to ensure that their CPD benefits the service user • Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD
Health and Care Professions Council Standards of Proficiency – Social Workers in England (HCPC, 2012)	The Standards of Proficiency set out what a social worker in England should know, understand and be able to do when they complete their social work training so that they can register with the HCPC. They set out clear expectations of a social worker's knowledge and abilities when they start practising. It places responsibility on workers to engage with quality assurance. Other Standards of Proficiency exist for other professionals such as Art Therapists and Psychologists.

4 Quality Assurance Cycle

4.1 The diagram below shows clearly and simply that quality assurance can be seen as a cycle. To improve the services that we deliver it is necessary to agree standards, monitor work; listen to those that use our services; and invest in the development of the organisation in order to secure the right outcomes for service users.

4.2 **Identify :** A Quality Assurance Board will review practice standards, audits, inspections performance information, compliments and complaints, IRO escalations, procedures and current issues for the service. This will identify key themes for service improvement and may result in action being required, whether this is an audit, a case review or observed practice.

4.3 **Task / Audit:** There are a number of outcomes of the discussion at the Quality Assurance Board. This could include the commissioning of an audit or a case review, the issuing of a management instruction, the development of a new procedure or managers observing some practice. For each, a scope will be developed by the Service Manager for Quality Assurance who will ensure that the scope is firmly linked to the request of the Quality Assurance Board.

4.4 **Develop improvement plan:** The outcome of the task or audit will be the writing of a report that is presented to the Quality Assurance Board and to the Children's Services

Management Team (CSMT). CSMT will have responsibility for developing an improvement plan to ensure that the outcomes of the audit lead to improvements in service design and delivery. Where the task was the development of a procedure or new process, CSMT will be responsible for developing an implementation plan that is monitored by the Quality Assurance Board.

4.5 **Support:** Support in delivering the improvements will be offered by the Principal Social Worker who will assist frontline practitioners in implementing any changes in practice. The Workforce Development Team will assist this process in ensuring that appropriate training is offered. Team Managers and Assistant Team Managers will ensure that supervision acts as a conduit for ensuring that changes have been made.

4.6 **Review:** When the cycle comes back to 'Review', the Quality Assurance Board will provide challenge to Service Managers and Team Managers to ensure that improvements have been delivered and are delivering positive outcomes for children and young people. By reviewing performance data, service user feedback and information from IROs and CP Chairs, the Board will assure itself that the relevant improvements have been made. A rolling work programme will be established by the board to ensure that key areas of practice are addressed and sufficient management oversight is given to key issues.

5 Methodologies for assuring quality of services

5.1 The framework covers the full range of services for children and young people across early help, targeted support, protection and specialist provision. This enables the creation of a more comprehensive understanding of the child's journey from which we can learn and improve our service delivery and make better informed decisions to achieve the desired outcomes.

5.2 Information is considered and gathered from the following sources:

a) **Performance and Management Information:** Weekly data tells us something about how well the service is doing and will ordinarily measure either service outputs or outcomes for children. Many of these indicators are nationally set and reported upon. Statistical neighbours and best performance authorities benchmarking data is available and is used by Reading to drive service improvement.
Looking at activity data allows us to consider the demands on the service. The journey of the child can be better understood through our system and conversion rates eg the number of referrals that become assessments, how many Section 47

enquiries lead to Child Protection Plans, how many children subject to child protection plans go on to become cared for children etc. This helps management identify whether there are any variations that require further exploration.

b) **Complaints and Compliments** about Children's Services are another important element of the Quality Assurance Framework. The Complaints Officer will provide quarterly reports, briefly identifying the nature of all reports received and provide an analysis which identifies trends and makes comparisons about the nature of complaints.

c) **Service User Feedback** It is essential that children, young people and their families' views about the services that they received are sought and captured within the quality assurance process. This ensures services are matching needs and that service users are central to the service delivery.

Consulting with – and using feedback gained – from children, young people, families, and workers is central to understanding the subjective experiences of those accessing or working for Children's Social Care. The Principal Social Worker role is pivotal in understanding the experiences of frontline practitioners. Seeking feedback helps us to improve how we deliver our services to individuals, improve the working conditions and processes for our teams, and enables us to identify themes to be addressed. Identifying themes will allow us to build upon excellence and continuously improve.

Feedback can be obtained in a number of different ways, even when not formally requested. Feedback can typically be found:

- Within assessments
- From staff and carer supervision records
- Within annual carer review records
- Contained within case notes
- From telephone call records or emails
- From complaints and compliments logs

There is an expectation that every child and carer who comes into contact with the service has an opportunity to express their views. Some of the ways we do this include;

- Frontline staff will undertake simple questionnaires with children during one of their initial visits.
- Follow up questionnaires will be completed at later points in the child's journey, review, case closure, and for a sample of cases six months after the end of our involvement. This will enable us to compare the child's position at each point.

- Parental views will be sought at closure using a standard questionnaire.
- Child and parent views will also be gained via the senior management audit, questionnaires from LAC Reviews and Child Protection Conferences.
- Feedback will be gained from thematic audits.

Foster Carer views will be obtained on an annual basis through their annual review. In addition to this there is an annual survey of foster carers.

d) **Participation and Advocacy** work completed with children and their families is also a vital component in the Quality Assurance Framework. The Children's Participation Worker will complete a quarterly report of all advocacy provided to young people and the report will contain a brief analysis which will identify key themes and trends in the nature of difficulties young people are experiencing with service provision and engagement.

e) **Observation of practice:** Learning at and through work is an essential means of employee development. Direct observation involves a manager or supervisor observing a worker, carrying out a task, evaluating their practice and performance and providing structured constructive feedback. Every worker will be observed at least once a year by their manager. This may include a visit to a child or young person and their family or carer, a network or core group meeting, a child or young person's review meeting, a child protection conference, a looked-after children's review or Court presentation.

f) **Mid-way reviews – Independent Reviewing Officers (IROs) and Child Protection Chairs (CPC):** IROs and CPC's play a key role in planning and assuring the impact and quality of work undertaken by children's social care. Their role is to ensure that the quality of the work on a single and multi-agency basis is of a high standard, that performance indicators and procedural requirements are met, and that plans for children and young people are outcome-based and meet the individual needs of the child or young person. IROs and CPC's undertake mid-way reviews on all children and young people who are looked after or in the child protections process.

g) **Serious case reviews, serious incident and near misses** serious case reviews, serious incidents and near misses provide the opportunity to reflect in detail on practice within individual cases, and to identify and act on areas for improvement. The learning from all of these cases will be disseminated across Children's Services.

h) **Team meetings:** Team meetings are an integral tool to ensure that key messages are disseminated across the service. All teams are encouraged to have a regular meeting to which the Service Manager and Head of Service are invited. A standing item on these agendas should include messages from CSMT and from DLT. Team meetings should take place monthly.

i) **Joint meetings:** In order to promote good practice teams are encouraged to work effectively together. IROs and CP Chairs should meet with frontline teams to feedback on issues of quality at reviews and at conferences. A joint meeting between frontline teams and the IROs / CP Chairs should take place at least once per quarter. Where issues can be resolved informally in this way it is a constructive way of minimizing the need for IRO escalation of issues.

j) **Transfer / Workload Allocation Meetings:** A weekly meeting takes place to ensure that cases can be effectively transferred between teams. This is chaired by the Head of Safeguarding and Long Term Teams. The Transfer procedure sets out the standards required of case file recording at the point of transfer. The Team Manager must have signed off a Transfer Summary and a Transfer Audit before the case can be transferred to another team.

k) **Supervision:** The Supervision Policy requires that all social workers are supervised at least monthly although it may happen more frequently where the worker has a complex caseload. This is the opportunity for managers to ensure that practice standards are being adhered to and constructive support can be identified at an early stage where necessary.

l) **Group Supervision** is encouraged as a mechanism for the team or a group of peers to reflect on the work undertaken with a particular family in order to help move the case on and secure positive outcomes. It may also be used to learn new practices together or to share best practice.

m) **The Principal Social Worker:** The Principal Social Worker will offer support to teams to ensure that practice improvements are embedded and secured. Issues arising during the course of any work will be fed back routinely to the DCS and the Head of Safeguarding and Long Term Teams and will be a standing item on the agenda of the Quality Assurance Board. Key training issues identified by the Principal Social Worker will be notified to the Workforce Development Team to secure appropriate training.

n) **Audits:** see section 6. Audits will be commissioned to regularly review the quality of case work to ensure that children and families are being supported appropriately and that positive changes are being made. The outcomes of these audits will be reported back to the Quality Assurance Board and to the Children's Services Management Team (CSMT) in order to monitor improvements.

6 Audit framework

6.1 The audit framework provides a structure for the process of case work audit and review, creating a culture in which both quantitative and qualitative aspects of case management are routinely examined and reported in a systematic way to ensure the best possible outcomes for children and young people. Although these two aspects

of auditing can be conducted independently, both are necessary to ensure a total quality management approach.

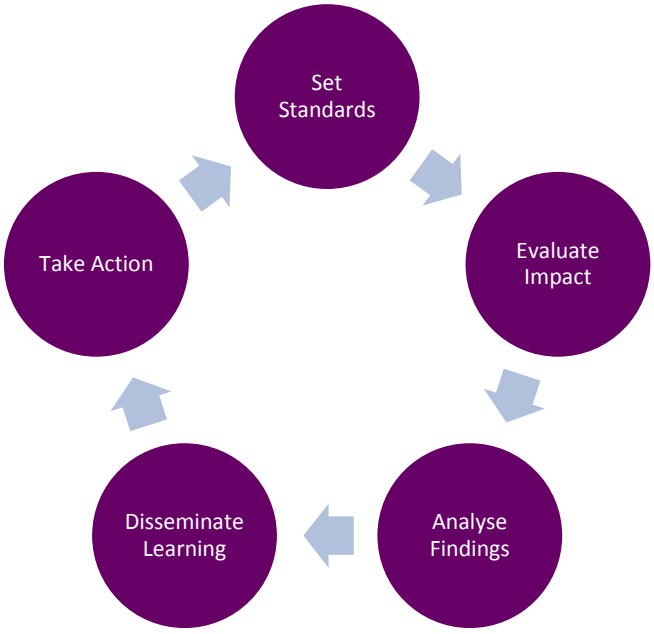
- **Quantitative Auditing** Considers whether the record is up-to-date, contains all the relevant documentation and that the documentation has been properly completed, within timescale.

- **Qualitative Auditing** Consider the quality of the information and recording on the child or young person's file, the quality of the decision making process, risk assessment and analysis, and whether it reflects good practice.

- **Moderation Process** Built into any audit process must be a quality assurance process of monitoring the quality of the auditing carried out. This can be established through a process in which a manager or peer of the auditor re-audits random case files. Service Managers will be responsible for their service areas.

6.2 Audit is a continual and dynamic process. It is part on an improvement cycle by which we set standards, evaluate impact, analyse findings, disseminate learning (strengths and areas for development), and take action to improve.

6.3 The audit process should create dialogue between the auditor and the worker. Whilst the worker must be open to professional scrutiny and challenge as part of the process, it is important for this to be done in a way that is open, honest and transparent, so that everyone works together to improve the quality of service we deliver.



6.4 All staff are accountable for making sure that Reading Children's Services practice standards and priorities are met. Practice standards and priorities are informed by statutory guidance and regulation, based on evidence about the elements of practice

which are most likely to lead to good quality services and positive outcomes for children and young people.

6.5 A number of audit tools have been developed that are structured around Reading's practice standards and priorities and that scrutinise all areas of service delivery - see appendix 2. The types of audit include:

a) **Case file audits:** Monthly audits across the service are carried out by operational managers and are randomly peer reviewed across the service. In addition, monthly group audits, comprising of staff from across Children's Services take place and serve as a means to involve staff at all levels in the learning and development process. This work is crucial to add some qualitative information to data analysis and to pick up any practice themes that need attention. The Director of Children's Services and Managing Director will audit 2 randomly selected cases on a quarterly basis.

   The Fostering and Adoption Team, Youth Offending Service, Children's Action Team undertake routine monthly audits using audit tools specific to their service and The Access and Assessment Team audit cases prior to transfer.

b) **Thematic audit:** These audits will take place at least twice a year. The primary purpose of a thematic audit is to identify and develop understanding in respect of a service, area of practice or issue, in order to assess the quality of practice. A thematic audit will follow an area of work across different teams or services and will examine a particular theme over a period of time and include a variety of methods, such as file audits and direct interviews or focus groups with staff across the relevant service and with other key stakeholders.

c) **Supervision audits:** Throughout the course of the year, Team Managers will undertake an audit of supervision files of each Assistant Team Manager's supervision with Social Workers. Service Managers will audit the supervision files of each Team Manager with Assistant Team Managers. Head of Service will complete a sample of supervision audits of each Service Managers' Supervision of Team Managers.

d) **Multi agency audits** facilitated through the performance and Quality Assurance subgroup. A rolling programme of multi-agency audits is in place to promote learning for all partner agencies. To ensure Reading LSCB has in place sound mechanisms for monitoring, evaluating and auditing safeguarding activity by partner agencies, particularly in relation to front line services, ensuring that improvements are made to deliver better outcomes for children. In addition its role is to demonstrate that Reading LSCB is a 'learning organisation' that has a strong focus on impact and effectiveness.

7 Learning and Development

7.1. It is imperative that learning from each quality assurance activity is shared with the right people and used meaningfully to change practice and improve outcomes for children, families and employees. Learning should make evidenced links to the following areas:

- Supervision
- Training
- Complaints and Compliments
- Workforce Planning and Development
- Commissioning
- Service Plans and Team Plans
- Reading Children's Services Priorities and Business Plans
- Reading's Service Improvement Plan
- Reviewing Officer/Child Protection Conference Chair quality assurance.
- Monthly Performance Challenge Meetings
- Adoption Panel and Fostering Panel quality assurance reports

7.2. Service Manager Quality Assurance with the support of the Principal Social Worker will provide quarterly reports which will identify themes from audits. The Quality Assurance Board will consider the messages and learning from these processes in connection to learning and action planning that emerges from this framework. The service level self-assessment will facilitate this process.

7.3. The quarterly reports will form the basis of the report that goes to Adult Children and Education (ACE) committee.

7.4. The Director of Children's Services, Head of Children's Services and The Principal Social Worker have regular dialogue with staff in Children's Services, to gather views/comments on practice issues, in a range of fora, for instance, focus groups, staff briefings, whole service conferences and Induction of new starters. Feedback in respect of the findings of audits and the relevant themes will be disseminated at such events.

7.5. The quarterly Quality Assurance Board is chaired by the Head of Transformation and Governance. The meeting will look at the various strands of quality assurance activity and will agree action plans developed as a result of activity. This meeting will act as a challenge meeting where the Heads of Service can scrutinise activity, receive exception and corrective action reports and call managers to account.

8 Conclusion

8.1. Work to protect children is by definition complex and multi-faceted, requiring a whole system approach. The needs of the children involved are such that the system need to ensure that areas in need of improvement and apparent strengths are constantly explored and unpicked to ensure the strengths are real and embedded and the areas for improvement are being effectively addressed.

8.2. This Quality Assurance Framework sets out how that exploration will take place in Reading and ensures that improvement can never stand still. The framework will be reviewed on an annual basis.

Good Practice Standards
For Children's Social Care

September 2013

This document sets out the standards of service we work to and against which we are measured in the quality assurance and performance framework.

Standards Overview:

1. In all our activities, the child's best interests will come first.

2. In our assessments and work we aim to understand and improve the child's lived experience.

3. Work is carried out in partnership with parents and carers to enable them to meet their responsibilities and achieve the best outcomes.

4. Children have a right to be involved in decisions that affect them.

5. In all our work, we will maintain an awareness of equal opportunities and the impact of discrimination.

6. We will work closely with other agencies to improve support that is offered to children, young people and families.

7. Work with children and families is undertaken within the legislative framework and makes use of best practice guidance.

8. Our records are accurate, complete and demonstrate the child's story.

9. Work with children is managed and supervised to achieve the best possible outcomes.

10. We treat children, families and our working partners with courtesy and respect.

Standard 1
In all our activities, the child's best interests will come first

Criteria

1.1 We will follow the Berkshire LSCB policy and procedures to ensure that children are safeguarded from harm.

1.2 Children's needs are identified and assessed using the agreed assessment processes, tools and frameworks.

1.3 Children are supported to achieve and enjoy their full potential in all aspects of their development.

1.4 We will ensure that our work promotes permanency for children – either in their birth families or in alternative permanent arrangements.

Standard 2
In our assessments and work we aim to understand and improve the child's lived experience.

Criteria

2.1 Children are seen alone, where appropriate, observed and communicated with according to their developmental needs and in accordance with the plans for them.

2.2 Intervention with children is timely and responsive to risk and need.

2.3 Children's identity is promoted through life story work and ensuring that they have personal possessions and family material.

2.3 All Plans for children will be focused on improving outcomes and the child's daily lived experience. Plans will be SMART and written in language that is understood by parents, carers and partners.

Standard 3
Work is carried out in partnership with parents and carers to enable them to meet their responsibilities and achieve the best outcomes.

Criteria

3.1 Planning and decision making promotes the child's upbringing within family and community networks wherever possible.

3.2 Parents and carers are engaged in assessment, planning and implementation of services to their family.

3.3 Parents and carers are treated with respect and encouraged to express their views and potential solutions to current issues.

3.4 Parents and carers are advised clearly about concerns and what needs to change to keep their children safe.

3.5 Contact is maintained between children and their families and communities wherever possible.

3.6 In the event that children cannot live with their parents, all steps possible will be taken to ensure that they can remain within their extended networks wherever possible.

Standard 4
Children have a right to be involved in decisions that affect them.

Criteria

4.1 Children's rights are promoted in all areas of work.

4.2 We will use a variety of tools to enable children to communicate their lived experience, their worries and hopes to us.

4.3 We run our meetings to enable children's participation wherever possible. Where they can or should not attend, we will use a variety of methods to ensure that their views are taken into account.

Standard 5
In all our work, we will maintain an awareness of equal opportunities and the impact of discrimination.

Criteria

5.1 Work challenges organisational culture and practices which contribute to discrimination and disadvantage.

5.2 Casework addresses and respects individual's race, culture, language and religion.

5.3 Work takes into account the impact of social disadvantage in neighbourhoods, networks and communities.

5.4 We advocate with and on behalf of children, parents and carers to enable them to access sources of support.

Standard 6
We will work closely with other services and agencies to improve support that is offered to children, young people and families.

Criteria

6.1 Assessments, plans and reviews take full account of the information and professional opinions

6.2 Plans for children are holistic and use the resources of the wider family and partner agencies.

6.3 Working relationships with agency partners are professional and responsive in including and engaging local agency forums and lead professionals.

6.4 Communication with agency partners is clear, timely and proportionate to the child's needs. This includes a commitment to share information as appropriate.

6.5 Active steps are taken to resolve conflicts should they arise between teams, services and agency partners.

6.6 In cases concerning child protection, agency checks will be undertaken.

Standard 7
Work with children and families is undertaken within the legislative framework and makes use of best practice guidance.

Criteria

7.1 Work is in accordance with legislation, guidance and local policy and procedure.

7.2 Work is undertaken with due regard to the national minimum standards, best practice guidance and is informed by the best evidence available including research findings.

7.3 Work is in accordance with the principles of Best Value.

7.4 Work will contribute towards self-evaluation and external inspection.

Standard 8
Our records are accurate, complete and demonstrate the child's story.

Criteria

8.1 Case recording is up to date and demonstrate the purpose and outcome of each contact. We will avoid the use of jargon and acronyms wherever possible.

8.2 All relevant basic details concerning the child are reflected on the case record and are up to date.

8.3 There is a genogram, care plan and chronology for each child receiving a service. These adhere to the good practice guidance.

8.4 Recording is concise, analytical and distinguishes between fact and opinion.

8.5 Information about the child is written and stored in accordance with Data Protection and Information Sharing protocols.

Standard 9
Work with children is managed and supervised to achieve the best possible outcomes.

Criteria

9.1 Managers use agreed systems to ensure that children receive a timely and appropriate service.

9.2 Work is allocated to suitably trained and qualified staff, who fully understand what is required of them.

9.3 Management accountability and decision making is evidenced at all stages of work with the child from referral to closure.

9.4 Managers audit case records on a regular basis and require action to be taken where necessary.

9.5 Good practice is promoted and recognised.

9.6 Reflective supervision takes place regularly and outcomes and decisions are recorded.

9.7 Managers critically evaluate the work of their staff and actively challenge poor practice, delay and drift in decision making.

Standard 10
We will treat children, families and our working partners with courtesy and respect.

Criteria

10.1 Communication through email, telephone and letter will be timely, polite and responsive.

10.2 We will be punctual for meetings and visits and if we are unavoidably delayed, we will explain and apologise.

10.3 The Council will be presented as one organisation and we will take responsibility for resolving any inter-service issues without involving service users or partners.

Appendix 2: Audit Programme

The chart below sets out Reading Children's Services Annual Audit Programme. The Programme will be kept under review by the Director of Children, Education and Early Help Services throughout the year and updated to reflect any changes required to support evolving organisational priorities. Routine audits cover all social work teams including early help services and the youth offending service.

Service Area	Key tests of activity	Themes as identified	Method	Frequency	Quantity for service area	Audit Tool
Contact and Referral and Access and Assessment	• Threshold application • Appropriateness of response to action • Management oversight and decision making • Timeliness • Outcomes communicated with referrer or agencies • Transfer/Closure procedures		Case Audit	Quarterly	4 per ATM 4 per TM Moderation by SM	Audit Tool A
Children In Need	• Assessment • Risk Assessment • Information gathering and analysis • Chronology • CIN planning (including partnership working) • Direct work with child • Visits • Family engagement • Supervision and Management oversight • Improved outcome • Escalation or de escalation • Case Closure/transfer procedure completed		Case Audit	Quarterly	Locality Teams 4 per ATM 4 per TM Moderation by SM	Audit Tool A
Child Protection	• S 47 - outcome		Case Audit	Quarterly	Locality Team –	Audit Tool A

Service Area	Key tests of activity	Themes as identified	Method	Frequency	Quantity for service area	Audit Tool
	• CP Conference • Core group meeting • CP Planning (multi agency working) • Legal planning • Direct work with child and visits • Family engagement • Chronology • Supervision and management oversight • Effectiveness and impact • Escalation or de escalation • Case transfer procedure completed				as above	
Looked After Children	• Assessment • LAC planning (including multi agency working) • LAC review (including child/young person's participation) • Contact arrangements • Legal Planning and court reports • Health Assessment • Personal education plan • Direct work with child and visits • Family and carer engagement • Chronology • Supervision and management oversight • Effectiveness and impact • Improved outcomes		Case Audit	Quarterly	Locality Teams - As above CYPD – LAC cases to be included in quarterly CIN audits (as will CP cases)	Audit Tool A

Service Area	Key tests of activity	Themes as identified	Method	Frequency	Quantity for service area	Audit Tool
	• Case closure/transfer procedure completed					
Care Leavers	• Education training and employment • Housing and accommodation • Pathway planning (including multi agency working) • Health assessment • Personal education plan • Direct work with young people and visits • Chronology • Supervision and management oversight • Effectiveness and impact • Improved outcomes • Case closure procedure completed		Case Audit	Quarterly	Locality Team 4 per ATM 4 per TM Moderation by SM	Audit Tool A
Adoption	• Management oversight and quality of SSW support and supervision • Regularity compliance and recording consistency • Quality of assessment and reports • Effectiveness of preparation and support		Case Audit	Monthly	Adoption Team 2 x SM 2 x TM 2 x ATM	Adoption Audit Tools
Fostering	• Management oversight and quality of SSW support and		Case Audit	Monthly	Fostering Team 1 x SM	Fostering Audit Tool

Service Area	Key tests of activity	Themes as identified	Method	Frequency	Quantity for service area	Audit Tool
	supervision • Regulatory compliance and recording consistency • Quality of Assessment • Quality of foster carer support and supervision • Quality of foster carer training and development • Foster care reviews and checks				2 x TM 2 x ATM	
YOS	• Timely and appropriate assessment of the factors linked to offending behaviour • Effective engagement with the young person, including assessment of basic skills • Risk assessment • Vulnerability screening • Effective plan for young person including integrated action plan • Young person's review is timely and effective		Case Audit National Standards Audit Transitions Audit	Monthly Annually Annually	YOS 2 x TM 2 x ATM	YOS Audit Tool
Family Support; Targeted Youth Support Troubled Families	• Quality and appropriateness of child and young person assessment • Risk assessment • Effectiveness of information gathering and analysis • Chronology • Dynamic plan for the child or young person • Direct work • Supervision and management		Case Audit		CAT 2 x SM 2 X TM 2 x ATM	CAT Audit Tool

Service Area	Key tests of activity	Themes as identified	Method	Frequency	Quantity for service area	Audit Tool
	oversight					
Direct Observation	Quality and effectiveness of: • Direct work with child or young person • Participation and engagement of child and family • Supervision • Management and decision making • Role of the social worker • Partnership working		1 to 1 audit	Throughout the year	Every Manager will observe all of their staff in practice at least once	Audit Tool B
Supervision	• File structured in accordance with policy • Case discussion evident • Practice observations • Risk assessments and absence management • Frequency in respect of standards • Performance Management • Management Decisions and authorisation • Professional Development and record of training • NQSW compliance		File Audit	Ongoing	SMs and Quality Improvement Manager	Audit Tool C
Group Supervision	All aspects of practice in Children's Services		Deep Dive File Audit	Quarterly	Members of staff from all service areas	Audit Tool A
DCS,HOS, Elected Member	All aspects of practice in Children's Services		File Audit	Quarterly	2 x DCS 2 x HOS	Audit Tool A

Full Case Audit Tool A

GUIDANCE FOR THE COMPLETION OF THE CASE FILE AUDIT

This tool should be used by the auditor and case worker together. The audit tool seeks to capture a holistic view of the case; monitor compliance with legislation and procedures; identify good practice and areas for improvement. The file should reflect the journey of the child and evidence of their voice being heard.

Evaluation of the case will follow discussion using the Ofsted criteria.

The grades match those of Ofsted and the descriptors are a succinct version of those set out in inspection framework:

4 Outstanding

Highest quality practice delivering measurably improved outcomes, for some children their progress exceeds expectations.

3 Good

Practice is of a good standard, risks are identified and reduced. Decisions are made so that delay is avoided and children are helped to live in safe homes, with safe secure relationships with adults that will support them over time. There is clear evidence that the aims of the work are shared by the child, professional network and family and any obstacles to achieving these aims are quickly addressed.

2 Requires improvement

Minimum standards have been achieved, children are not at risk of significant harm and the welfare of looked after children is promoted and safeguarded.

1 Inadequate

Practice is below standard and may cause risk of harm to children and the welfare of looked after children is not safeguarded.

The section grades should then be recorded in the table on the final summary page of the audit tool with a grade then being given for the three overall judgements.

Once the audit is complete, please discuss with the social worker / their supervisor to agree remedial actions and timescales (section 7).

Send completed audit and remedial actions to Service Manager Quality Assurance

AUDIT

This tool should be used to ensure the consistent recording of evidence when reading case records. It brings together the key criteria from the Ofsted evaluation schedule. Priority is afforded to evidence concerning the quality and effectiveness of help, care and protection and the impact this has on children, young people and families.

The auditor should only evidence criteria which is relevant / applicable to their area of work and should cross-reference with the 'evaluation guidance'.

1. Basic Details

Child's First Name		**Child's Surname**	
Mosaic ID		**Date of Birth**	
Does the child have a disability (Y/N)?		**Does the child have a status of SEN (Y/N)?**	
Allocated Worker		**Team**	
Was worker interviewed for the audit (Y/N)			
Auditor Name and Role		**Date of Audit**	

Basic information on Mosaic complete? Y/N			
Name		Ethnicity	
Address		Religion	
Key professionals		Disability	
DOB		Family members	
Are contact details for family recorded?			

Case overview

Give a brief overview of the case (why we are working with the family / key interventions and impact) and the progress in the last 12 months

2. Case Details

Case Status:

Early Help	☐	CP	☐
CIN	☐	CLA	☐
Care Leaver	☐		

Any **key changes** within the last 12 months? Do **not** count transfer from A&A to long term team.

	Number
Allocated social worker	
Supervisor (ATM?TM)	
IRO	
Number of placements	

Comments/Action (including impact on the child)

Genogram

	Y/N
Is there a genogram on the file that enables you to understand the child's network?	

Comments/Action

Chronology

	Y/N
Is the chronology up to date (should be reviewed every three months)	
Does the chronology highlight significant events	

Is there evidence significant events have been selected using judgement (rather just copy and pasted)	

Comments/Action

	Y/N
Are case notes up to date and give you a good sense of the child and their journey?	

Comments/Action

Diversity

	Y/N
Are diversity factors such as race, culture, religion and gender recorded accurately on the front sheet?	

Comments/Action

3. Referral and Response

Section 3 to be completed where case has been open for less than one year

What is the type of referral ?	
CAF	
Police	
Other (please state)	

	Y/N
Does the referral relate to CSE / FGM / Missing / Domestic Abuse? (state which)	
Does the referral contain sufficient information to make a decision?	
Was the referral acted upon promptly? (within 24 hours)	
Was the response to the referral appropriate?	
At the point of referral, was there evidence of risk analysis and appropriate response	
Is this a repeat referral (please give details below of the previous intervention and why the case was re-referred noting if the child was previously subject to a CP plan and why the plan was discontinued)	
Was the information sharing done in a timely way?	

Comments/Action about referral and response

4.	Audit Framework

1)	Risk is identified, responded to and reduced in a timely way.		
Where relevant include evaluation of identification and response to children who experience and/or are at risk of: sexual exploitation / neglect / emotional abuse / sexual abuse / physical abuse /domestic abuse			
			Y / N
Is risk managed appropriately?			
Is the response timely?			
Is the response effective?			
Analysis:			
Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

2)	Children, young people and families are appropriately involved
	Y/N
Is there evidence of impact of the involvement of children and their families in assessment, planning and intervention	
Are the views of significant males effectively gathered?	
Are children seen and seen alone and do they benefit from stable and effective relationships?	
Do children and parents/carers have an equal voice?	
Does it evidence individual work undertaken, including appropriate direct work?	
Is this linked to the plan and the reduction of risk?	

What is the impact of this for children and their families?	
Analysis:	

Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

3) Decision making is effective and timely.	
	Y/N
Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made?	
Is there evidence of regular case supervision (comment on the quality of this below)	
Is case recording clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people?	
Analysis:	

Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

4) Assessments are timely, comprehensive, analytical and of high quality. They lead to appropriately focused help.	
What is the category of the most recent assessment of the child's needs e.g. s47; single assessment; review; case summary	
Date Assessment completed	
Does the assessment include:	**Y/N**
The child/young person's changing needs	

Significant relationships for the child	
Relevant historical factors informed by up to date chronology	
Information from partner agencies	
Risks, needs and protective factors which include parental capacity	
Evidence that the child has been seen **alone** and their wishes and feelings taken into account?	
Evidence that the family were notified of the outcomes of the assessment?	
Analysis:	

Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

5) Coordination between agencies is effective	
	Y / N
Is joint working and information sharing improving the experience and sustaining the progress of children and young people?	
Analysis:	

Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

6) Consideration and impact of diversity			
			Y / N
Do issues of diversity inform the response and the plan? (*For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.)*			
Analysis:			
Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

7) Quality of plans.	
Type of plan in place (e.g. CP Plan / Pathway Plan):	
	Y/N
Is the plan up to date and updated?	
Is the plan SMART?	
Does the plan effectively address permanence for the child?	
Is the plan implemented?	
Does the plan show quality of management oversight?	
Have other agencies positively contributed to the plan?	
Is the plan influenced by views of children and parents /carers and diversity issues?	
Analysis:	

Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

8) Permanency is achieved without delay and reflects assessed needs.			
			Y/N
Are plans for permanency, including adoption, in the best interests of children and young people and achieved without delay?			
Analysis: (consider the quality of preparation for placement)**:**			
Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

9) Children and young people participate in and benefit from effective regular reviews			
			Y/N
Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress?			
Analysis:*(consider the influence and impact of the Independent Reviewing Officer/Child Protection)***:**			
Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

10) Quality of placement			
			Y/N
Are children appropriately placed according to their assessed needs? (at home or looked after)			
Analysis: *Include contact with family/friends support for placements (including adoption support)*			
Judgement:			

Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

11) Are young people prepared for independence and are they living in high quality accommodation that meets their needs?			
			Y/N
Is it safe, permanent and affordable (children at home or looked after)?			
Analysis:			
Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

12) How has the help provided improved outcomes?			
			Y/N
Are children supported to achieve their full potential?			
Do children have developed networks within their community and are they safe?			
Analysis:*(Evaluate impact (including education, physical health, and their emotional well-being))*			
Judgement:			
Outstanding	☐	**Good**	☐
Requires Improvement	☐	**Inadequate**	☐

5. Overall Summary:

Strengths:
Areas for improvement:

6. Overall Grade

Judgements summary		Grade
1)	Risk is identified, responded to and reduced in a timely way	
2)	Children, young people and families are appropriately involved	
3)	Decision making is effective and timely	
4)	Assessments are timely, comprehensive, analytical and of high quality. They lead to appropriately focused help	
5)	Coordination between agencies is effective	
6)	Consideration and impact of diversity	
7)	Quality of plans	
8)	Permanency is achieved without delay and reflects assessed needs	
9)	Children and young people participate in and benefit from effective regular reviews	
10)	Quality of placement	
11)	Are young people prepared for independence and are they living in high quality accommodation that meets their needs?	
12)	How has the help provided improved outcomes?	
13)	Overall judgement	

Grading of the quality of recording and practice - See 'Grading Guidance'.

Key issues to consider at each stage of the child's journey:

- The quality and timeliness of assessment, risk management and planning.
- The effectiveness and impact of the help given to children and their families.
- The quality and effectiveness of inter-agency working.
- The effectiveness of quality assurance and management oversight of practice and decision making.
- The experience of particularly vulnerable children who live in households where there is domestic abuse, drug misuse and/or adult mental health issues.
- How well children and young people's wishes and feelings inform every aspect of their care.
- How well diversity and identity has been considered and taken account of in care planning.

OUTSTANDING	GOOD	REQUIRES IMPROVEMENT	INADEQUATE

Justification for the Grading

If your overall grade is inadequate – please state whether you can tell if the child may be safe or unsafe because of the decisions made:

Safe		**Unsafe**	

ESCALATE IMMEDIATELY TO TEAM MANAGER AND SERVICE MANAGER

7. Remedial Actions

Section	Action	By when	Signed off by Manager
1) Risk is identified, responded to and reduced in a timely way			
2) Children, young people and families are appropriately involved			
3) Decision making is effective and timely			
4) Assessments are timely, comprehensive, analytical and of high quality. They lead to appropriately focused help			
5) Coordination between agencies is effective			
6) Consideration and impact of diversity			
7) Quality of plans			
8) Permanency is achieved without delay and reflects assessed needs			
9) Children and young people participate in and benefit from effective regular reviews			
10) Quality of placement			
11) Are young people prepared for independence and are they living in high quality accommodation that meets their needs?			
12) How has the help provided improved outcomes?			
Other			

The supervisor and the allocated worker should review the audit findings and action plan. The allocated worker updates the action plan record with details of actions completed and comments/ actions on the findings and process. This is retained on the allocated workers professional supervision file and progress monitored on Mosaic supervision case note.

Signatures

Name	**Role** (e.g SW / TM / Auditor / Moderator)	**Signature**	**Date**

Post Audit Actions:

Step 1. **Business Support**: to email this audit form to case worker and copy in worker's line manager with a request to complete action points.

Step 2. **Business Support:** to provide list of cases where actions were identified, with worker name and manager and timescales to Service Manager for Safeguarding

Step 3. **Case Worker**: to complete the action points in Section 14 and forward audit form to line manager for sign off.

Step 4. **Line Manager**: within one month of receipt of audit form to confirm and sign off that all action points have been fully completed, and e mail Safeguarding Unit to confirm this has been signed off.

Step 5. **Line manager**: to arrange for fully completed audit form to be filed on child's electronic file.

Step 6. **Safeguarding Unit** to log completed audit form in 'completed and actioned' spreadsheet.

End of Audit Form

Observation of Practice Audit Tool B

Reading Borough Council
Children's Services
Social Care

Name of Practitioner being observed:

Name of Manager undertaking Observation:

Nature of Observation:
(Telephone calls/Home visits/Meeting)

Date of Observation:

Record of Observation (to be completed by person observing)

Strengths Identified (to be completed by person observing)

Areas for Development Identified (to be completed by person observing)

Conclusions / Recommendation (to be completed by Supervisor and Supervisee during feedback session)

Any Actions Required (who will do what and by when)

Aspects Recommended for Discussion and Reflection at next Supervision (to be completed by Supervisor and Supervisee during feedback session)

Signature of supervisee……

Signature of supervisor…….

Please ensure that a typed version is e-mailed to the worker and their line manager for discussion at their forthcoming supervision and to Jenny Quinn also for her to collate the forms.

SUPERVISION AUDIT Audit Tool C

READING BOROUGH COUNCIL CHILDRENS SERVICES

Name of Supervisor: **Designation:** **Team:**	**Name of Supervisee:** Frequency of supervision requirements: **Designation/Grade:** **Date of Audit:**

File Structure	**Y/N**	**Comments**	**Action Required**
Is the supervision file structured in accordance with Supervision Policy/Supervision File Guidance?			
Has a Supervision Agreement been completed between the supervisee & the current supervisor? Date?			
Case Discussion Records (Is the reader directed to the case file or most recent notes on file?) Observed Practice Records Risk assessments (relating to employees welfare at work) and absence management Admin Section Current HCPC Registration & CRB/DBS update if applicable.			
Evidence Of:			
Does the frequency and duration of supervision meet minimum standards as outlined in the supervision policy?			

Performance Management (focussing on outcomes and workload management).			
Is the record of the supervision sessions appropriate: - detailed enough to provide guidance / direction and legible, dated and signed by both supervisor/supervisee?			
Have decisions made about service users also been recorded on the case file/electronic record and signed and dated/authorised by the Manager as appropriate.			
Professional development - Is there evidence that the supervisor has considered and acted on the supervisee's performance / training / development needs? - Record of training in line with HCPC Registration requirements? - Is there evidence of an up to date PDP/PDR?			
Evidence of additional requirements for social workers in their NQSW / Assessed and Supported Year of Employment (including assessment, support and development opportunities, also evidence of Learning Agreement and quarterly reviews)			
Is there evidence that the supervisee's attendance has been managed in line with the Attendance Management and Sickness Policy and procedure?			
Welfare/Support Needs Is there evidence that the supervisor has acted on any concerns and issues identified?			
From the file audit is there a necessity to arrange an observation of the supervisors' supervision skills?			
Additional comments from the auditor following conversations with the supervisee and supervisor			

Audit Completed by: (Name of Auditor)

Signature:

Date:

	Action	By When	Completed
1			
2			
3			
4			
5			

Actions Completed by: **(Name of Supervisor)**

Signatur*e*:

Date:

NB ***Once actions are completed please confirm by email with auditor.***

READING BOROUGH COUNCIL – AUDITING OF SUPERVISION PRACTICE

SUPERVISEE QUESTIONS

SUPERVISEE INITIALS:

SERVICE/TEAM:

AUDITOR:

QUESTION	RESPONSE
DO YOU HAVE SUPERVISION AT THE REQUIRED FREQUENCY?	
HOW DO YOU PREPARE FOR SUPERVISION?	
WHAT ARE THE BENEFITS OF SUPERVISION FOR YOU AND YOUR PRACTICE?	
DO YOU RECEIVE YOUR SUPERVISION NOTES TYPED, SIGNED AND IN A TIMELY WAY?	
IN SUPERVISION DO YOU REFER BACK TO PREVIOUSLY AGREED ACTIONS?	
ARE THERE PARTS OF SUPERVISION YOU FIND HELPFUL OR UNHELPFUL?	
WHAT THREE WORDS WOULD YOU USE TO DESCRIBE YOUR SUPERVISION?	
DO YOU HAVE THE OPPORTUNITY TO BE REFLECTIVE AND ANALYTICAL IN SUPERVISION? CAN YOU GIVE AN EXAMPLE OF THIS?	
IS THERE OPPORTUNITY FOR YOU TO DISCUSS YOUR PROFESSIONAL DEVELOPMENT?	
IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY?	

READING BOROUGH COUNCIL – AUDITING OF SUPERVISION PRACTICE

SUPERVISOR QUESTIONS

SUPERVISOR INITIALS:

SERVICE/TEAM

AUDITOR:

QUESTION	RESPONSE
HOW DO YOU PLAN FOR SUPERVISION?	
DO YOU TRACK PROGRESS ON PREVIOUSLY AGREED ACTIONS?	
DO YOU PROVIDE A TYPED RECORD OF THE SESSION, SIGNED AND IN A TIMELY WAY?	
HOW DO YOU ENSURE THAT YOU HAVE REFLECTIVE, CHALLENGING AND SUPPORTIVE DISCUSSIONS? CAN YOU GIVE AN EXAMPLE?	
DO YOU PROVIDE OPPORTUNITY TO DISCUSS, REVIEW AND EXPLORE AREAS OF PROFESSIONAL DEVELOPMENT? CAN YOU GIVE AN EXAMPLE?	
DO YOU FEEL THAT YOU HAVE SUFFICIENT SKILLS, KNOWLEDGE AND SUPPORT TO PROVIDE QUALITY SUPERVISION?	
ANY OTHER COMMENTS?	

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	**Adult Social Care, Children's Services and Education Committee**		
DATE:	**3 February 2016**	**AGENDA ITEM:**	**8**
TITLE:	**SHORT BREAKS COMMISSIONING PROCESS 2016-17**		
LEAD COUNCILLOR:	**Cllr Gavin**	**PORTFOLIO:**	**Children's Services and Families**
SERVICE:	**Children with Disabilities**	**WARDS:**	**Borough wide**
LEAD OFFICER:	**Angela Dakin**	**TEL:**	**011809374752**
JOB TITLE:	**Head of Commissioning and Improvement (Interim)**	**E-MAIL:**	**Angela.dakin@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report sets out the plan to create a more personalised approach to short breaks services in Reading through the creation of unique and individualised packages for families. The current traditional approach to 'grant funding' organisations will need to evolve to enable families with direct payments to purchase the care they want at the time and quality which is right for them, and to purchase those services from their chosen provider. The consultation process will determine a timeline, but we aim to have the new process in place by the end of the 2016/17 financial year.

1.2 In 2015/16 Reading Borough Council's spend on short breaks was £102,000. This budget supported around 200 families using short breaks services. The number of young people in Reading aged 0-19 living with a disability or longstanding illness is estimated at 6,635 *(Public Health England, 2011)*. Better value for money through improved choice and control for service users will be achieved by delivering services through Direct Payments to those who are eligible.

2. RECOMMENDED ACTION

2.1 ACE committee are asked to approve the proposal for Reading Borough Council to evolve the current short break grants mechanism into specified contracts and to start providing short break services through Direct Payments. Further consultation work will take place with key stakeholders and timescales will be announced.

3. CONTEXT

3.1 The Council has a statutory obligation to provide short breaks care for children with disabilities and their families/carers. Care options will continue to be provided to those in need, both directly and through VCS organisations and other providers. In the increased uptake of Direct Payments, freedom is provided to those in receipt to buy and choose services tailored to their needs, rather than solely those provided by the Council and or its partners.

3.2 The current grants with short break providers expire on 31 March 2016. Interim arrangements will be put in place to extend current agreements and services until the consultation is complete and a new bidding round has concluded.

3.3 In 2015/16 approximately 200 of Reading's young people have taken part in a short break by attending an afterschool, evening, weekend or holiday club. This is out of an estimated 6,635 children with disabilities or longstanding illnesses. There are currently eight providers receiving funding.

4. THE PROPOSAL

4.1 Discussions with family forums, the voluntary sector and short break providers will take place from February through to June 2016. RBC will identify the organisations, groups and families that will be affected (see Appendix 1). Clearly this will need to engage families who are not currently receiving a short break as well as those who do to ensure equality of access based on assessment of need. Families will be made aware of the full scope and options involved in the Direct Payment process and given links to the Family Information Service. They will give families options on where a wide range of short breaks can be purchased.

4.2 Providers will go through a bidding process to demonstrate how they plan to run the new Direct Payment funded short break groups. RBC will be represented at meetings for key stakeholders to explain what this bidding process will look like.

4.3 Consultations will identify any stand-alone services that need to be commissioned to ensure families' choices can be met.

4.4 We anticipate that tendering will commence from June 2016. Bidders will be notified whether successful or not. Talks on setting up groups will follow, as will exit strategies.

5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 RBC has already consulted with with Reading Families' Forum, the voluntary sector and short break providers. The Short Breaks Working Group met a number of times in 2015. This group discussed the future of short breaks for Reading. The current services were reviewed and gaps for certain demographics were identified. We hope to continue these relationships and build on this analysis to work together through the proposed changes.

5.2 RBC will have representatives at meetings for each of the key community groups to discuss short breaks and co create how we plan to move forward into a Direct Payment funded service. We want to know thoughts, questions, risks, etc.

5.3 All parties included in the consultation process will be kept in the loop. RBC will send out information including a 'You Said, We Did' document.

6. LEGAL IMPLICATIONS

6.1 The current grants expire on 31 March 2016, so some contracts will need to be extended and VCS and other providers will need to prepare for a formal bidding and contracting process.

7. FINANCIAL IMPLICATIONS

7.1 The total spend on voluntary sector short break groups for 2015/16 is currently at £ £102,000.

7.2 RBC hopes to save money in certain service areas for short breaks. We expect to achieve better value for money by providing services to only those eligible for a Direct Payment, and by ensuring that families have better choice and control over the services they wish to purchase.

8. RISK ASSESSMENT

8.1 A variety of options need to be available including the option for families to be supported to 'club' together in using their direct payments, voucher systems to be created with provider agencies, etc

8.2 It is not yet clear what issues will need to be resolved for providers to fully embrace working with families who will have choice and customer control in the short breaks funded by children with Direct Payments. However, as this option is a key feature of the Children and Families Act, both RVA and RBC will support providers.

8.4 Quality assurance processes will need to be refreshed to provide confidence for purchasers using a direct payment

8.5 It is possible that additional capacity will be required to deliver the assessments necessary to set up Direct Payments.

9. BACKGROUND PAPERS

9.1 Additional short breaks data for 2015/16 and previous papers/timelines on changes to the short breaks process are available from the Children's Commissioning Team on request.

APPENDIX 1 - Consultations on Short Breaks Process

Proposed timeline for consultation:

Stage 1	Stage 2	Stage 3
January – June 2016	July – November 2016	December 2016 – March 2017
Preparation & consultation	Bidding for start-up funding	Successful bidders are notified and set up their operations in Reading.

Consultations on Short Breaks Process

As part of the process to modernise our short breaks offer and move towards a model of personalisation and direct payments Reading Borough Council (RBC) proposes to undertake further consultation with service users, providers and other stakeholders.

RBC plans to move towards a model of Short Break groups funded by Direct Payments. There are a variety of individuals, providers and representatives involved in the current Short Break arrangements, as well as a large number of children with disabilities who do not currently receive funded short breaks services. A series of consultation meetings and focus groups will be scheduled between February and June 2016 and will focus in particular on the following:

- An introduction to direct payments, what they are and how they work (from both a provider and a service user perspective), plus the support available to administer them
- An assessment and analysis of the type of Short Break groups currently available
- An understanding of the type of Short Break activities families would like to see on offer in the future
- An understanding of the issues and concerns that stakeholders have relating to the proposals

Stakeholders to Consult Include (but are not limited to):

Name	Role
Brookfields School	Current provider of RBC short breaks
Tilehurst Autistic Group	Current provider of RBC short breaks
Disability Challengers	Current provider of RBC short breaks
Thumbs Up Club	Current provider of RBC short breaks
Reading Mencap	Current provider of RBC short breaks
Berkshire PHAB	Current provider of RBC short breaks
Alafia (ACRE)	BME information service
Reading Families' Forum	Part of RBC's short breaks working group
RCVYS	Represent voluntary sector providers in Reading
The Avenue School	Host venue for one of the current short breaks service
Service Lead(s)	CYPDT
Service Lead(s)	Early Help & Family Intervention
Children's Centres	
Short Breaks Working Group	
Other potential providers, service users, partners and stakeholders	The wider range of stakeholders will be reached through open consultation meetings promoted through schools, other support services, primary care etc.

Many of the above providers will meet regularly at Reading Families' Forum or RCVYS' Special Interest Group. Feedback from these groups indicates that although they have been consulted a number of times on this topic, they would very much like further opportunity to discuss the direct payments model in particular. RBC also needs to ensure that the same opportunity is offered to those who are not currently receiving (or providing) a short break service.

Timeline

RBC aims to have consultations with all key stakeholders completed by the end of June 2016, and for a bidding process to commence between July and December 2016.

READING BOROUGH COUNCIL

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

TO:	**ACE COMMITTEE**		
DATE:	**3 February 2016**	**AGENDA ITEM:**	**9**
TITLE:	**PERMISSION TO BEGIN FAMILY SUPPORT CONSULTATION**		
LEAD COUNCILLOR:	**Cllr Gavin**	**PORTFOLIO:**	**Children's Services**
SERVICE:	**Early Help**	**WARDS:**	**All**
LEAD OFFICER:	**Andy Fitton**	**TEL:**	**0118 9374688**
JOB TITLE:	**Head of Early Help services**	**E-MAIL:**	**andy.fitton@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report outlines the purpose and nature of the proposed first stage of consultation on Reading Borough councils future family support offer. Driving this proposed consultation is the need to:

- Intervene early before issues, needs and costs increase; it is vital that our interventions begin to manage demand not just meet demand, as we aim to see services focused on reducing cost to the council.
- Targeting resources effectively, including increasing assertive outreach and follow-up support to the families that need it most;
- Meeting the needs of families with complex and multiple needs;
- To 'think family', driven by our response to the Troubled Families programme. Therefore ensuring an integrated approach at all levels across all Children and Adult partner agencies, including making the best use of the voluntary and community sector.

2. RECOMMENDED ACTION

2.1 For ACE committee to approve a consultation process with staff and families to explore and recommend a future family support offer that would be reported back to ACE committee in the summer 2016.

3. POLICY CONTEXT

3.1 Reading's Early Help strategy, 2013 – 16 has set out clear strategic direction that is still relevant to drive this consultation forward. See 1.1 bullet points above. The strategy is due to review and renewal and the family support offer consultation will support this process.

3.2 An Early Help offer will continue to be on offer to families in Reading, but this needs to be a partnership led model of delivery. In particular working and challenging partners to increase the, schools, health sector and voluntary sector Early Help provision whilst RBC moves to targeting its resources to meet vulnerable children's needs as a priority.

3.3 There are two key areas of strategy that are fundamental to the achievement of the vision;

- Ensuring that the Troubled Families agenda is delivered as it provides a golden thread for partnership working and specific focus on targeting families and reaching particular outcomes.

- Ensuring that there is specific focus on joint work with colleagues to strengthen the Early Help offer and looking for efficiencies where possible.

4. THE PROPOSAL

4.1 The consultation process will be an important process to complete a review of the range of family support and Children's Centre services available to families across Reading. The objectives of the review are:

- To identify the current and potential future needs of children and young people in Reading that enables a clear set of priorities for resource/spend on services going forward.
- To understand the role of RBC family support and how this ties with other providers (Schools and VCS) as well as Social Worker support.
- To understand the role of Children's Centres, the offer of support and services for each part of Reading. This needs to confirm the role of universal/ open access services as well as targeted work, and where this is delivered.
- To recommend a service offer for Families from RBC
- To complete an equalities assessment that understands the impact of recommendations on protected groups.

4.2 Consultation will be with local families that have used family support and Children's centres services as well as attempting to work with families who have not. The consultation will begin in March 2016 and finish by the start of May 2016. Consultation will take the form of interviews and small group discussions using our staff to lead those conversations and gather feedback and views to be collated and shared to shape review recommendations. The type of questions that will be discussed with families are:

- What are the key positive outcomes or successes that your children and you need help with in Reading?
- What are the key priorities areas of needs or risks for children and your family which may limit their success or achieving positive outcomes?
- Who are the important target groups of families that the RBC must work with?
- What are the key services that make the biggest difference to families and children in Reading?

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Our family support offer, including the work in Children's Centres supports these two 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;

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 This report is seeking permission to ensure that we understand and take account of community and family perspectives when recommendations are concluded in the summer 2016 of a future family support offer in Reading.

7. EQUALITY IMPACT ASSESSMENT

7.1 At this moment an equalities impact assessment is not required, but the family support review is planning to complete this assessment to when building its recommendations.

8. LEGAL IMPLICATIONS

8.1 None for this report

9. FINANCIAL IMPLICATIONS

9.1 None for this report

10. BACKGROUND PAPERS

10.1 None for this report

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**Adult Social Care, Children's Services and Education Committee**		
DATE:	**3 February 2016**	**AGENDA ITEM:**	**10**
TITLE:	**ADULT SOCIAL CARE COMMISSIONING INTENTIONS 2016-17**		
LEAD COUNCILLOR:	**Cllr Eden**	**PORTFOLIO:**	**Adult Social Care**
SERVICE:	**Adult Social Care**	**WARDS:**	**Borough wide**
LEAD OFFICER:	**Angela Dakin**	**TEL:**	**011809374752**
JOB TITLE:	**Head of Commissioning and Improvement (Interim)**	**E-MAIL:**	**Angela.dakin@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report is intended to introduce a summary of the Adult Social Care Commissioning Intentions for 2016-17 for review and comment by Health and Wellbeing Board, alongside the Berkshire West CCGs Commissioning Ambitions 2016-17.

1.2 The Commissioning Intentions form part of our suite of documents which outline the approach and activities we expect to take to review, improve and commission services for Reading citizens during the next financial year, and to demonstrate compliance with the market management duties as set out in the Care Act 2014.

1.3 The suite of documents (referenced at paragraph 10.2) forms a framework within which the Directorate of Adult Social Care and Health Services delivers its services within a balanced budget.

1.4 The document is a high level indicator of our key commissioning priorities and of the strategic direction that our commissioning activities will take over the coming year. It will be supported by an operational commissioning work plan, which is currently under development.

1.5 A draft version of the Adult Social Care Commissioning Intentions 2016-17 is attached to this report at Appendix A

2. RECOMMENDED ACTION

2.1 ACE Committee is asked to review and approve the Adult Social Care Commissioning Intentions for 2016-17, in order that a final version can be published and shared with partners and providers.

3. POLICY CONTEXT

3.1 The Adult Social Care Commissioning Intentions are based on delivering services within the context of the Adult Social Care Vision, referenced on page 1 of the document. The three key drivers influencing these intentions are:

a) Embedding changes and new requirements under The Care Act 2014
b) Integration with Health partners
c) Delivering agreed savings

4. THE PROPOSAL

4.1 The Commissioning Intentions serve to set out for all potential and current providers the information and intelligence that will enable businesses to plan how they might offer to meet the assessed needs of vulnerable people in Reading in future tenders and contract negotiations.

4.2 The Commissioning Intentions also provide opportunity for commissioning authorities to ensure alignment. Once they are approved and alignment has been agreed by Health and Wellbeing Board, this document will be published and shared with partners and providers to assist in service planning for the coming year.

4.3 The document outlines Reading Borough Council's Commissioning Intentions for the coming financial year. The commissioning activities undertaken during this period will serve to inform the next round of Commissioning Intentions for future years.

4.4 The Commissioning Intentions do not constitute a contractual obligation to providers and can be amended at any time. They are intended to support providers in their planning, as required under the market management duties under the Care Act.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Adult Social Care Commissioning Intentions are informed by the development and delivery of a range of services which primarily support numbers 1,2,3 and 6 of the following Corporate 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.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The document makes specific reference to integration with Health colleagues and to co-production with service users, their families and carers.

6.2 The principles outlined on pages 5-6 are intended to give clear indication of the expectations on which we will be basing our commissioning decisions. Where services are to be re-commissioned or re-designed, the commissioning cycle makes provision for consultation and engagement as part of the process.

6.3 Any service changes resulting from delivery of the Commissioning Intentions will be undertaken with sensitivity and consideration of the impact on individual service users and their carers / families

7. EQUALITY IMPACT ASSESSMENT

7.1 The Commissioning Intentions document in itself does not specifically impact any protected groups and is informed by the EIAs completed for individual service strategies.

7.2 It is likely that some individual re-commissioning exercises will require an Equality Impact Assessment, depending on changes determined as part of the specification process. An EIA will therefore be undertaken for each relevant exercise as appropriate.

8. LEGAL IMPLICATIONS

8.1 Under the Council's Contract Procedure Rules some of the proposed commissioning projects will be regarded as high value procurements and will be dealt with in accordance with the rules referred to.

9. FINANCIAL IMPLICATIONS

9.1 Services to be re-commissioned under the proposed Commissioning Intentions will be funded from confirmed budgets within Adult Social Care or other service areas. A number of these services are identified as contributing to the 3 year savings programme and will be re-commissioned in alignment with their individual savings targets.

10. BACKGROUND PAPERS

10.1 ***Appendix 1*** – Adult Social Care Commissioning Intentions 2016-17

10.2 ***Background Papers***

Corporate Plan 2016-2019 (Draft November 2015)
Strategic Approach to Adult Social Care 3-5 Year Plan (September 2014)
Market Position Statement (March 2015)
Berkshire West CCGs Commissioning Ambitions 2016-17 (October 2015)
Care Act Implementation Update (November 2015)
Adult Social Care Transformation Programme – Policy Implications (November 2015)
Learning Disability Transformation Programme Update (November 2015)

Reading Borough Council
Working better with you

Adult Social Care

Commissioning Intentions 2016-17

December 2015

Commissioning Intentions Key Messages

These Commissioning Intentions form part of Reading Borough Council's suite of documents which outline the approach and activities we expect to take to review, improve and commission services for Reading citizens during the next financial year, and to demonstrate compliance with the market management duties as set out in the Care Act 2014.

The document is a high level indicator of our key commissioning priorities and of the strategic direction that our commissioning activities will take over the coming year. It will be supported by an operational commissioning work plan, which is currently under development.

Key focus areas include:

- Using an asset-based approach to service provision which capitalises on the resources and support that people already have around them
- Integration with Health via a range of projects which are designed to align services and the processes behind them
- Embedding the Care Act 2014 requirements
- Making smarter use of data and intelligence to understand the needs people have and how effective we are at achieving their desired outcomes
- Re-shaping our accommodation offer to give more people an alternative option to residential care
- Furthering personalisation and maximising independence, in particular through increasing Direct Payments
- Developing our support for carers, especially our information and advice services
- Use of technology, both in front line services and back office functions
- Using our Adult Social Care Transformation Programme to achieve identified savings and deliver services within a balanced budget
- Providing quality services which keep people safe, prevent or delay escalation of needs and allow people to be in control of their lives

1) Strategic Priorities

The commissioning ambitions described in this document are aligned with the new priorities outlined in our Corporate Plan for 2016-19, in particular:

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and healthy living
- Remaining financially sustainable to deliver these service priorities

Adult Social Care in Reading is transforming the way we commission and provide social care services over the next few years. This work will be informed by the Reading Adult Social care vision:

- Our purpose is to **support**, care and help people to stay safe and well, and **recover independence** so that they can live their lives with purpose and meaning.
- We do this **collaboratively** with customers, carers, communities and partners; **tailoring** a response to meet needs and to **effectively** deliver targets and outcomes.
- In delivering these services we will be **fair**, **efficient** and **proportionate** in allocating our resources.

The **key drivers** supporting this transformation are:

The Care Act	**Integration**	**Savings and Finance**
• National eligibility criteria • New rights for carers • Legal right to a personal budget and direct payment • Introduction of the 'wellbeing duty' • Lifetime cap on care costs (deferred to 2020) • Responsibilities for councils to develop and manage the local market for services under the market management duty • Expectation that services will be co-produced with providers and customers in strategy development, contract awards and quality assurance	• Better Care Fund – pooled budgets to support local health and social care integration • Berkshire West 10 Integration Board • Reading Integration Board • Reablement and recovery focus • Delivering key performance indicators which are relevant to the whole system (e.g. Delayed Transfers of Care, 'Discharge to Assess', 'Fit List')	• Adult Social Care savings target of £6,709,000 over 3 years to March 2018 • Fair Price for Care • National Living Wage

2) Our Commissioning Priorities

Accommodation

1. In order to support the vision of cohesive, attractive and vibrant neighbourhoods, we will begin to shift the balance of accommodation provision from residential care to extra care housing and supported living options. We will aim to reduce the number of residential beds, with specific focus on learning disability.

2. We will work with providers who develop efficient and effective supported living options to offer care and support in the community, wherever that is feasible to meet someone's needs.
3. We will continue to work jointly with health partners in delivering the Learning Disability Transforming Care Programme, which enables people to live in their own homes rather than hospital or institutional settings.
4. We will reduce number of beds in residential care homes by 20. This may in part be achieved through shorter duration of stay.
5. We will re-commission the care element of our Extra Care Housing provision across all sites during 2016-17, as well as our block contracts for residential and nursing services. This is to ensure adequate supply at calculated value for money to specified quality and scope.
6. We will expand our Shared Lives model of care to offer support to a wider range of people, including Mental Health clients. This will involve further developing models to support people living in the community under their own tenancies wherever possible.
7. We will ensure sufficient supply of nursing home care provision, to include services for people with dementia
8. We will work across Berkshire West to review and develop provision for people with learning disabilities and challenging behaviour
9. We will review and re-commission our suite of services relating to domestic abuse, to include refuge provision.

Personalisation and Independence

10. We will use personal budgets to ensure that people requiring longer term care can take as much control over their lives as their needs allow, in line with Care Act requirements. We will review our approach to Direct Payments to increase take-up, including assessing the provision of a pre-paid card option and review of the related support services
11. We will further develop the Reading Services Guide, whilst also reviewing the overall design, content and functionality with a view to including a broader range of providers and supporting the move towards self-directed support and an e-marketplace. This project will include evaluating the potential for supporting access to assessments for small packages of care, facilitating networks, provision of mentors and opportunities to connect with others.
12. We will support younger adults with a learning disability who have sufficient ability to maximise their independence by moving into work environments
13. We will review advocacy provision across all our adult social care services in order to be able to offer a more cohesive and efficient service from 2017
14. We will have a revised offer for voluntary sector preventative support via the Narrowing the Gap Framework which is currently open for bids.

Carers

15. We will lead on the re-commissioning of a revised Carers Information and Advice service across Reading and West Berkshire Local Authorities and the associated CCGs for a 2 year period from April 2016. The revised service is designed to accommodate new requirements relating to carers under The Care Act.

Integration

16. We will review the use and effectiveness of our current 'Discharge to Assess' provision to determine whether additional capacity will support more effective discharge from hospital and sustainable care in community settings
17. We will support our providers to engage with the Rapid Response and Treatment service currently being piloted to reduce unnecessary hospital admissions
18. We will continue to develop our range of wellbeing services in alignment with our duties under the Care Act and with the principles of the national Living Well Pioneer Programme.
19. We will participate fully with Health partners in the delivery of the West of Berkshire Interoperability Project (Connected Care), to enable professionals to share case information and planning intelligence.
20. We will ensure that the Transforming Care initiative is fully embedded within our Learning Disability Services Transformation project and will apply relentless focus to moving remaining clients out of long term assessment facilities and into real homes

Home Care and Day Services

21. We will continue to explore how new technological solutions can give residents better care, ensure their safety and enable us to deliver services more efficiently. This will include scoping and planning for an Electronic Time Recording system across home care providers, as well as the use of telecare, and other services and equipment to reduce the need for multiple carers.
22. Following on from the review and transfer of the Maples Day Service[1] for older people, we will expand this work to include learning disability, physical disability and mental health day services. The new model will provide professional care to those who need it and support from community services to others.
23. We will review our support for mental health day opportunities to focus on a Recovery approach
24. We will continue to work with providers on the Home Care Framework to implement the Ethical Care Charter in Reading. We wish to ensure that our workforce is valued and respected and in receipt of fair wages and decent conditions of employment

[1] Improving Day Opportunities in Reading (Adults, Children's and Education Committee 5th November 2015)

3) Working with Health Partners

We will wherever relevant align our commissioning priorities and activity with health partners, having particular focus on supporting the following elements of the **Berkshire West CCGs Commissioning Ambitions 2016-17:**

- Better Care Fund
- Frail Elderly Pathway Redesign
- Support for Carers
- Berkshire Interoperability Project (Connected Care)
- Personal Health Budgets
- Transforming Care
- Placement Budget and the governance of Mental Health and Learning Disabilities
- Mental Health Crisis Concordat
- Place of Safety
- Transition
- Care Homes Enhanced Support
- 'Transforming urgent and emergency care services in England. Safer, faster, better good practice in delivering urgent care and emergency care. A guide for local health and social care communities'.

The full extract from the Berkshire West CCGs' document is attached at Annex 1

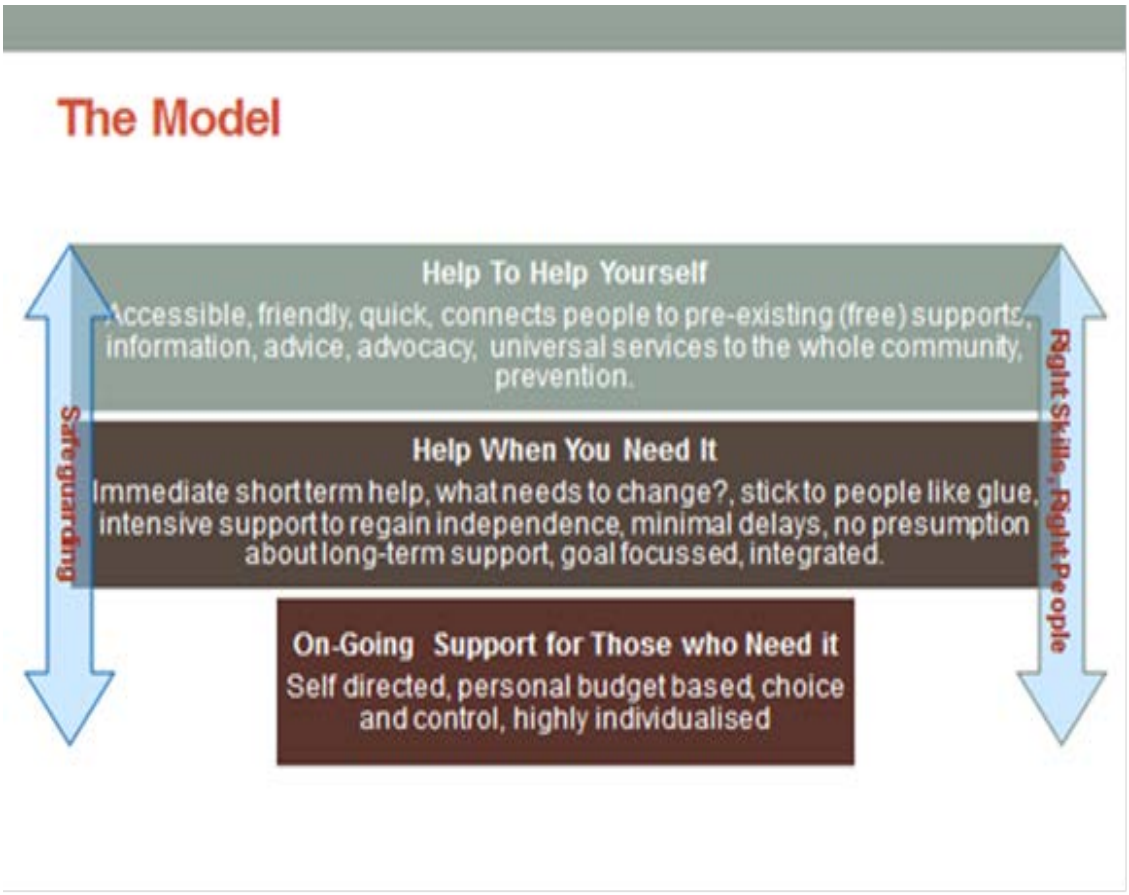
4) Principles – how we will support delivery of our Commissioning Intentions

The principles underpinning our commissioning approach include:

a) Assessing our commissioning functions against the **standards** outlined in 'Commissioning For Better Outcomes'[2]

b) **Asset-based approach**. With specific focus on our 'Right for You' model of care, we will pay particular attention to the resources and support that people already have around them, within their family, community, universal and preventative services. This model seeks to resolve problems that the individual and their families / carers perceive as barriers to wellbeing and independence – enabling a wider range of options to be offered. Our diagram representing the Right for You model is found below:

[2] A template for good practice devised jointly by Department of Health, Local Government Association, Think Local Act Personal, Association for Directors of Adult Social Services and University of Birmingham



c) **Measured risk model**. We will review our packages of care to ensure that we are not over-providing and creating unnecessary dependence. We will work with providers to develop a measured risk model.

d) **Co-production**. Building further on our consultation work we will develop models to enable service users and their carers / families to co-produce services directly with us, and to participate in monitoring and evaluation

e) **Intelligence / performance management**. We will aim to become an intelligence rich commissioner, so that we have reliable and relevant knowledge on which to base our commissioning decisions. This will also involve changes to our contracting approach to develop clearer expectations from providers in relation to quality, performance, use of technology, reporting expectations etc. We will make use of the Berkshire-wide shared intelligence function provided by Public Health to support this aim

f) Specifically, in home care, we will expect information **on time recording and consistency of carers** – the two quality factors that our service users report are most important to them

g) We will work closely with providers to improve or maintain good quality services that demonstrate **value for money**, ensuring that service users are safe, well cared for and involved in their own care. Our contracts will set out expected **quality standards** and how **performance** against those standards will be measured.

h) We will focus our efforts on supporting more service users through the use of providers on our **approved frameworks** (Home Care Framework and Supported Living Accredited Select List) for improved efficiency
i) We will review and develop our **Market Failure Protocol**[3] in collaboration with partners and providers so that we have sound monitoring and early warning of changes requiring action
j) We will apply a model of **full cost recovery** in line with the national eligibility criteria, ensuring that those who can afford to pay for their care do so
k) Any service changes resulting from delivery of the Commissioning Intentions will be undertaken with **sensitivity and consideration** of the impact on individual service users and their carers / families
l) We will undertake commissioning and re-commissioning exercises with **improved timeliness**, to enable us to proactively source appropriate services in a considered and informed manner, with specific focus on reducing instances of contract extensions
m) We will actively review and **consider de-commissioning** services that do not meet required expectations relating to quality, performance and customer outcomes
n) All of our commissioning decisions will be in alignment with savings targets previously published for Adult Social Care which will enable us to deliver a **balanced budget** for the year

The overall strategic direction in this document derives from values which:

- Puts adult social care services within the context of the community and neighbourhood that the person requiring care lives within
- Recognises service users who require support as being people who still contribute to their family and community
- Is centred on the person – not on the convenience of service providers
- Promotes independence and focuses on what people can achieve
- Values and recognises the central role that carers play
- Safeguards people
- Promotes a 'good life', and
- Plans for and enables a 'good death'

Annex 1 (attached)

Extract from Berkshire West CCGs Commissioning Ambitions 2016-17

[3] The Care Act 2014 places new duties on Councils relating to market oversight, response to provider closures (planned and emergency) and a 'temporary duty' to ensure that needs are met in the event of provider failure. The Market Failure Protocol is a key tool in the contingency planning process.

Annex 1

Extract from Berkshire West CCGs Commissioning Ambitions 2016-17:

Principles

- To put a greater emphasis on prevention and putting patients in control of their own care planning including through the expanded use of technology enabled care, multi-disciplinary care planning led by GPs here (under Anticipatory Care CES), and proactive support for carers and families. This will underpinned through CCG Programme Board led pathway redesign, service line reviews and the development of the CCG QIPP programme for 16/17.
- We will commission services which provide our populations with more information and choice about the full range of service providers, ensuring care closest to home is offered wherever possible.
- We will work with providers to implement new models of care which better support better integration which expand and strengthen the role of primary and out of hospital care, whilst ensuring our acute providers are equipped to treat patients who require in-hospital care.
- We will work with our providers to ensure that appropriate levels of care and diagnostics are available across the week which enable achievement of improved health outcomes for our populations.

Commissioning Ambitions

- **Better Care Fund:** We have worked with local Health and Wellbeing Boards on the creation of schemes that form our Better Care Fund (BCF) plans and as part of the development process we have engaged with our local providers. In preparation for 16/17 we will be formally reviewing performance against the metrics included in BCF planning requirements to we full understand the impact of the investment in 15/16. As responsible commissioners we will seek to minimise any commissioning risk to the provider in relation to transfer of services or funding into the BCFs.

- **Frail Elderly Pathway Redesign:** The Frail Elderly work is system wide across the 10 BW partners. The intention is to determine the optimal pathway for this cohort of the population, identify how investment would need to change to deliver this, identify the optimal delivery model or new model of care, and recommend an appropriate contracting and funding approach. Frail elderly were selected as the cohort following the work by Capita two years ago which should that this group are the biggest cost driver in the system. The rationale was that this group would be an exemplar and the learning could be extrapolated more widely to determine the right model of care across the whole system. A contract has been let to the CSU in partnership with Ernst Young to undertake this work. The outputs of this programme which will be emerging over the coming months including identified opportunities for “quick wins” will be used where possible to inform commissioning decisions for 16/17 and these will be explored with providers over the coming months.
-

- **Support for Carers**
  The CCGs, Reading Borough Council and West Berkshire Council will be re-commissioning the advice and information service for Carers. Following Carers consultation a new commissioning model was agreed that will focus on developing the market through offering 2 year grants to voluntary organisations. This has been developed from previous discussions and intended to offer a consistent level of service, ease of access/referral across Berkshire West, and the opportunity to draw on local knowledge and expertise. To date, the bulk of our carers information advice and support services have been delivered by a single provider operating across Reading, West Berkshire and Wokingham.
  From April 2016, it the commissioners' intention that carers across Berkshire West (wherever they live) will be able to access local services that adhere to the same specifications and deliver the same high-quality standards, These services will be accessed through a common access number to simplify referrals and signposting into carers support by other agencies.
- **Berkshire Interoperability Project (Connected Care):**
  Interoperability is key to the delivery of the CCG strategy, underpinning our plans for Integration, our Better Care Fund plans and key programmes. It will enhance patient safety and quality of care, improve patient experience and provide significant opportunity for efficient use of clinical time. We are committed to rapid progress within and between providers and it is our expectation that all providers support the implementation in this critical enabler to all system strategies.
- **Personal Health Budgets:** The CCGs are committed to working with our Local Authority colleagues to implement Personal Health Budgets. We have commissioned external support for this work. Scoping work across our three local authorities has taken place. Areas of focus will include Learning Disabilities / Children with Complex Needs. Pilot sites will be identified and a Berkshire West Personalisation Steering Group is being set up and a co-design Workshop in being held.
- **Transforming care:** We recognise the scale of change required to transform the care for adults and children with learning disabilities. Our Post Winterbourne Transformation Plan is being delivered through a multi-agency working group including our Local Authorities. The key deliverables include delivery of the 6 elements of the Positive Living Model which includes positive behaviour/support, intensive intervention service, special social care, advocacy, carer support and person led transition plan.
- **Placement Budget and the governance of MH and LD:** We wish to continue to carry out a collaborative review of approaches to the management of mental health and learning disability placements.
- **Mental Health Crisis Care Concordat:** The national Mental Health Crisis Concordat launched in 2014/15, provides a blueprint for an effective pathway for people with mental health problems. We wish to explore opportunities to further strengthen the approach to crisis management across the whole system, and, to that effect expect as part of the signatories of the concordat declaration to continue working collaboratively.

- **Place of safety:** As part of its commitment to improve mental health services, we intend to work with the Provider to review Section 136 place of safety arrangements. The CCGs and LAs have already invested in a one year Street Triage Pilot Scheme which was launched in June 2015, with the aim that this will reduce inappropriate use of Section 136 and decrease use of place of safety; we will evaluate this service in Q3 and with a view to considering funding this service as recurrent investment.
- **Transition**. CCGs will work with providers to implement the expected NICE guideline on transition from children's to adults' services for young people using health or social care services (draft for consultation came out Sept 2015). This will improve the planning, delivery and experience of care of young people in their move from children's' to adults' services using person centred approaches.
- **Care Homes Enhanced Support.** Further work will continue to address current issues around high admission rates from care home, including early detection of Urinary tract infections and pneumonia through further enhanced support to care homes in the Berkshire West geography
- **"Transforming urgent and emergency care services in England. Safer, faster, better: good practice in delivering urgent care and emergency care. A guide for local health and social care communities":** This is a practical summary of the design principles that local health and social care communities need to adopt to deliver safer, faster and better urgent and emergency care. These principles are drawn from good practice, which have been tried, tested and delivered successfully by the NHS in local areas across England. We will use the guidance to inform commissioning decisions for the coming year**,** alongside the recently published NHSE/Monitor document on new payment models for Urgent and Emergency care.
- **Connected Care:** The CCGs are working with the Berkshire East CCGs to jointly procure an interoperability solution which will enable health and social care data to be shared across care settings, thereby supporting delivery of the national requirement that by 2020, all care records will be digital, real-time and interoperable. A full portal solution will be procured using previously identified BCF funding together with funding identified through the Primary Care Infrastructure Fund. It is our expectation that savings benefits identified and realised with provider organisations will be released and utilised to contribute to the funding of this programme. The solution will allow for interoperability and information exchange between organisations as well the creation of a person-held health and social care record enabling the individual to hold and manage information about their care. The procurement exercise is due to be completed by March 2016.

READING BOROUGH COUNCIL

REPORT BY ADULT CARE AND HEALTH SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**11**
TITLE:	**READING BOROUGH COUNCIL STRATEGY FOR PEOPLE WITH LEARNING DISABILITIES**		
LEAD COUNCILLOR:	**RACHEL EDEN**	**PORTFOLIO:**	**Adult Social Care**
SERVICE:	**COMMISSIONING AND IMPROVEMENT**	**WARDS:**	**All**
LEAD OFFICER:	**ANGELA DAKIN**	**TEL:**	74752
JOB TITLE:	**HEAD OF COMMISSIONING AND IMPROVEMENT**	**E-MAIL:**	**Angela.dakin@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The aim of this strategy is to outline our key priorities for the delivery of support for Learning Disabled people in Reading, incorporating the priorities expressed by the Learning Disability Partnership Board, the Corporate Plan and the Adult Social Care Strategy. These priorities are intended to meet the needs identified in the associated Needs Assessment.

1.2 Our vision is to enable people with learning disabilities in Reading to maximise their opportunity 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, what they could achieve with support and where possible, what they could achieve independently in the future.

1.3 The strategy has an implementation plan that brings together all the actions established from the strategy and a needs analysis to ensure the strategy is taken forward.

1.4 The key focus areas of the strategy are:

- Re-shaping our accommodation offer to give people alternative options to residential care
- Furthering Personalisation and independence within people's own communities
- Developing support for carers
- Embedding the Care Act 2014 requirements

1.5 Appendices:
Part 1 Strategic Vision
Part 2 Needs Analysis
Part 3 Implementation Plan

2. RECOMMENDED ACTION

2.1 Agree the Reading Borough Council Strategy for People with Learning Disabilities

3. POLICY CONTEXT

3.1 The Strategy links with the **Care Act 2014** which 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. This includes:

- A new duty to promote the physical, mental and emotional well-being of individuals.
- Duties to provide information and advice, promote quality and diversity in provision of services, co-operate with partners and promote integration with health services.
- Carers are entitled to an assessment of their own needs
- Councils have new obligations to shape the local care market to promote quality and choice.

3.2 **The Children and Families Act 2014** places a duty on Local Authorities to work with young people with Special Educational Needs (including learning disabilities) to ensure smooth transition into adulthood across education, health and social care; working with families to encourage aspiration and promotion of independence.

3.3 The National Health Service England "Transforming Care for People with Learning Disabilities – Next Steps" Initiative for people with Learning Disabilities and complex needs has 5 key focus areas:

- Empowering individuals.
- The right care in the right place, including suitable accommodation in the community.
- Regulation and inspection of care provision.
- Workforce knowledge and skills.
- Data and information.

3.5 The **RBC Policy Committee** paper dated September 2014 puts ASC services within the context of the community and neighbourhood of the person who requires care and:

- Sees service users who require support as being people who still contribute to their family and community.
- Is centred on the person
- Promotes independence and focuses on what people can achieve.
- Values and recognises the central part that carers play.
- Safeguards people.

3.6 **The RBC Adult Social Care, Children's Services and Education Committee** endorsed the proposals for the Learning Disability Transformation Project and supporting Strategy and approved the proposal to deliver the social care elements of the NHSE's Transforming Care initiative.

3.7 **Reading Autism Strategy 2015-18** details the priorities for developing provision for autistic people in Reading.

4. THE PROPOSAL

4.1 Current Position:

Currently there is no formally agreed strategy which can be used to inform commissioning decisions for people with Learning Disabilities receiving Adult Social Care support.

4.2 Options Proposed

This strategy brings together several different projects into one suite of three documents: the Needs Analysis provides the data to support the proposals and the Implementation Plan lists the next steps to take forward the Learning Disability Transformation Project.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The principles under-pinning this strategy are published in RBC's Corporate Plan 2015-18:

Safeguarding and protecting those that are most vulnerable and promoting the best life through early help, education and healthy living. We want to enable people to live independently and also provide support when needed to families.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

6.2 Reading Learning Disability Partnership Board "Big Voice and Beyond" has good representation from individuals with learning disabilities, carers, provider organisations, the voluntary sector and departments across the Council. In 2014 they refreshed there strategy with 6 key themes:

- Choice and Control
- Being as Healthy as we can
- Community Opportunities
- Staying Safe
- Lifelong Learning
- Strong Voice

6.3 Over the next 12 months further work will be undertaken to develop the strategy further with service users, carers and providers.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- *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.*

7.2 State here whether an Equality Impact Assessment (EIA) is relevant to the decision, and if it is, attach the completed EIA template as an appendix, and summarise its conclusions. The EIA template can be found on IRIS within the toolkit.

http://inside.reading.gov.uk/deployer/hr/equalities/equalityimpactassessmenttoolkit.doc

*7.3 In this regard you **must** consider whether the decision will or could have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief.*

8. LEGAL IMPLICATIONS

8.1 State here:

- *The legal power under which you are asking the decision to be taken*
- *Whether or not you require a delegation to implement*
- *Any relevant standing orders or Procedure Rules that you are following (including procurement)*

9. FINANCIAL IMPLICATIONS

9.1 *See and use attached template. State here:*

- *the agreed budget provision – revenue and capital – how much and when agreed*
- *how the proposal offers **value for money** – NB – THIS MUST BE INCLUDED*
- *your risk assessment of key financial risks*

10. BACKGROUND PAPERS

10.1 *List here all documents that you have relied upon to a material extent in drafting the report. NB – THIS IS A LEGAL REQUIREMENT*

READING BOROUGH COUNCIL
REPORT TEMPLATE

FINANCIAL IMPLICATIONS

The financial implications arising from the proposals set out in this report are set out below:-

1. Revenue Implications

Use this Table in the report or as an Appendix to set out the revenue implications:

	2015/16 £000	**2016/17 £000**	**2017/18 £000**
Employee costs (see note1) Other running costs Capital financings costs			
Expenditure			
Income from: Fees and charges (see note2) Grant funding (specify) Other income			
Total Income			
Net Cost(+)/saving (-)			

The net cost of the proposal can be funded from (specify service and approved cost centre budget).

Note 1: Specifying any one off early retirement and redundancy costs. With regard to early retirement costs set out capitalised pension cost and pay back period in a separate paragraph.

Note 2: In a separate table/appendix set out detailed fees and charges proposals and sensitivity analysis.

2. Capital Implications

Capital Programme reference from budget book: page line	**2015/16 £000**	**2016/17 £000**	**2017/18 £000**
Proposed Capital Expenditure			
Funded by Grant (specify) Section 106 (specify) Other services Capital Receipts/Borrowing			
Total Funding			

Note: where more than one option /proposal is being made it may be easier to set out the above information in an Appendix.

3. Value for Money (VFM)

Given the continuing need to demonstrate VFM please include evidence that the proposal offers VFM (e.g benchmarking data)

4. Risk Assessment.

Include relevant comments around any key financial risks associated with the proposal(s)

Reading Borough Council Strategy for People with Learning Disabilities

Part 1 - Strategic Vision

1. Summary

Key Focus Areas:

Re-shaping our accommodation offer to give people alternative options to residential care

Furthering Personalisation and independence within people's own communities

Developing support for carers

Embedding the Care Act 2014 requirements

The aim of this strategy is to outline our key priorities for the delivery of support for Learning Disabled people in Reading, incorporating the priorities expressed by the Learning Disability Partnership Board, the Corporate Plan and the Adult Social Care Strategy. These priorities are intended to meet the needs identified in the associated Needs Assessment.

Our vision is to enable people with learning disabilities in Reading to maximise their opportunity 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, what they could achieve with support and where possible, what they could achieve independently in the future.

People with Learning Disabilities have told us they want to be supported to live in their own homes, they want jobs and choice in their social lives. They want help to organise their support from commissioned care services, voluntary sector community organisations and/or family, friends and neighbours. There must be a person-centred approach to support meaningful, informed choices.

Reading has a slightly lower than average proportion of learning disabled people living in residential settings, but a higher number of people than comparable local authorities and four people live in hospitals. RBC spends almost 60% of its total adult learning disability budget on residential provision and our average weekly cost is higher than the average cost of our comparators. The balance of provision should be aligned with good practice expectations with fewer people in residential placements and more people living in the community, supported where appropriate.

We will achieve this by reviewing the needs of people with a learning disability and devising support plans that are proportionate to the level of need, ensuring that appropriate and efficient services are purchased to meet those needs. We will need more Supported Accommodation across the borough to achieve this aim.

We will offer a range of support from which service users can choose a mix to match their individual requirements. We recognise the range of needs is wide and varied, and that the choice of solutions and support may be found within clients' own support networks, local communities and universal services, as well as more specialist provision. Future provision will be firmly based on best value and best quality, putting the individual at the heart of decision making. We will consider alternative delivery models, most likely achieved through a mixed economy of in-house provision and external providers. We will develop easy ways for people to directly choose and purchase their individualised support.

2. National and Local Context

The principles under-pinning this strategy are published in **RBC's Corporate Plan 2015-18**:

> Safeguarding and protecting those that are most vulnerable and promoting the best life through early help, education and healthy living. We want to enable people to live independently and also provide support when needed to families.

The vision for Adult Social Care in Reading:

- Our purpose is to **support**, care and help people to stay safe and well, and **recover/gain independence** so that they can live their lives with purpose and meaning.
- We will do this **collaboratively** with customers, carers, communities and partners; **tailoring** a response to meet needs and to **effectively** deliver targets and outcomes.
- In delivering these services we will be **fair, efficient** and **proportionate** in allocating our resources.

The main legal duties of the Local Authority are legislated through **the Care Act 2014**. Part 1 of the Act focuses on Adult Social Care reform. Section 2(1) 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.

- Councils have a new duty to promote the physical, mental and emotional well-being of individuals. This duty – also referred to as the "well-being principle"- guides the way in which local authorities should perform their care and support functions.
- Local Authorities have duties to provide information and advice, promote quality and diversity in provision of services, co-operate with partners and promote integration with health services.
- Eligibility for Adult Social Care is determined on the basis of national criteria in place of locally determined thresholds.
- Unpaid/informal carers now have 'parity of esteem' with those they care for, meaning that more carers are entitled to an assessment of their own needs and local authorities are under a new duty (in place of a discretion previously) to meet carers' own eligible needs for support.
- The Care Act gives councils new obligations to shape the local care market to promote quality and choice.

The Children and Families Act 2014 places a duty on Local Authorities to work with young people with Special Educational Needs (including learning disabilities) to ensure smooth transition into adulthood across education, health and social care; working with families to encourage aspiration and promotion of independence.

The **National Health Service England "Transforming Care for People with Learning Disabilities – Next Steps"** Initiative for people with Learning Disabilities and complex needs has 5 key focus areas:

a. Empowering individuals.

b. The right care in the right place, including suitable accommodation in the community.

c. Regulation and inspection of care provision.

d. Workforce knowledge and skills.

e. Data and information.

The **RBC Policy Committee** paper dated September 2014 puts ASC services within the context of the community and neighbourhood that the person who requires care lives within and:

- Sees service users who require support as being people who still contribute to their family and community.
- Is centred on the person – not the convenience of service providers.
- Promotes independence and focuses on what people can achieve.
- Values and recognises the central part that carers play.
- Safeguards people.

The RBC Adult Social Care, Children's Services and Education Committee endorsed the proposals for the Learning Disability Transformation Project and supporting Strategy and approved the proposal to deliver the social care elements of the NHSE's Transforming Care initiative. This strategy document, along with the accompanying Needs Analysis and Implementation Plan are the next steps.

The **Joint Strategic Needs Assessment** states:

- We know that people with a Learning Disability (LD) experience isolation and are dependent on others for support.
- Carers of people with LD are often parents and they experience difficulties with increasing age.
- We know that the numbers of people with a Learning Disability who have behaviours that challenge are increasing, as are those that use alcohol.
- We know that people with Learning Disability want the right to lead full and inclusive lives, learning the skills to enable them to reach their full potential.
- Having relationships, a home and employment is very important to a person with a Learning Disability.

Reading Autism Strategy 2015-18 details the priorities for developing provision for autistic people in Reading. There are approximately 100 autistic people eligible for adult social care, the majority of whom also have a learning disability.

3. What do we know about People with a Learning Disability living in Reading?

In 2014/15 RBC directly supported 441 adults and carers with a learning disability at a total cost of £15,623,000. This includes support provided for others in the town through funding voluntary sector services in the community.

Summary of Part 2 – Needs Analysis

- Population forecast: the number of 441 service users is predicted to rise by between 37 and 75 additional people by 2030.The increase in numbers of younger people will mostly be people with autism. There will be a significant increase in numbers of people over 55.
- There is a higher proportion of white British in the adult LD cohort and a lower proportion of Asian and Asian British compared to the general Reading population.
- There are up to 6 people a year with complex needs who require specialist care and accommodation to enable discharge from Assessment and Treatment units in hospital support.
- People with learning disabilities who responded to the most recent ASCOF survey feel less healthy than the general population but are no more likely to be in bad health.
- Reading has more DLA claimants but fewer carers than its neighbouring authorities.
- Reading although above the national average has a low but growing percentage of people with a learning disability in paid employment when compared to our neighbouring authorities.
- A third of people with a learning disability live in social rented and supported accommodation; 29% live with their families and 29% live in residential homes.
- Of those in residential care: one third are in Reading; one third live in another Berkshire authority and one third live outside of Berkshire.
- 60% of residential clients are aged over 45.

What do people with a learning disability tell us?

- Learning disabled service users are satisfied with the care and support they receive.
- People with a learning disability want to work. There needs to be more support through college, with recruitment and in retaining a job.
- People want support to make their own life choices. Choice and control is about having choice and control over where you live, who you live with, where you work, holidays, how you spend your money and how to use and find clubs and spend your leisure time.

- People want to stay safe by being aware of their own safety and knowing what to do if something isn't right.
- Being as healthy as healthy possible means looking at the whole person and ensuring people have the right support to live full and healthy lives.
- People want encouragement and support to use community facilities and public transport.
- 30% say information is hard to find.
- 25% do not get any regular practical help from family, friends or neighbours.
- Having a strong voice for both people with learning disabilities and their families is an essential way of ensuring that out voices are heard and that services are making reasonable adjustments that support people to be successful in their choices.

What do carers of people with learning disabilities tell us?

Of survey responders:

- A third of LD carers are dissatisfied with their support and services
- Carers are predominantly caring for LD people aged under 45.
- Most LD carers have been caring for over 20 years and 59% spend over 100 hours a week caring.
- 62% of LD carers are either retired or not in paid work. None surveyed worked full time and a third said that they didn't work because of their caring responsibilities.
- 50% say they don't look after themselves well enough and 20% feel they have no control over their daily life.
- 39% of carers say that information and advice is difficult to find.

4. Drivers

Promoting independence with outcome focussed support: As young people are transitioning to adult services and for people already being supported, we will seek to promote independence and teach the skills to enable them to live a fulfilling and independent life. All support that is commissioned by the council will be out-come focussed and possibly time-limited: training to travel, cook, shop, manage finances, arrange activities should be integral to care plans. Support and care services should support numeracy, literacy, healthy living and wellbeing. This will apply to residential, supported living and day activities commissioned by RBC. People with learning disabilities deserve the same choices in how they live, who they live with and where they live as people who are not disabled. Those who plan and those who deliver the care must help people with learning disabilities to understand their options and the longer term opportunities and impacts of their choices. There needs to be an understanding of risk management and allowance for reasonable risk to ensure that people can have choice and independence as adults.

Impact of Personalisation and Choice:

The Social Care Institute for Excellence (SCIE) publishes good practice examples and guidance. As a result of their research undertaken since the introduction of personalisation of Adult Social Care was introduced in the Government 2007 paper "Putting People First", SCIE states:

- Personal budgets and self-directed support can make a significant difference to someone with a learning disability, even if they are severely disabled.
- Families and carers can benefit when a service user has a personal budget.
- Personal budgets and self-directed support can improve life for all people with learning disabilities and can help prevent some people from going into residential care as adults.
- Social workers and local authority personnel need to work creatively and flexibly with people to make personal budgets a success.

The concept of personalisation and self-directed-support is now enshrined in law through the Children and families Act 2014 and The Care Act 2015.

Case Study

In his mid-teens "Tom's" mother was unable to keep his younger siblings safe from his challenging autistic behaviour. He was admitted as an emergency placement into a specialist residential unit out of the borough. He moved from there to his own privately rented flat where a support worker encouraged independent living skills and for Tom to pursue his interest in music and to attend college. He still needed emotional support to help him learn strategies to be able cope in social situations so we found him a Shared Lives carer he could live with. This carer gives him the time and flexibility in a home where Tom feels valued. Now, at the age of 19, Tom has a job as a support worker at the college he attended and posts his music performances on YouTube.

Tom's mum says "Tom is thriving in his work and life. He still needs a good deal of monitoring and guidance but is turning into a fabulous young man who I am extremely proud of!"

People should have flexibility to spend their personal budget in the way that suits them best. Direct Payments gives the most flexibility however learning disabled people often need support to handle their money. There are other options such as Individual Service Funds and we will explore integration with health services as they introduce Personal Health Budgets.

Advocacy

There is a new duty for local authorities under the Care Act to ensure independent advocacy support for people who have substantial difficulty engaging with assessment, care planning and review or taking part in adult Safeguarding processes with either: understanding information which the person needs in order to engage; or retaining it for long enough; or using or weighing it; or communicating their wishes and views. This is in addition to the existing statutory advocacy provision for people who do not have mental capacity. Reading has launched a new Care Act advocacy service for people who do not have anyone who can advocate on their behalf. These statutory services are different from that commonly termed "self-advocacy" where carers, care workers, care managers or voluntary sector organisations support learning disabled people to speak out for themselves to express their own needs and represent their own interests. Self Advocacy should be built into all aspects of care planning and support.

Community Based Models: There are many models of support that have developed in other areas that support people with learning disabilities to join in with their local communities, encourage socialisation and the subsequent support that friends and neighbours can bring. Reading is currently piloting the "Right for You" innovation programme in Whitley which is trying out a new way of working. Care managers will aim to support people firstly by linking them to their current local networks; then by dealing with crises in a proportionate and time-limited way. Finally, there is the option of long term support if the first two interventions are not enough. The programme aims to reduce dependence on, and the need for, long term support.

Employment: The Big Voice and Beyond identified that people want paid employment. Reading is a town with good employment rates across a wide range of industries and organisations. Employers need assistance in identifying suitable roles and job creation to promote opportunities for disabled people. People with learning disabilities need support in the recruitment process and both sides need support to maintain the employment as issues arise. RBC have set up and wish to build upon a Supported Employment service based in the Elevate Hub with other partners who are working with local employers to source, promote and support employment opportunities for vulnerable people in the town.

Ageing Population: In line with the rest of the population; people who have learning disabilities are living longer. This ageing population is inevitably impacting upon the need for the development of appropriate services in order to meet the needs of this group of people (and their older carers). This does not necessarily result in a need for the development of specialist services (although in some cases this will be required). Existing services for older people should be able to meet the needs of the majority of these people with some adaptations and development.

However current and future housing with care developments will need to be geared to offer services to this group of people. Existing learning disability providers will also need to acquire skills for supporting people who develop dementia. Staff training will need to be extended and environments will need to become 'dementia-friendly' e.g: doors being painted appropriate colours, pictoral signing etc.

Hospital admission and discharge procedures also need to become more 'learning disability' accessible. People with a learning disability traditionally fare very poorly in current acute hospital settings and their reliance on such services will inevitably increase as they live longer.

The Transforming Care programme:

Reading is part of the West of Berkshire Transforming Care programme (with the CCGs, BHFT, West Berkshire and Wokingham authorities). This programme is implementing the "Positive Living Model" for people with learning disabilities and challenging behaviour who are in, or at risk of admission to, Assessment and Treatment units (approximately 10 people each year in Reading). The model, centred on the person and their family, requires the partners to work together to develop:

- Person Led Planning
- Carer Support
- Advocacy

- Positive Behaviour Support
- Specialist Social Care
- Intensive Intervention

Assistive Technology and Telecare: ADASS research paper July 2015 "Better Care Technology, Results of Call for Evidence" details several local authorities who have both enabled independence and made budget savings by using technology solutions for people with learning disabilities. RBC are currently working towards supporting more LD service users in this way. There are new products ("tablet", phone and watch based) suitable for younger people.

Reducing Social Care budgets at a time of increase in National Living Wage and the adoption of the Ethical Care Charter. As part of the savings required by national government, RBC proposes to reduce the ASC LD expenditure by £1,975,000 during the three years 2015-18. At the same time the National Living Wage is being phased in and the Living Wage Foundation is increasing the recommended hourly rate that Reading has aligned itself with as an ethical authority. We need to reduce costs where possible and reconfigure our provision to target those most in need. We must be seen to be fair and equitable in our allocation of reducing resource.

Market Analysis:

- The residential market is dominated by two providers who serve over one third of residential clients for 40% of the residential cost. The majority of other provision is spread across nearly 40 organisations with between 1 and 5 Reading clients.
- 55% of supported living packages are purchased through our SLASL framework of 12 providers. However we buy from 27 providers in total, of varying quality and price.
- There is a wide range of external day service provision of varying price and quality but our main provider is RBC's in-house services.
- The community sector has traditionally been grant funded in blocks to provide a variety of socialisation and information services. Services have tended to specialise in disability or age related services rather than supporting integration with universal services and activities.

Carers provision and Respite (Care Act): The Care Act gives a new duty to the Council to meet carers own eligible needs for support. The needs analysis highlights that carers say they are struggling to take care of themselves and get the information they need. They need help to plan the future for themselves and those they care for. This starts at transition to adulthood and continues as carers age. Reading is currently recommissioning the support provision for Carers in line with the Care Act requirements.

Increasing accommodation in the thriving Reading property market: A high proportion of supported living accommodation is linked to care. This limits choice and control and is often not cost effective for the council. There is very little affordable housing available and we will maximise the opportunity of the new RBC supported living service property due to open August 2016.

5. Strategic Direction

Building on strengths

- We have the SLASL Framework of 12 providers who are keen to develop services in outcome focussed ways and to improve quality of care. We need to increase the skills of carer staff to be able to work in an outcome focussed way and to support people with complex needs.

- Range of day services, in-house respite, shared lives scheme.

  There will be a transition to a more modernised, co-produced model of day support across Learning Disability, Physical Disability, Mental Health and Older People's services. This model may include centre-based services for those with most complex needs and a broader range of community based offers to promote independence, easily accessible for service users.

  Respite is currently provided mostly through our in-house provision. There will be review of the current offer, 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.

  We will expand the successful Shared Lives scheme.

- There will be fair and equitable funding of individuals that can flex as their needs vary with circumstance, following national eligibility criteria. There will be more cost effective and suitable sharing of care and accommodation.

- We will build on the Reading Services Guide directory of information so that people with learning disabilities, their carers and those helping them plan their support have access to comprehensive, up to date details on activities and support within local communities. This information will be accessible to people with learning disabilities in easy read format and through support from their carers and care planners.

- Supported Employment – the service commissioned from Royal Mencap based in the Elevate Hub appears to be showing some success. This needs to be consolidated and expanded as more people with learning disabilities seek work.

- Co-production of services with people with learning disabilities and their carers across Reading's diverse population. We will continue to host the active Learning Disability Partnership Board and we will build on the LD Health auditing programme at the Royal Berks Hospital by adding a programme auditing residential and then other services.

- The Readibus service and public transport within Reading area is excellent. To make the most of this we need to increase travel training within and at transition from Children's Services. We will also build it into outcomes expected from residential and supported living care plans.

- The new Care Act Advocacy service has a range of advocates both qualified and in training. This is due to be re-commissioned in the coming year and will build on the successes and fill in gaps identified in its first year of operation.

Closing the Gaps

- Reduce reliance on residential care which is high cost and disempowering (26% of those receiving ASC support).
- Develop alternative suitable and cost effective models of accommodation with support for people with learning disabilities as they age. This might include residential homes suitable for changing needs of older residents and extra care housing.
- Negotiate cost effective rates based on well researched, bench-marked business models with key residential providers.
- More personalised care planning allowing choice and control to integrate people into their communities and promote independence, making better use of aids and assistive technology where appropriate. There will be an 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, whilst ensuring that support packages are proportionate and equitable.
- Proactive work to encourage take up of Direct Payments and development of the ability to easily pay for a wide range of provision through Direct Payments or other processes.
- Forward planning and appropriate support for transition times e.g. from child to adult, becoming a parent and as people get older, living with elderly parents and family.
- More flexibility in ASC support; more in times of crisis, but easy to reduce when all is going well.
- More people supported into work and helped to maintain employment.
- Provision of care and accommodation for those with LD and challenging behaviour including forensic and substance misuse cases.
- Co production and peer audit of processes, design and accessibility of information and advice, especially for carers.
- Carers need to feel supported and able to look after themselves. Develop carers support and assessments.

More detailed information on needs and current provision can be found in Part 2 of the Strategy (Needs Analysis) and Part 3 (Implementation Plan) which outlines how we propose to achieve our strategic direction.

Reading Borough Council Strategy for People with Learning Disabilities

Part 2 – Needs Analysis

Section A : Overview of the client group

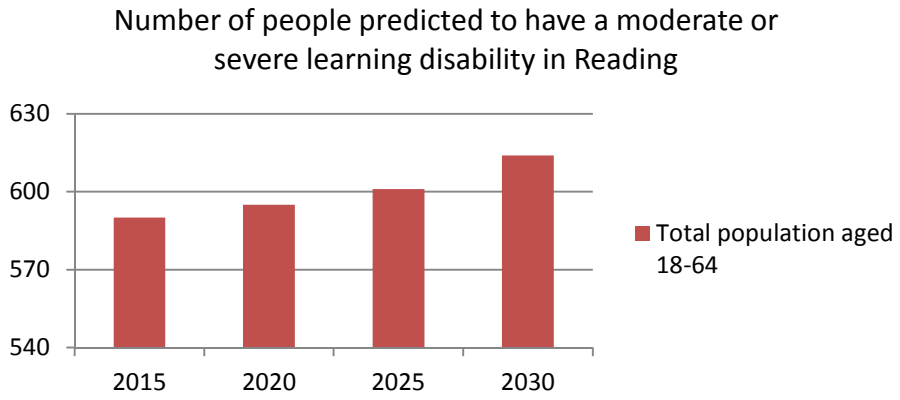
1. Introduction:

This Needs Analysis is one of a suite of 3 documents forming Reading Borough Council's overall approach to the future provision of Learning Disability services for adults and their carers, supporting individuals to be as independent as possible. It should be read in junction with the Strategic Vision (Part 1) and Implementation Plan (Part 3). There is also a complementary Accommodation with Care Strategy which looks in more detail at the accommodation issues for people with learning disabilities alongside other adult social care service users.

2. Population forecasts:

- There are currently 441 people with a learning disability receiving adult social care support in Reading. This will rise by between 37 and 75 additional people by 2030.

The total numbers of adults with a learning disability will rise over the next 15 years. This group represents 0.56% of working aged people in Reading Borough and mirrors the general population of this age group.



2015 PANSI data predicts 590 people in Reading have a moderate or severe learning disability. There were 441 people with LD known to ASC in March 2015 (SALT). This means that 75% of those with SLD/MLD are known to adult social care and meeting criteria for services. PANSI predicts an increase in the SLD/MLD cohort of 24 people by 2030. If 75% of these are eligible for ASC then there will be **an extra 18 people aged 18-64 needing services by 2030.**

However from **RBC data** approximately 15-20 young people will turn 18 each year, who are currently receiving a service from the Children and Young People's Disability team and may be eligible for adult social care. As an example: there were 80 children with a Statement of Special Educational Needs in Year 11 in the school census of October 2012. Of these, 16 are now receiving ASC services from RBC. An analysis of cases that closed on

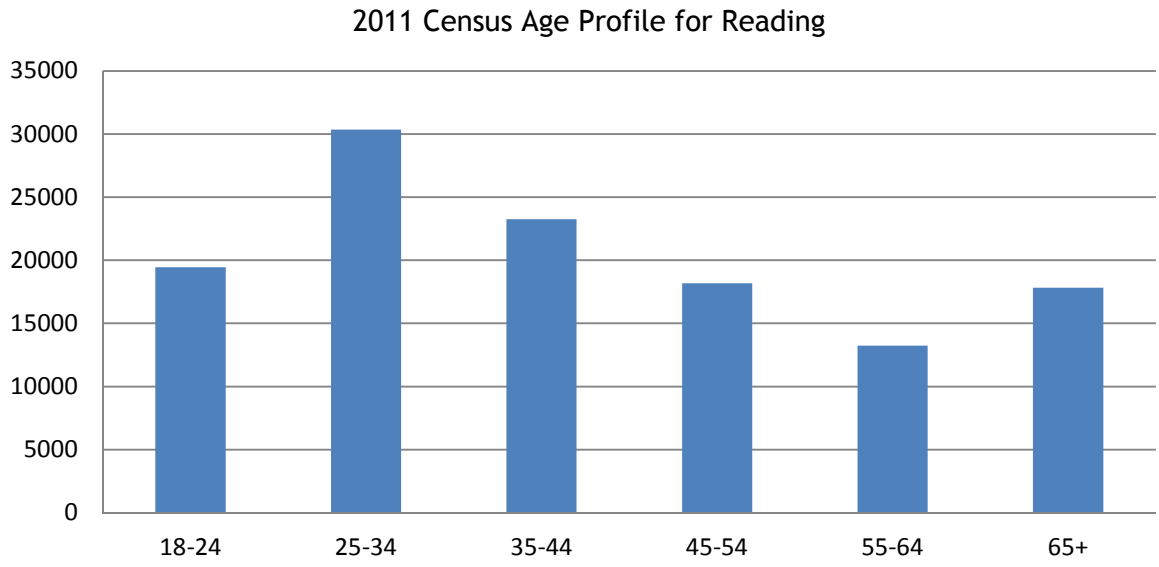
Mosaic during the last few years implies that there are a maximum of 12 people leaving the ASC cohort each year (due to death, moving from the area or becoming ineligible for ASC services). So far in 2015 only one person has left the system. Assuming a net increase of 5 people per year this would **predict an extra 75 people in the system by 2030.**

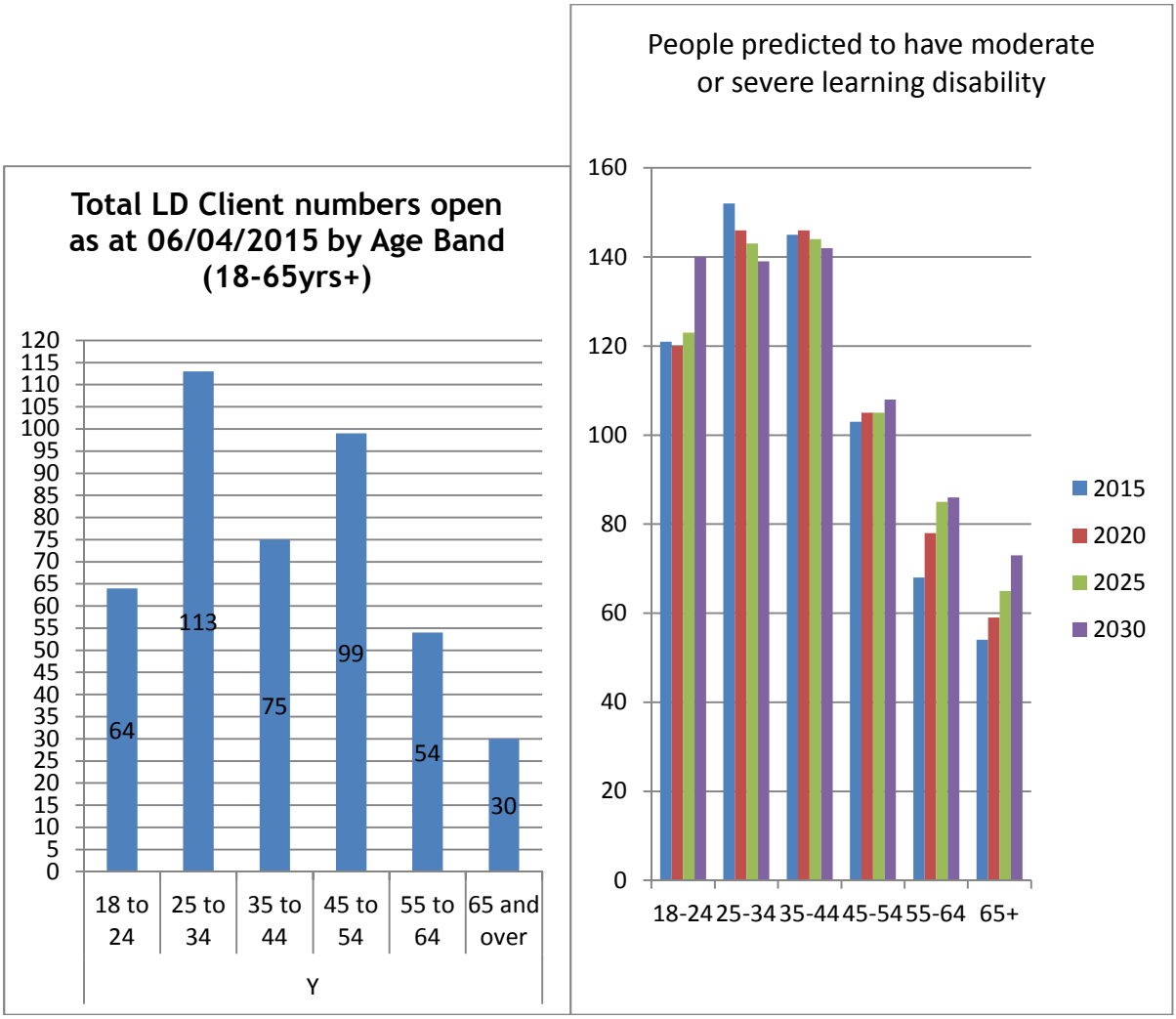
3. Age:

- The cohort of 18-24 year olds eligible for adult social care is predicted to expand by 10 people by 2020 to a total of approx. 74 clients. The increase will predominantly be made up of people with Autism.
- As individuals get older (over 45) they are more likely to be in receipt of services. The 45 to 64 cohort is expected to increase by 23 whilst the over 65 is expected to increase by 19 from 2015 to 2030.

PANSI data for people in Reading with a moderate or severe LD predicts that there will be an increase in older people (aged 55+) with LD over the next 15 years. There will be a decline of the 25-34 age group but the current school entry bulge will be coming through the 18-24 age range by 2030.

When comparing our current service users with the PANSI predictions it appears that we may have an under representation at 18-24 (just under 50% of the PANSI figure), whilst 75% of the 25-34 age group are known to the Adult Disability Team. The 35-44 age range shows an under representation with our current service users only making up 50% of the PANSI figures for 2015. With the older age groups (45-64) PANSI predictions and our current service users are very similar **suggesting that as the individuals get older they may then become eligible for services**. However, compared to the general age profile of Reading there is a higher proportion of 45 to 54 with LD known to ASC.





The above graph indicates that over the next 15 years, we should expect to see an increase in the number of people aged 18-24yrs and also 44yrs+. This will inevitably lead to an increased demand for housing stock options in an already overloaded / challenging housing market.

Approximately 15-20 young people will turn 18 each year who are currently receiving a service from the Children and Young People's Disability team and likely to be eligible for adult social care.

The 16 from the October 2012 SEN cohort who receive ASC services from RBC is comprised of 6 ASD (out of 21 who had a statement at school), the 1 with Profound Multiple Learning Disabilities of that year group, 3 of the 4 with Severe Learning Disabilities, 2 of the 9 with Physical Disabilities, 1 Behaviour Emotional Social Disabilities (via CAMHS), 1 with Speech, Language and Communication Needs and 2 with Moderate Learning Disabilities.

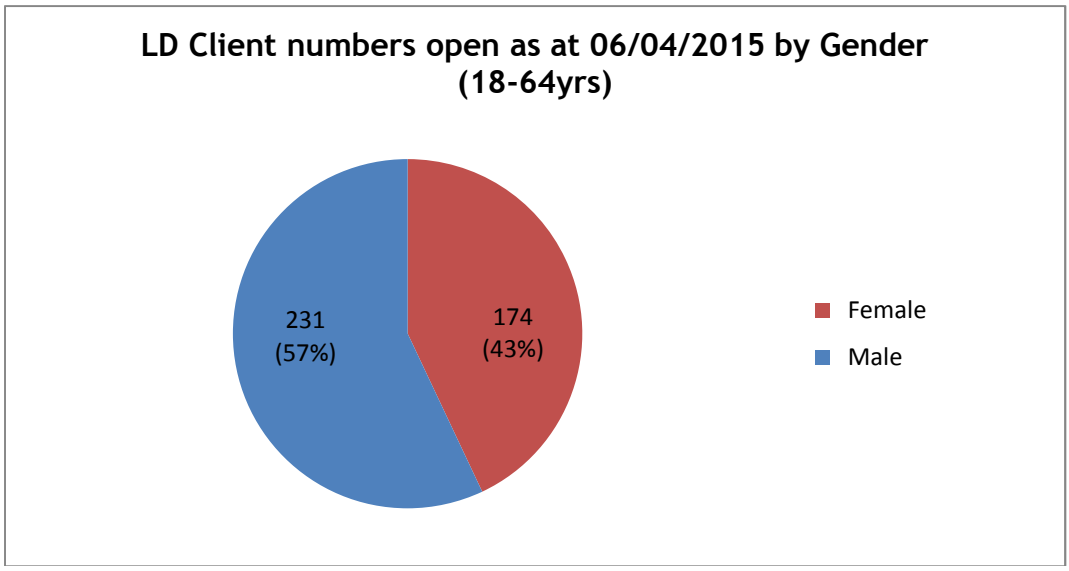
In 4 of the next 7 years there are forecast to be additional pupils with Education, Health and Care Plans reaching adulthood (2018, 2020-22). These years each see a rise of between 20-30% (up to 105 pupils) which equates to an extra 3-5 young people who are likely to be eligible for ASC in each of those years (in addition to the 2014 cohort numbers above). We should expect an additional 10 18-20 year olds by 2020.

The increased numbers will be those with Autism as a primary need. The only other primary need showing a significant increase in the future is Profound and Multiple Learning

Disabilities (often life-limiting) in pupils aged 13 and under (5-6 per year). These could enter adult social care in the years beginning 2020 onwards.

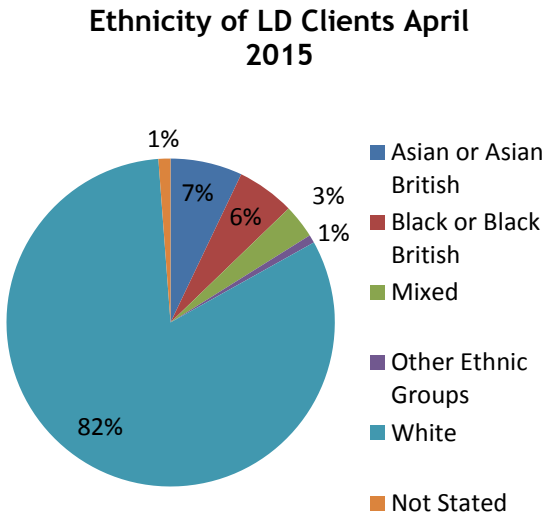
4. Gender

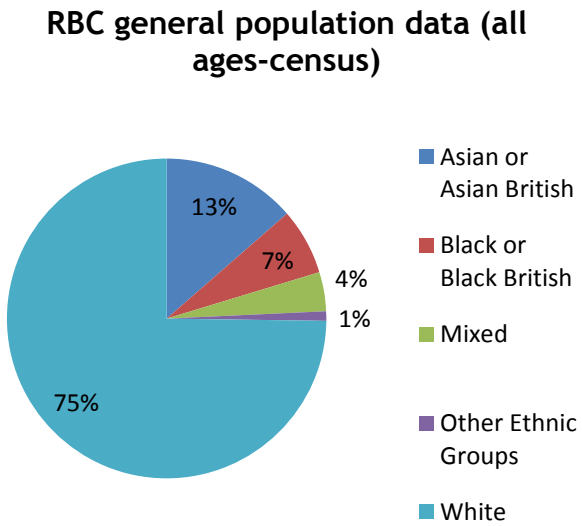
- There are more men than women known to adult social care LD team.



5. Ethnicity

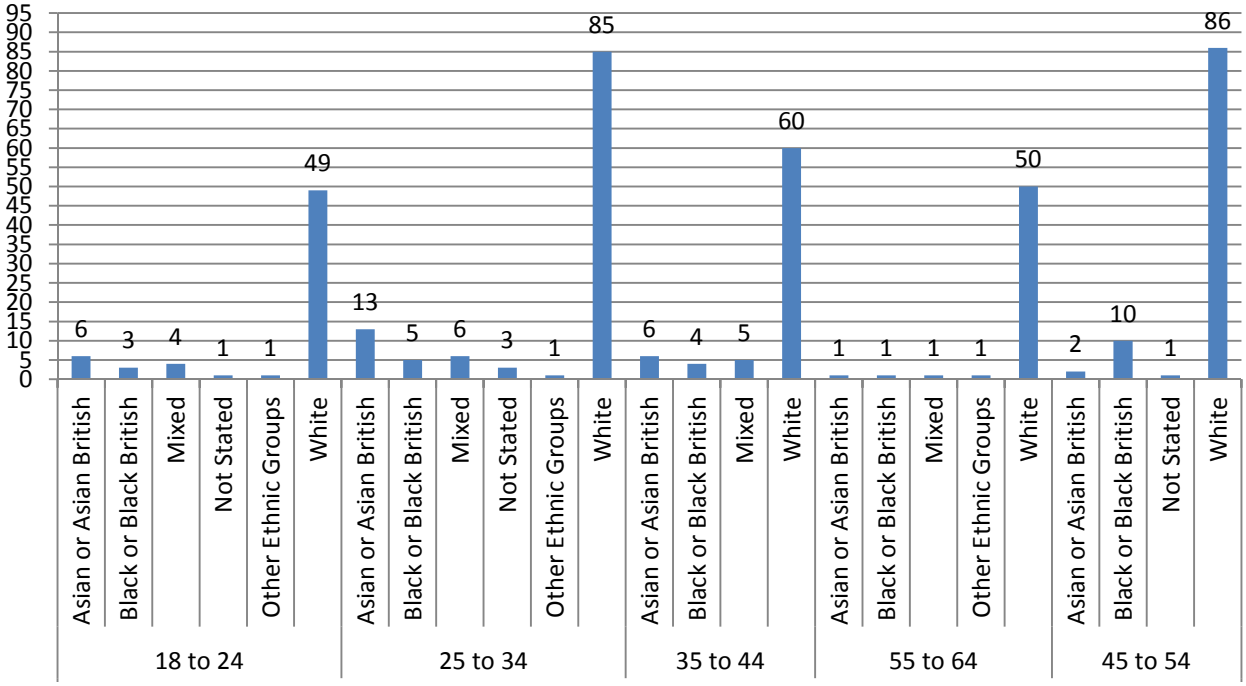
- There is a higher proportion of white British in the adult LD cohort and a lower proportion of Asian or Asian British compared to the general population in Reading.





There are proportionately less Asian clients with learning disabilities known to adult social care.

Ethnicity by age of LD client numbers open as at 06/04/2015 (18-64yrs)



6. Transforming Care for people with learning disabilities and challenging behaviour

- 6 people a year are in the high needs cohort who need specialist accommodation and care to enable discharge from hospital assessment and treatment units due to their complex learning disabilities and challenging behaviour.

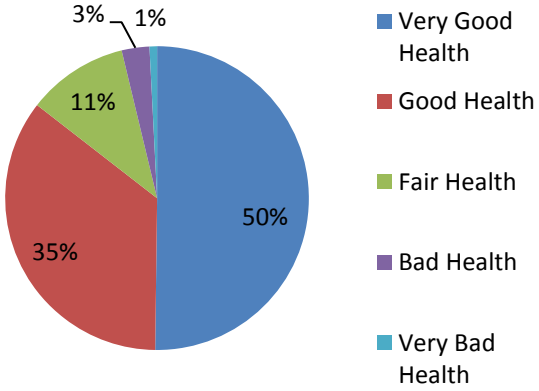
The following table shows numbers of people with learning disabilities with challenging behaviour admitted to Assessment and Treatment units. This is the cohort referred to in the Transforming Care programme (NHS England). There is a plan to reduce reliance on in-patient beds and increase specialised support in the community over the next couple of years. Accommodation will need to be found in the community for these people alongside suitable highly skilled prevention and care services. Across Berkshire 70% of admissions return to the home they came from. Therefore we need to find new homes for 30%: approximately 2 per year.

	People with admissions from Reading	People from that year who were subsequently discharged	Remaining as an inpatient	Location where not yet discharged
2015 (so far)	5	3	2 (plus 2 in Specialist forensic Commissioning)	BHFT inpatient services
2014	6	4	2	2x Out of area placements
2013	6	5	1	Out of area placement (ATU)

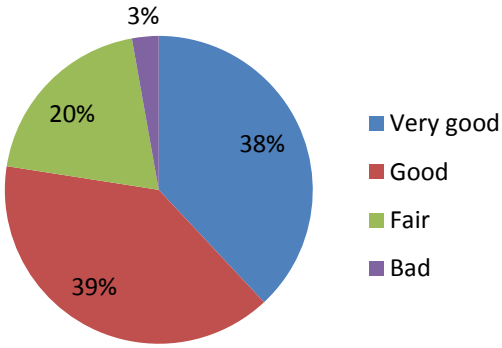
7. Health

- People with a learning disability feel less healthy than the general population but are no more likely to be in bad health.

2011 Census good health indicator for Reading (general population)



LD Service User response to: How is your health in general?

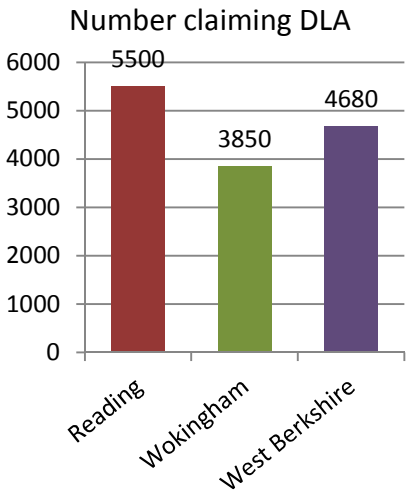


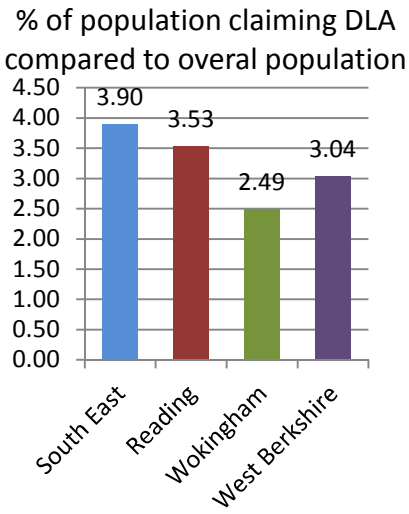
ASCOF (2014/15 data, service user questionnaire) found that only 3% of LD service users reported bad health and none reported very bad health. However, compared to the general population, more people with learning disabilities repot only "fair" health and less are "very good".

8. Disability Living Allowance

- Reading has more DLA claimants than its neighbours, particularly of working age. A contributing factor to these figures is thought to be the 3 year long joint working partnership project (Government Stretch Target) carried out between RBC and the Department for Work and Pensions throughout 2007-2010 to raise the profile and encourage the eligible claims of both Pension Credit and DLA/Attendance Allowance for the over 60s.

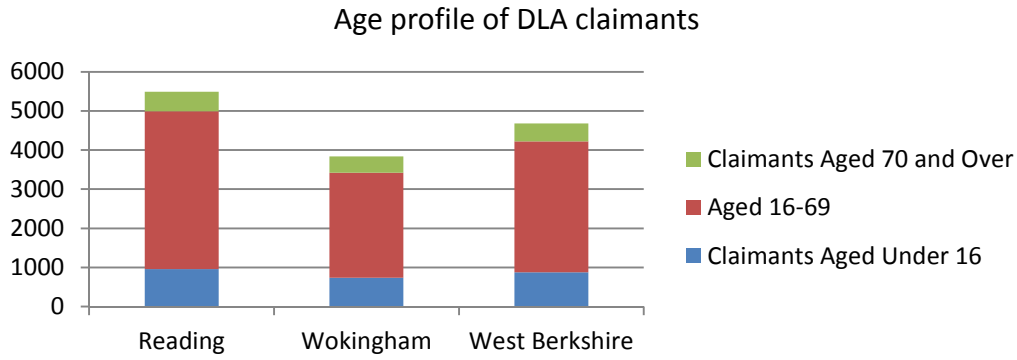
Reading borough had 5500 DLA claimants across all disability types in August 2012 (ONS) which is a higher than our neighbouring local authorities but a lower percentage of the population than the South East. Just under 2000 clients (all ages and support reasons) receive adult social care long term support. Although this is not just people with learning disabilities, it gives a background picture to adult disability in Reading.





When looking at the length of the claim Reading had less claims over 5 years old (63%) than our neighbours (both West Berkshire and Wokingham 66%) and the South East (67%), but did have a higher proportion of claims less than 5 years. This goes alongside Reading having a smaller proportion of high rate mobility aspect of DLA (42%) compared to Wokingham (48%) and West Berkshire (45%).

Reading borough has a larger proportion of DLA claimants in the 16-69 age range partly reflecting the age demographics in the borough.

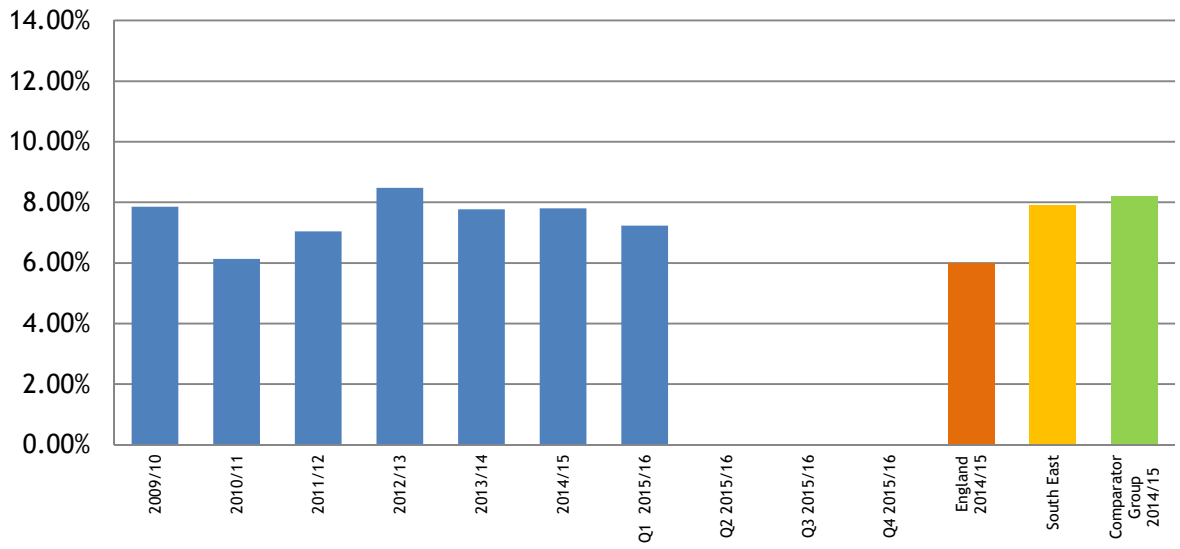


9. Employment

- Reading has a low but growing percentage of people with LD in paid employment.

In quarter 1 of 2015/16 there were 30 people in paid employment which equated to 7.2% of the learning disabled population. This compares with our comparator LAs (8.2%) and the South East region (7.5%)

Proportion of adults with LD in paid employment (ASCOF Q1)

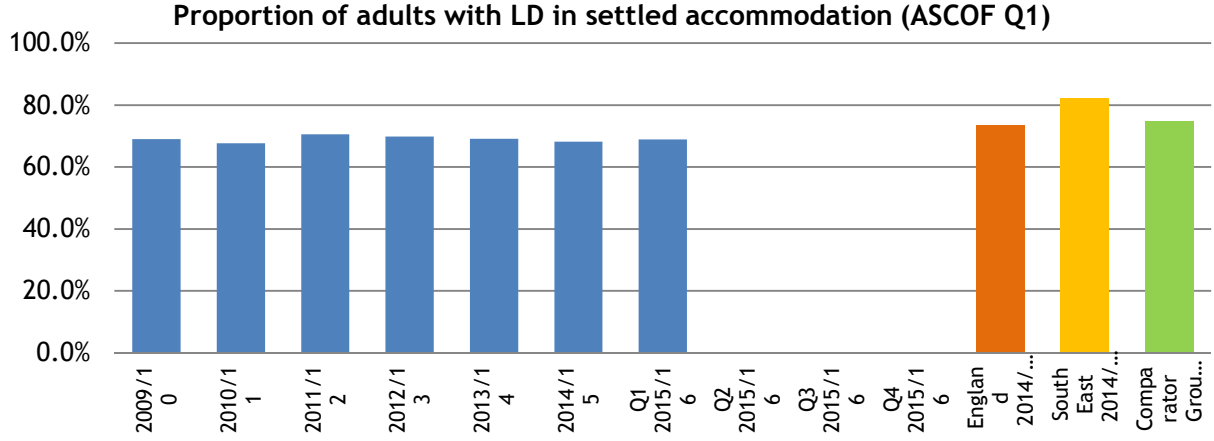


10. Accommodation

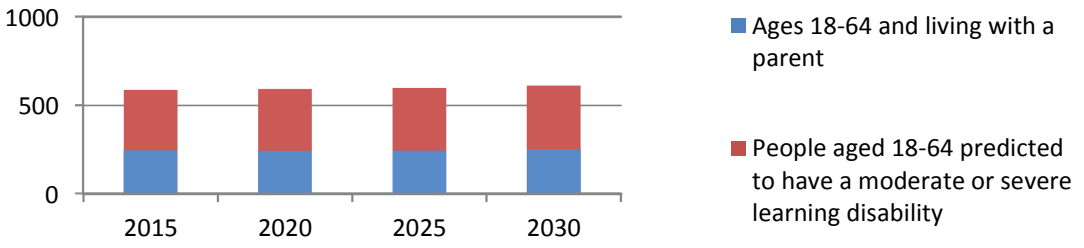
38% of those open to adult social care with a learning disability live in social rented and supported accommodation, 29% live with their families and 1% own their own homes. These are represented in the graph below. The remaining 29% live in residential homes. (N.B. we do not know the landlord of 30 of service users).

Settled accommodation is defined as owner occupied, social housing, private rented, settled with family or friends, supported accommodation, shared lives, approved premises, sheltered and extra care housing. Unsettled is defined as rough sleeping, refuge, homeless temporary accommodation, short term staying with family or friends, hospital, residential or nursing homes, prison and other temporary accommodation.

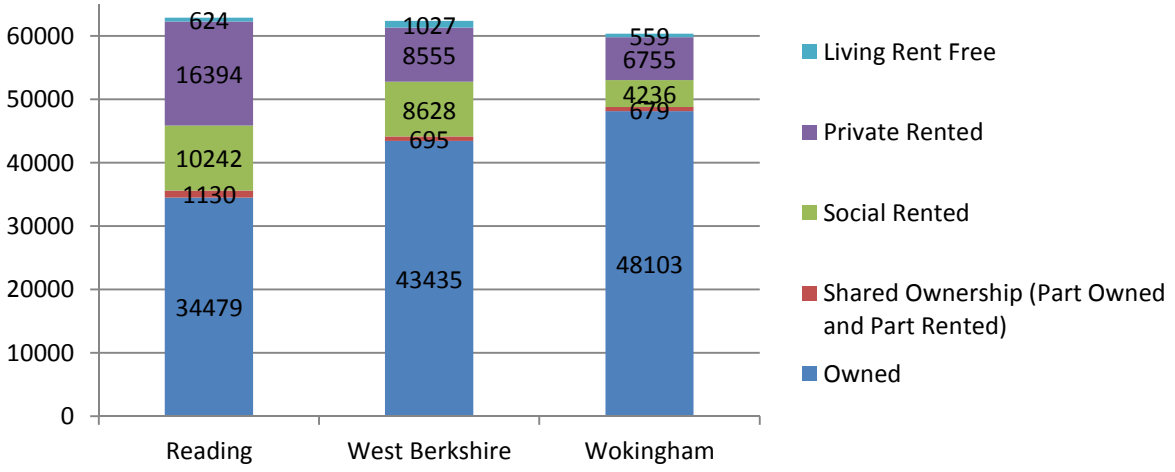
Proportion of adults with LD in settled accommodation (ASCOF Q1)



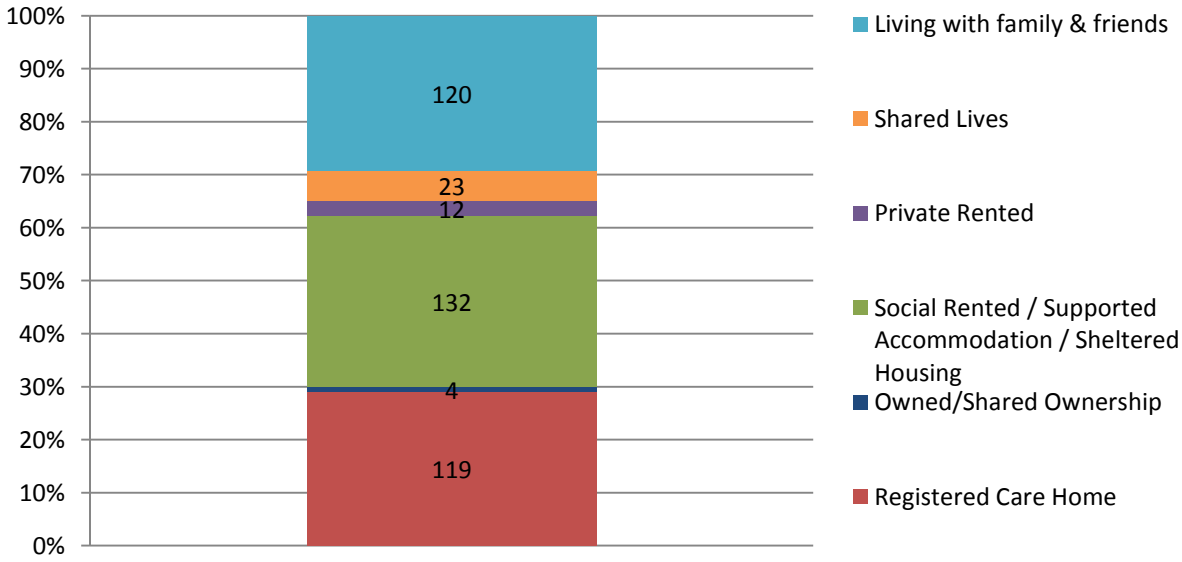
Number predicted to be living with a parent compared to those predicted to have a moderate or severe learning disability



Tenure type for general population by local authority from 2011 Census for Reading



Tenure Type for LD Clients April 2015



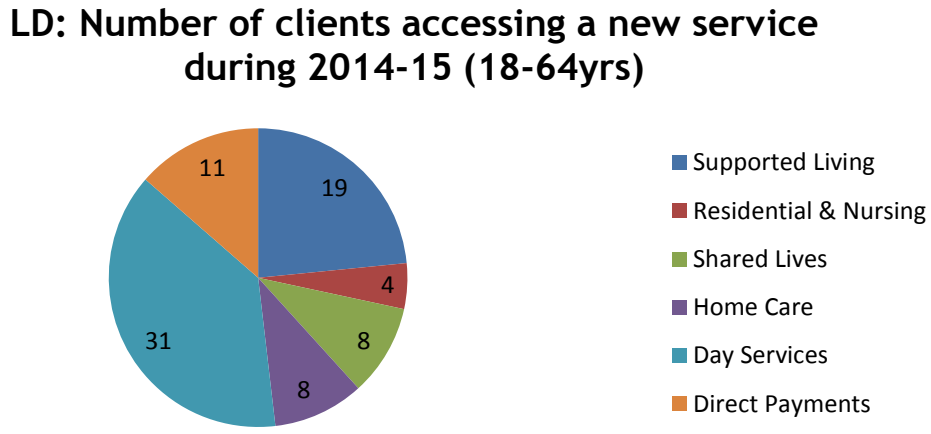
Section B: Services in Reading

1. All services and total LD budget:

- Compared to our neighbours; Reading has a relatively high number of LD clients but an average proportion in residential. The average cost per client compares well with its neighbours.
- Bracknell Forest and Oxfordshire have models that are less dependent on residential care but not apparently cheaper per client.

Services	Number of adults open as at 6th April 2015	£ 14/15 Net Expenditure
Residential Care	121	£9,568,000
Nursing Care	1	£55,000
Supported Living	177	£3,840,000
Live-in care	20	
Home Care (personal care)	24	£113,000
Extra Care	4	
Shared Lives	36	
Respite	34	
Day services	134	
Short term Reablement services	0	£28,000
Voluntary sector community services (grants)		
Direct Payments	41	£729,000
Equipment and assisted technology	22	
Transport	17	
Carers direct support	63	
Total Net Expenditure		**£15,623,000**

Client numbers compared to budget 2014/15 SALT and ASC-FR							
	Gross LD Budget £'000	Total LD Clients	Average spend per Client across whole budget	Nursing & Residential Clients	Nursing & Residential as %	Other services clients	Other as %
Reading	16,878	435	38,799	115	26%	320	74%
Wokingham	19,979	440	45,406	120	27%	320	73%
Windsor & Maidenhead	16,014	255	62,800	130	51%	125	49%
Bracknell Forest	12,780	320	39,938	35	11%	285	89%
West Berkshire	14,654	355	41,278	95	27%	260	73%
Slough	12,338	375	32,901	75	20%	300	80%
Oxfordshire	71,393	1715	41,629	275	16%	1440	84%



2. Forensic and Challenging Behaviour

- All complex cases have their own individual and specific needs. There is however a lack of specialist provision in Reading which is able to adapt services to the individual needs and provide appropriate accommodation.

There is no definitive data available on complex cases. They cross over with Mental Health and the Physical Disability teams and a person's primary support need might not be considered as LD. At any one time we have several complex cases in residential care and high cost supported living placements. Sometimes the community packages break down and clients are evicted from accommodation.

In April 2015 there were 6 complex cases with accommodation issues belonging to Adult Disability Team being considered by the Adult Social Care Supported Accommodation Panel. The individuals had been refused supported accommodation due to their high level needs, challenging behaviour and dual diagnosis. Whilst their behaviour can be complex they themselves can be vulnerable in their own right and hard to effectively engage.

"A was evicted from residential accommodation due to alleged assaults against more than one resident over a period of time. Due to these assaults and A's drug usage no other accommodation could be sourced in the area. After detailed discussions the housing department agreed to place A in the homeless pathway for a short period. A quickly became exploited by other residents in the homeless hostel and he left refusing to return. A's engagement with services are sporadic. A started rough sleeping".

In the majority of these cases whilst finding the 'bricks and mortar' can be difficult they are not eligible for large support packages or their level of needs fluctuates with crisis situations. Their complex behaviours make them hard to engage to ensure that when accommodation is sourced they can effectively manage it.

'B has a personality disorder and learning disability meaning that B is often has very limited insight into B's own behaviour, additionally B uses class C drugs. B was evicted from a homeless hostel and needed self-contained accommodation due to B's behaviour and past convictions. ASC were unable to find any suitable provider willing to be B's landlord. B is currently receiving a supported living package in a B&B funded by the housing department whilst suitable accommodation is being sought through the housing

register. However, there are fears about B's ability to maintain this accommodation in the future due to B's past behaviour.'

In other situations the support package is working but the accommodation is not suitable:

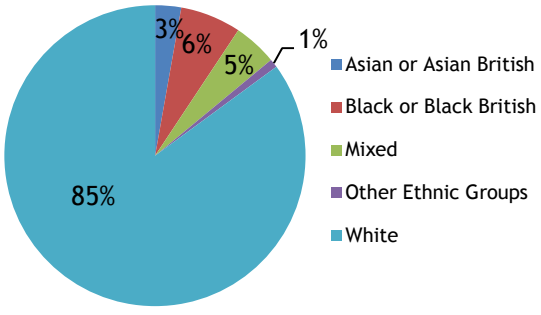
"C was evicted with her sibling from local authority accommodation. They were unable to maintain the accommodation, partly due to alcohol problems, and there were safeguarding concerns. As a temporary measure they were placed in a B&B out of Reading whilst all accommodation options were considered. However, whilst they do not want to be out of Reading, the disconnect to their associates and the landlord's 'no nonsense' approach has meant they have maintained and thrived in the B&B."

3. Residential

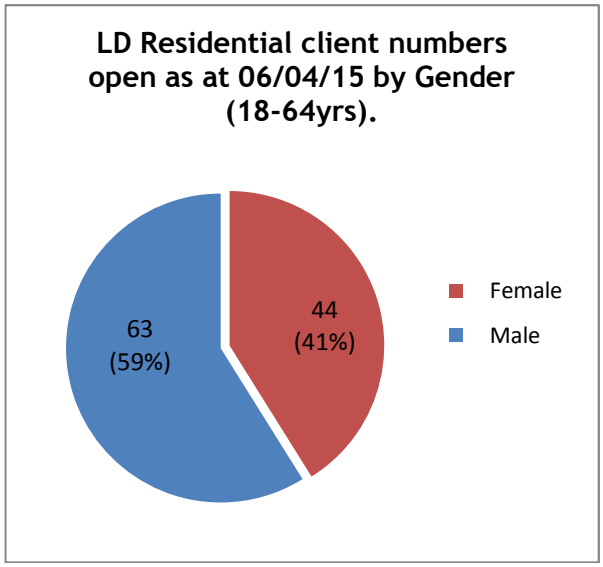
- One third of residential clients live in Reading Borough, one third elsewhere in Berkshire (including on the edge of Reading) and one third are beyond Berkshire.
- Clients in residential homes are more likely to be white males.
- Reading has a slightly lower than average proportion of learning disabled people living in residential homes, but a higher number of people than comparable local authorities.
- Reading's weekly unit cost for LD residential is £79 higher than the average for our comparator group.
- The range of weekly cost is £620 - £3800 per week. 20 clients cost over £2000 per week.
- 60% of LD residential clients are aged over 45.
- In 2015/16 more than one third of clients and over 40% of residential spend is with two providers.

In 2014/15 there were 5 learning disabled adults aged 18-64 who were permanently admitted into residential care homes. However in the first 5 months of 2015/16 there were already 4 learning disabled people placed into residential care homes (one of which is a move from one residential home to another).

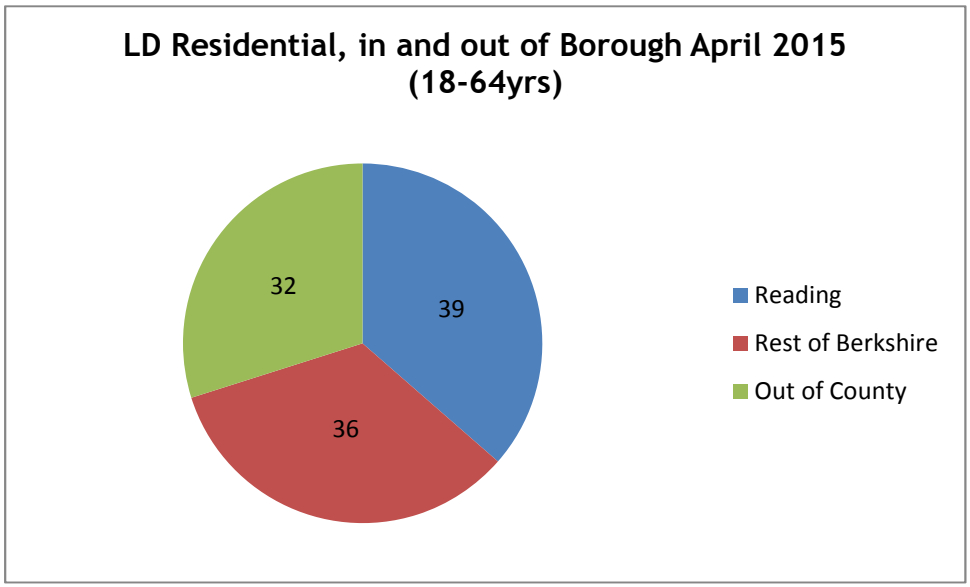
LD Residential client numbers as at 06/04/2015 by Ethnicity (18-64yrs)

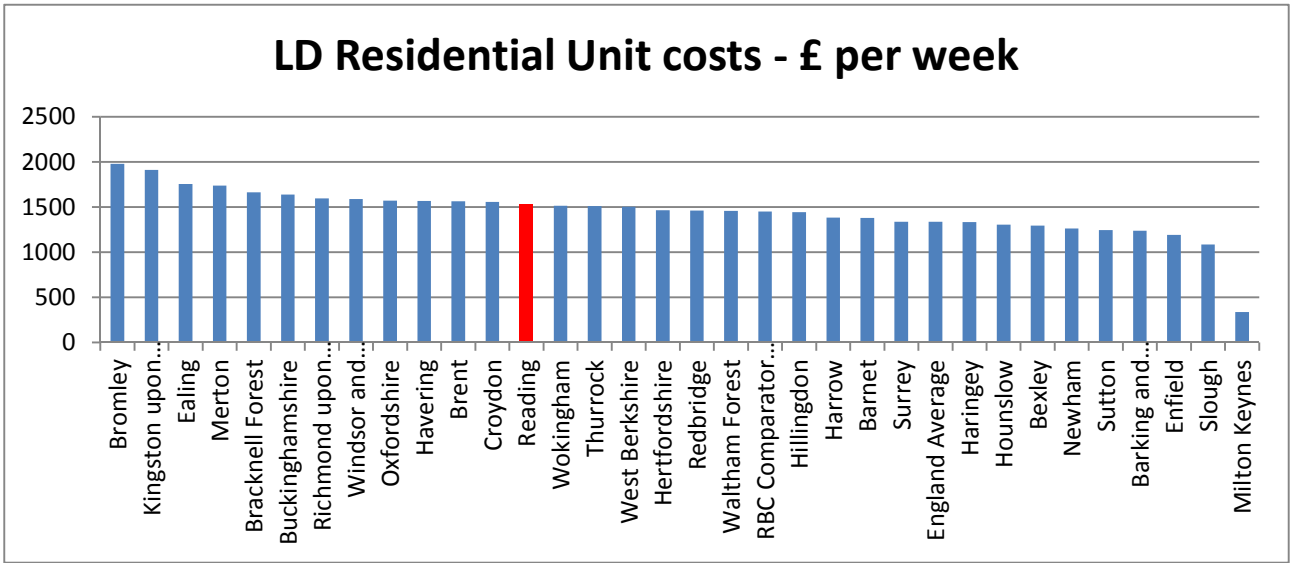


LD Residential client numbers open as at 06/04/15 by Gender (18-64yrs).



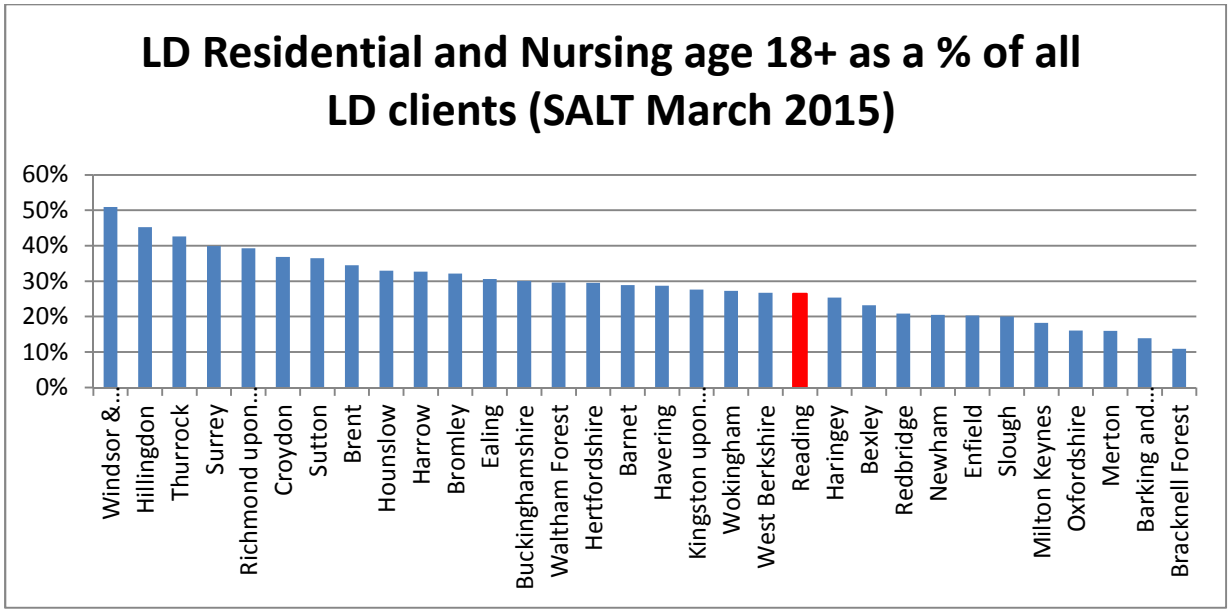
There are proportionately more Black or Black British clients with learning disabilities accessing Residential services and a higher proportion of males than females.

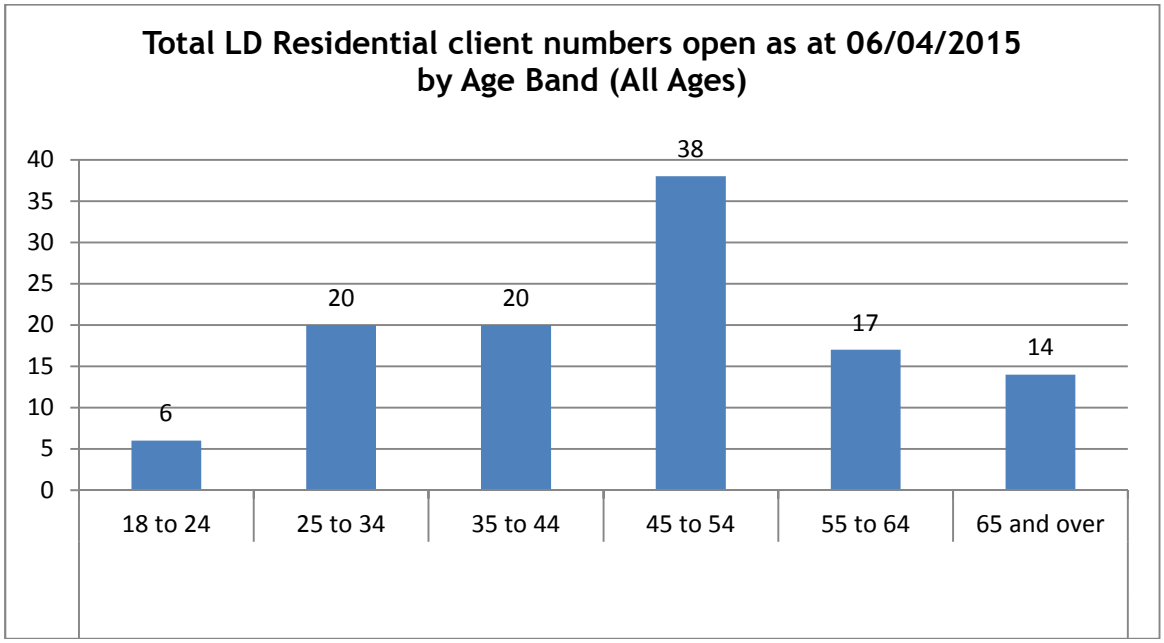


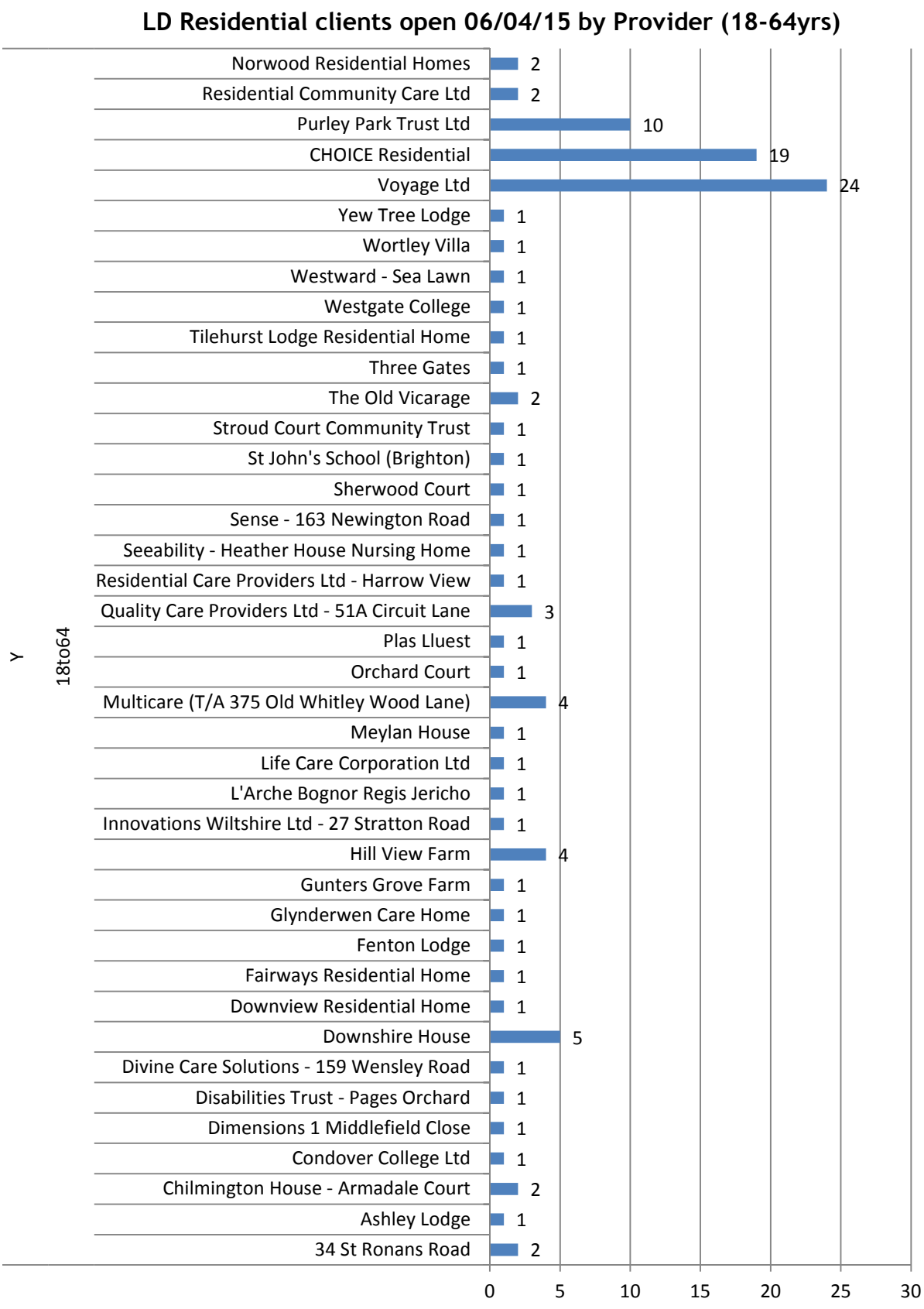


Reading's average unit cost of residential provision by others is £1528.41 per week. All of our provision is external. This is £78.78 per week higher than the average of our Area Cost Adjustment (ACA) comparator group and marginally higher (within £20) of Wokingham and West Berks. The average for England is £1343 per week.

Bracknell have far fewer clients in residential but at a higher rate. Wokingham's numbers and cost are almost identical to Reading's.


LD Residential and Nursing age 18+ as a % of all LD clients (SALT March 2015)
60%
50%
40%
30%
20%
10%
0%
Windsor &...
Hillingdon
Thurrock
Surrey
Richmond upon...
Croydon
Sutton
Brent
Hounslow
Harrow
Bromley
Ealing
Buckinghamshire
Waltham Forest
Hertfordshire
Barnet
Havering
Kingston upon...
Wokingham
West Berkshire
Reading
Haringey
Bexley
Redbridge
Newham
Enfield
Slough
Milton Keynes
Oxfordshire
Merton
Barking and...
Bracknell Forest


Total LD Residential client numbers open as at 06/04/2015 by Age Band (All Ages)
40
35
30
25
20
15
10
5
0
6
20
20
38
17
14
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65 and over



As at 06/04/2015; there were 20 Residential placements that were costing the council more than £2,000 per week.

LD Residential Providers and Estimated Weekly/Annual Spend 2015-16 (All Adults)					
Residential Provider	Sum of Total Gross Weekly Charge to RBC 2015/16 at April 2015	Sum of Estimated Yearly Spend for 2015/16	%		
Voyage	£38,360.62	£2,000,232.33	20.56%		I
CHOICE	£36,904.81	£1,924,322.24	19.78%		40.34%
Purley Park Trust	£12,604.31	£657,224.74	6.76%		I
Chilmington Homes Ltd	£9,028.60	£470,777.00	4.84%		I
Residential Community Care Ltd	£8,972.80	£467,867.43	4.81%		56.74%
Aston Care Home (Downshire House)	£8,615.00	£449,210.71	4.62%		I
Southern Archway	£7,177.38	£374,249.10	3.85%		I
Quality Care Providers Ltd	£5,386.39	£280,861.76	2.89%		I
Multi Care	£4,220.90	£220,089.79	2.26%		I
The Royal School for the Blind	£4,170.19	£217,445.62	2.23%		72.59%
Oakview Care (Berkshire) Ltd	£3,806.86	£198,500.56	2.04%		
Norwood Ravenswood Services Ltd	£3,714.00	£193,658.57	1.99%		
Prospects	£2,986.24	£155,711.09	1.60%		
Dimensions UK	£2,541.00	£132,495.00	1.36%		
Just Homes	£2,190.75	£114,231.96	1.17%		
Rehabilitation Education & Community Homes Ltd	£2,158.49	£112,549.84	1.16%		
T.C.M. Partnership	£2,039.76	£106,358.91	1.09%		
Residential Care Providers Ltd	£1,911.63	£99,677.85	1.02%		
TTCC Limited	£1,900.00	£99,071.43	1.02%		
SENSE	£1,889.50	£98,523.93	1.01%		
Gloucestershire Group Homes	£1,843.15	£96,107.11	0.99%		
Condover College Ltd	£1,665.00	£86,817.86	0.89%		
Solar Care Group Ltd	£1,646.00	£85,827.14	0.88%		
Westward	£1,613.35	£84,124.68	0.86%		
BUPA Care Homes	£1,451.11	£75,665.02	0.78%		
Ashley Lodge	£1,443.56	£75,271.34	0.77%		
United Response	£1,367.35	£71,297.54	0.73%		
Barchester Healthcare plc	£1,306.09	£68,103.26	0.70%		
Mulberry Care Ltd	£1,242.30	£64,777.07	0.67%		
Stroud Court Community Trust	£1,207.45	£62,959.89	0.65%		
Affinity Trust	£1,190.00	£62,050.00	0.64%		
The Disabilities Trust	£1,174.65	£61,249.61	0.63%		
Downview	£1,093.25	£57,005.18	0.59%		
Innovations Wiltshire	£1,087.53	£56,706.92	0.58%		
The John Townsend Trust	£969.00	£50,526.43	0.52%		
Derwen College	£930.98	£48,543.96	0.50%		
Crispin Homes Ltd	£875.00	£45,625.00	0.47%		
L'Arche	£836.28	£43,606.03	0.45%		
CareTech Community Services Ltd	£808.73	£42,169.49	0.43%		
Divine Care Solutions	£780.50	£40,697.50	0.42%		
Care (UK) Mental Health Partnerships Ltd	£777.05	£40,517.61	0.42%		
Life Care Corporation Ltd	£700.00	£36,500.00	0.38%		
Grand Total	£186,587.56	£9,729,208.49	100.00%		

4. Shared Lives

- Shared Lives as permanent and respite accommodation is used by 36 Reading clients, predominantly white.
- Further thought is required on culturally appropriate provision for BME groups.

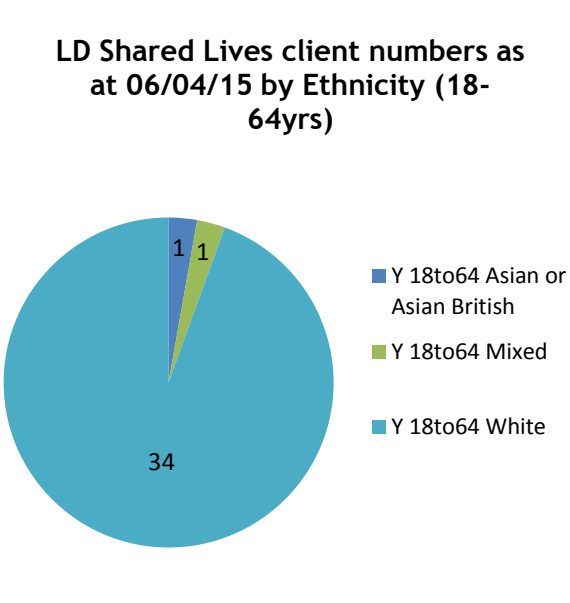
The Reading Shared Lives Scheme supports Shared Lives Carers to offer a family based environment to individuals based upon unique interests, experiences and needs. Shared Lives Carers are self-employed and are recruited, trained and supported by the Shared Lives scheme to offer placements on behalf of Reading Borough Council.

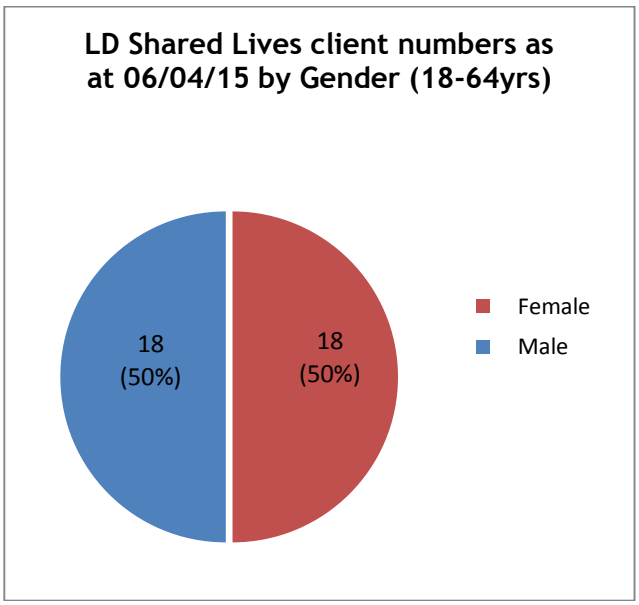
The scheme works with young people through transition into adult services. People living in Reading Borough Council Shared Lives placements will have the opportunity to share the daily life of the Shared Lives Carer and to live an ordinary domestic life in the same kind of home as others in the local community.

There are currently 69 carers. Between them they provide respite, day support placements and full time placements across 43 households.

There is capacity for 91 places across 43 households (based on carers approval and maximum capacity) of these 91 places there are currently 32 FT, 2 provisional and 37 day support and respite placements. All placements are for LD customers apart from 1 MH and 2 PD

There are serious challenges with recruiting carers; however, there are discussions for a joint carers recruitment drive with neighbouring local authorities Shared Lives schemes.

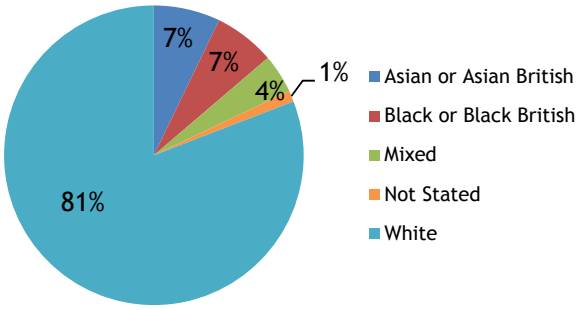




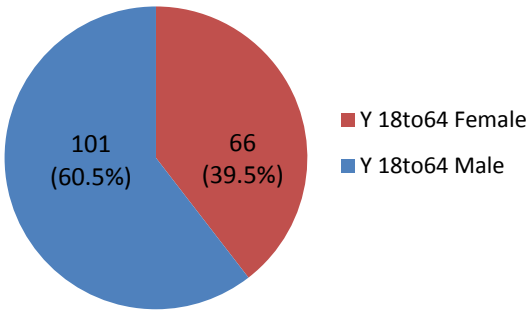
5. Supported Living

- 34% of clients with a learning disability receive a supported living service (25% of 2014/15 Net expenditure)
- Just over half of Supported Living clients receive support through the SLASL framework.
- Supported Living packages range from £1900 - £15 per week with at least 18 packages costing over £1000 per week. The cost of someone's package doesn't always reflect their level of need.

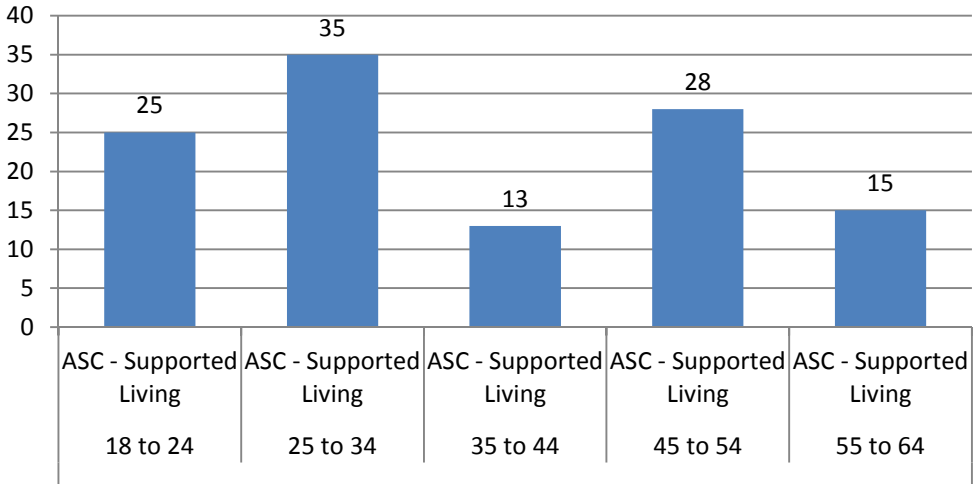
LD Supported Living clients as at 06/04/2015 by Ethnicity (18-64yrs)



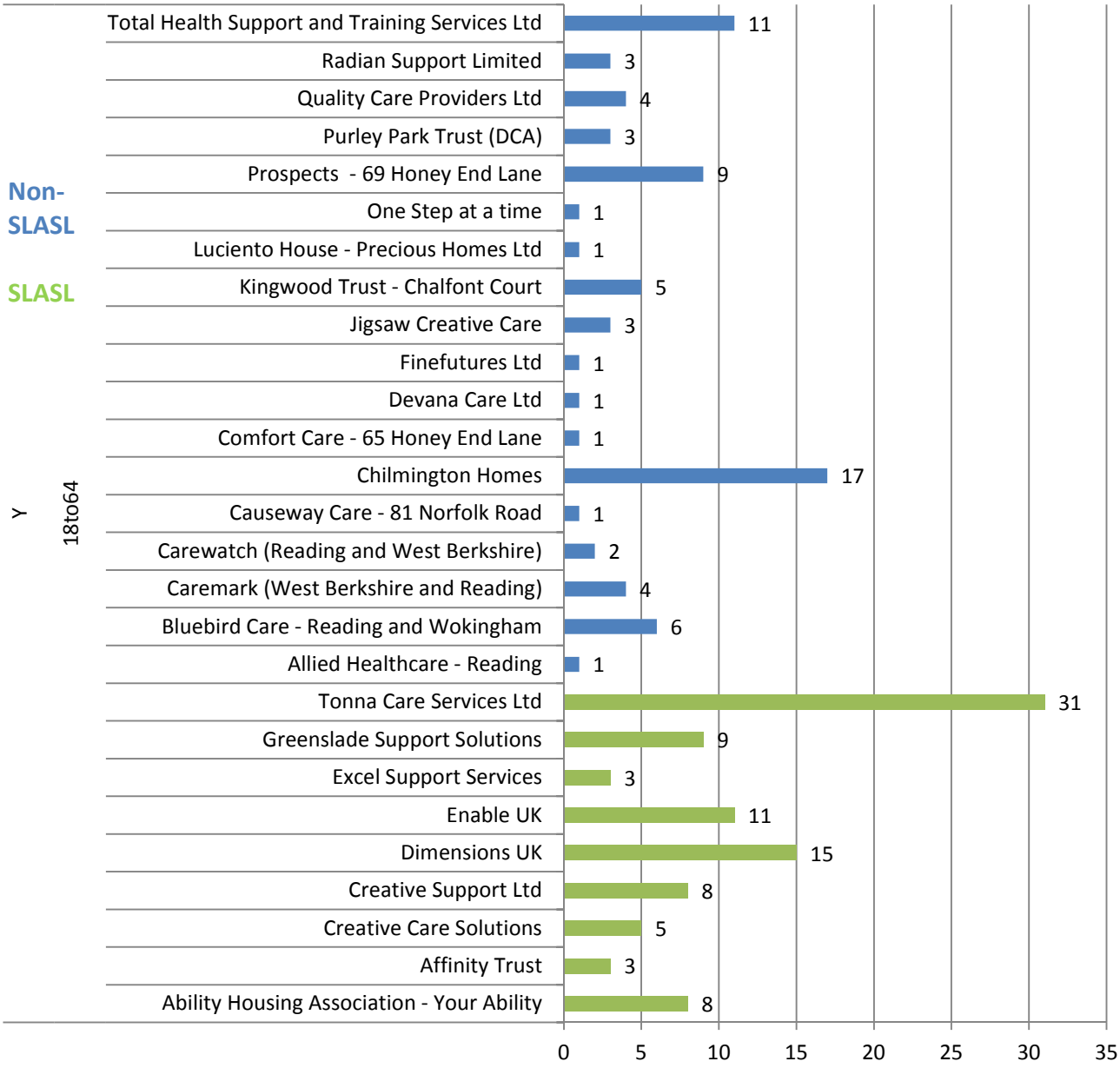
LD Supported Living client numbers by Gender (18-64yrs)



Total LD Supported Living client numbers open as at 06/04/2015 by Age Band (18-64yrs)



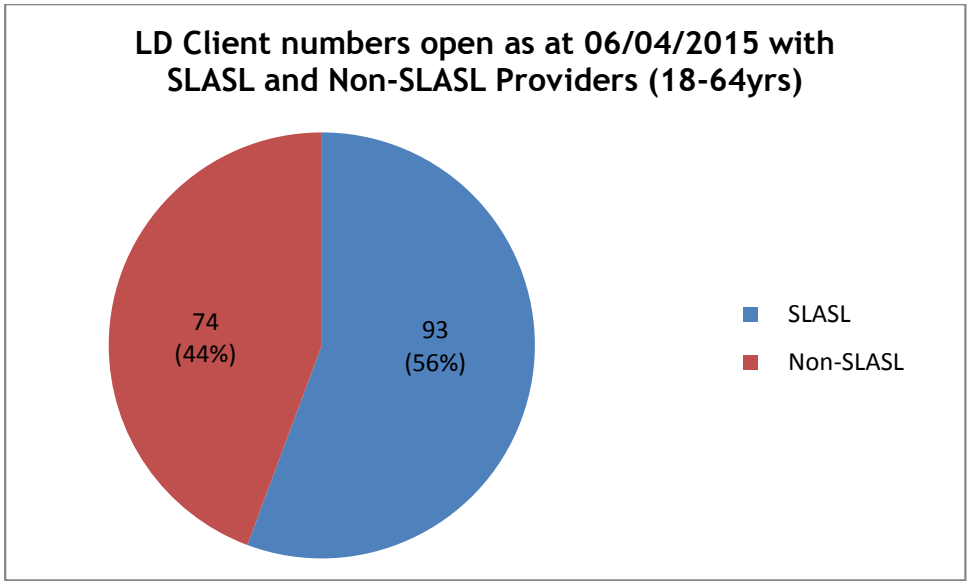
LD Supported Living clients receiving a service on 06/04/15 by provider (18-64yrs)



Over 40 supported living packages (out of the above 161) are directly linked to the landlord of the property. Many have tenancies that tie care to accommodation by one provider and often dictate a minimum number of care hours. This takes away choice from the service user and is not cost effective as RBC cannot reduce hours of support to suit people's changing needs. There are houses where the constant staff presence is not dissimilar to a residential home.

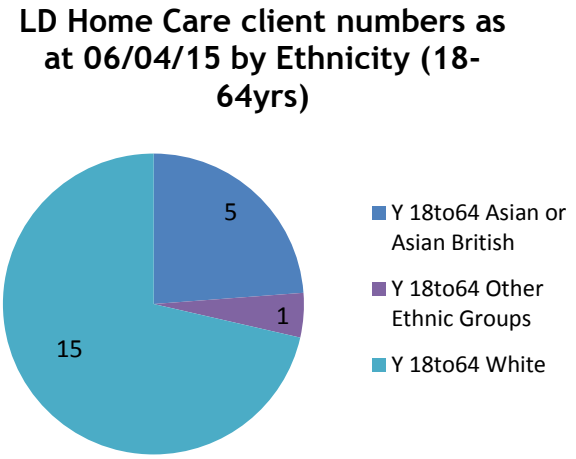
Similarly, not all providers are putting person centred, outcome focused working into practice, so that (where appropriate) packages can be reduced over time.

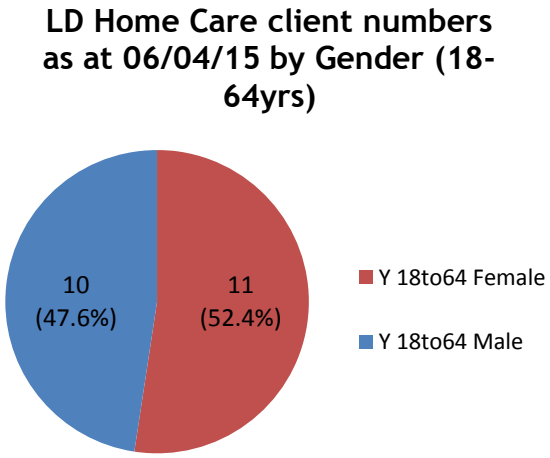
A new build block of 11 one-bedroom flats is being built by RBC, due to open August 2016. This gives an opportunity to move some clients from residential settings and some from unreasonable supported living tied properties.

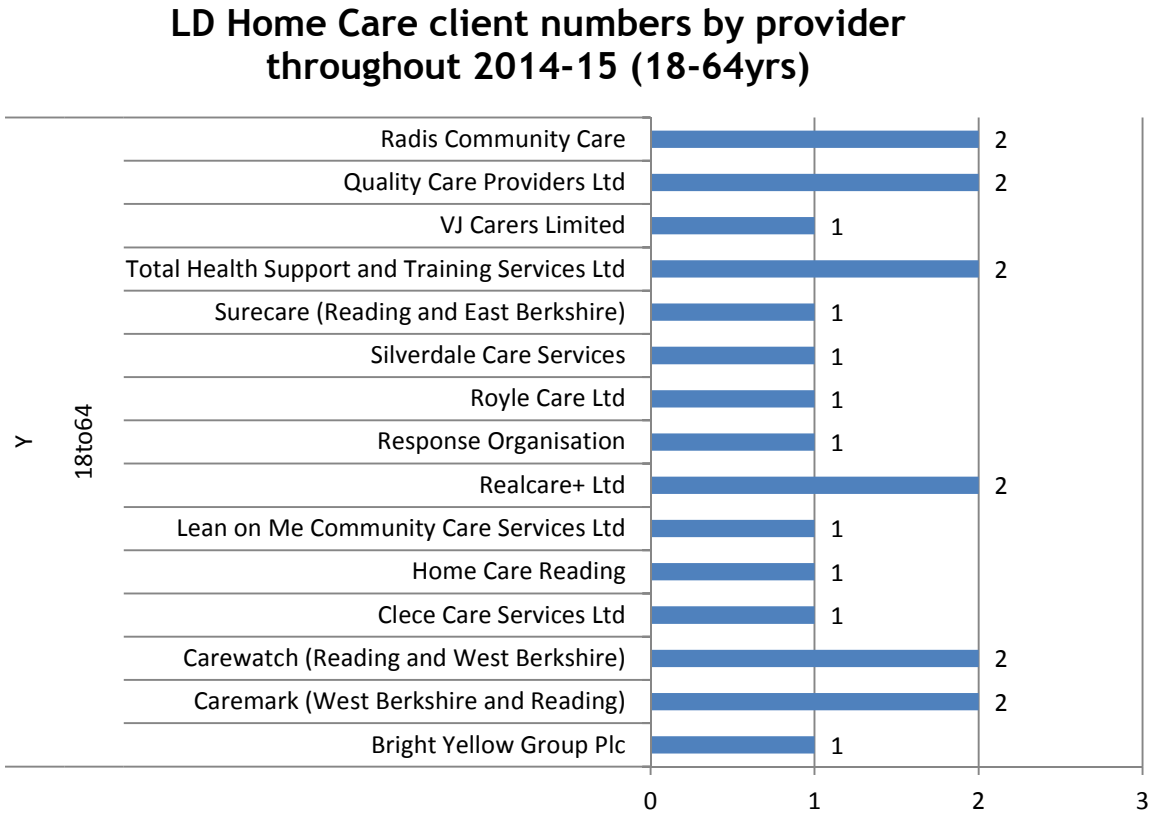


6. Home Care Services

- Home Care is used by very few LD clients (Reading allocates it for those with personal care needs only)







Six of the above Home Care providers (one third of clients) are on the Home Care Framework. The framework started after this period so the proportion will be changing.

7. Day Services

Internal

61 people attend our in-house LD day service with costs ranging between £148.62 and £39.72. Over the past 10 years the number of customers has reduced from nearly 200 on the books to 68 (including 7 out of borough placements). The recent reduction in numbers is primarily due to working with external providers to develop and offer a range of outcome focused, competitively priced alternatives for customers to choose from. Therefore the internal day services find that the majority of the customers being referred to them are people with profound and complex needs needing higher levels of staff support due to their physical needs.

Most travel to their day service by using in-house RBC transport, however there are a small amount of people that travel by Readibus and independently.

Although the service is open 9am – 4pm, customers who use RBC transport can only access the service until 3pm as this is the only time they can be picked up due to Readibus's commitments to other groups.

People attend for between 1 and 5 days per week (only 2 have a 5 day package) and 18 people have a daily cost over £50 for 1:1 and 1:2 provision.

32 older people with learning disabilities attend the in-house Maples Day Service and 4 attend other older people's day services.

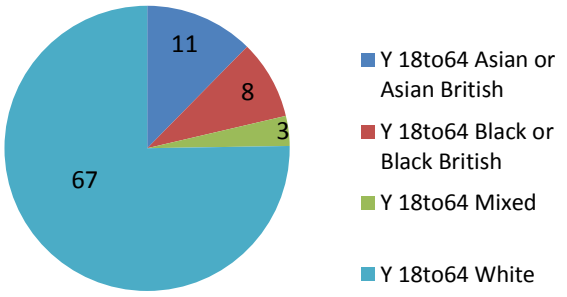
Some people attend more than one service so the above numbers are not mutually exclusive.

External

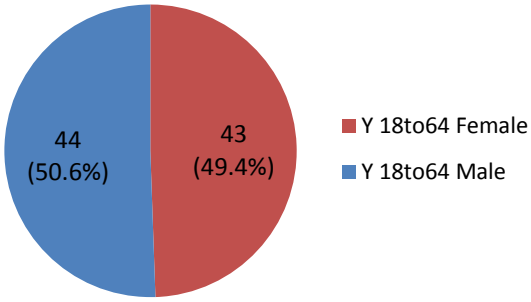
There were approximately 70 clients attending externally run Day Services paid direct by RBC in April 2015, across 18 providers.

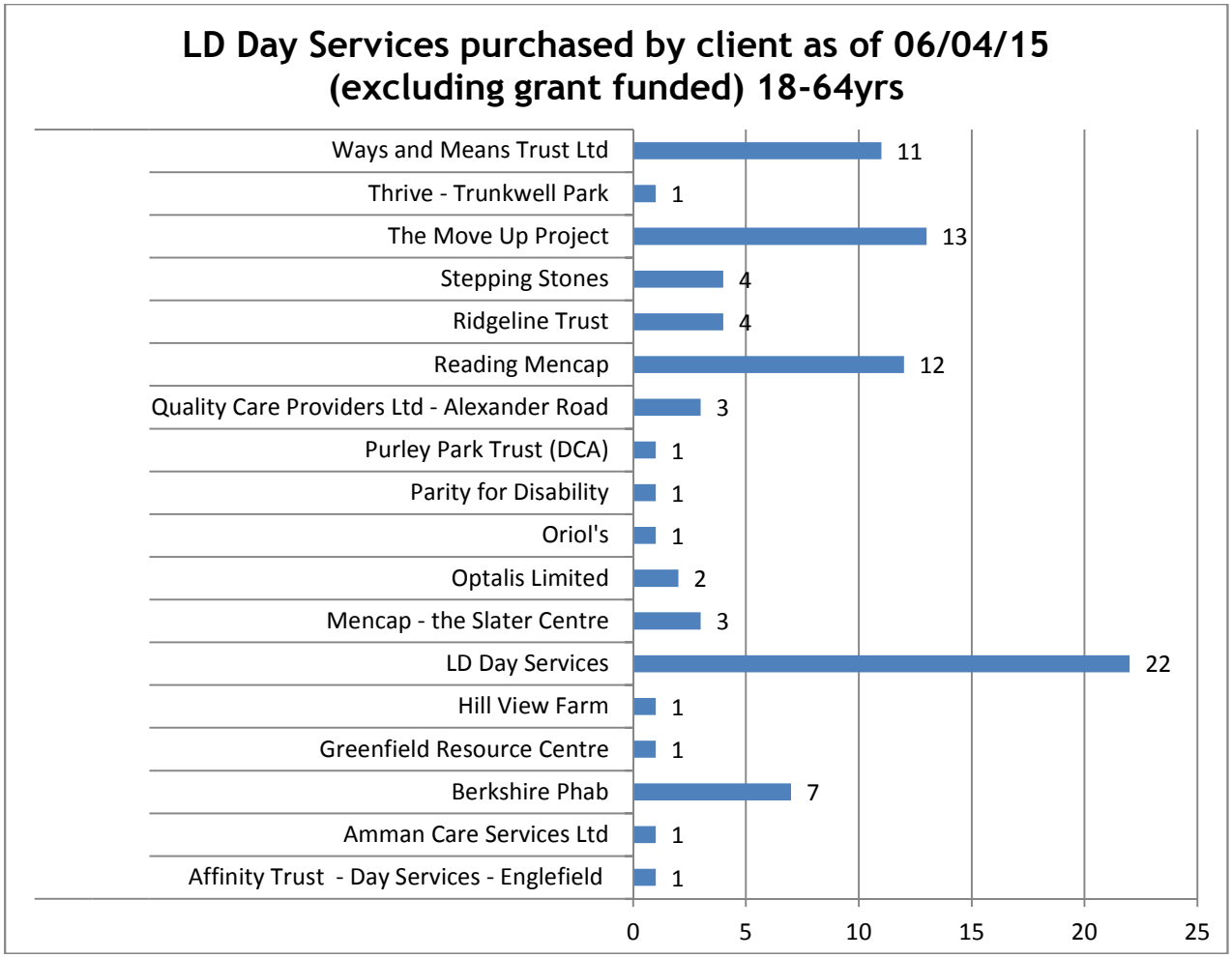
Prices range between £27 - £107 per day and 12 people have a daily cost over £50 per day.

LD Day Service client numbers as at 06/04/2015 by Ethnicity (18-64yrs)



LD Day Service client numbers as at 06/04/2015 by Gender (18-64yrs)





NB: The above chart and figures used are not comprehensive as there are an additional 39 people thought to be attending the internal LD day service. However, these did not feature on our day services report from Mosaic. There may also be other people missing from other services listed above who are not funded directly through Mosaic.

There will be a day services review taking place early in 2016 which should give a more accurate account.

8. Respite

Our in-house respite service is a six bedded respite unit and works in tandem with the in-house day service. It is currently open 24 hrs a day 365 days per year. Customers are allocated their individual respite allowance through the council's assessment process. People book their allocation directly through the managers within the service on a quarterly basis. There are peaks and troughs in occupancy which is currently under review by managers. There are currently 29 customers with an allocation of 1,212 nights p.a. The total capacity is 2,190 (6 beds x 365 days).

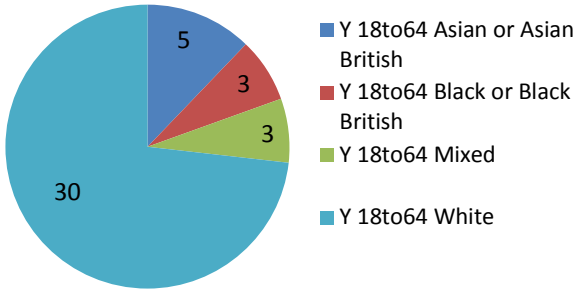
In addition to this, the respite service offers emergency beds and in the period from December 2014 – August 2015 18 customers used the Respite service for an "emergency" and have blocked beds for 345 days in during this period.

There are few alternative respite services in the local area.

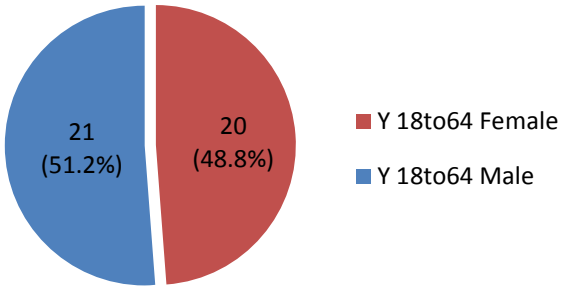
9. Direct Payments

- Reading has a very low take up of Direct Payments across all disability types. At 9.8% we have the lowest take up of our comparator Local Authorities who average 21.8% while the England average is 26.6%.
- At 31st march 2015 there were 39 people with learning disabilities receiving a Direct Payment (8.8% of those with learning disabilities known to ASC)
- All Carers that have financial support in Reading are given a DP.
- Carers' services report that there is now greater flexibility for some carers to arrange DPs for LD clients. However, there are still some carers that struggle and more can be done to overcome the difficulties this cohort encounter.

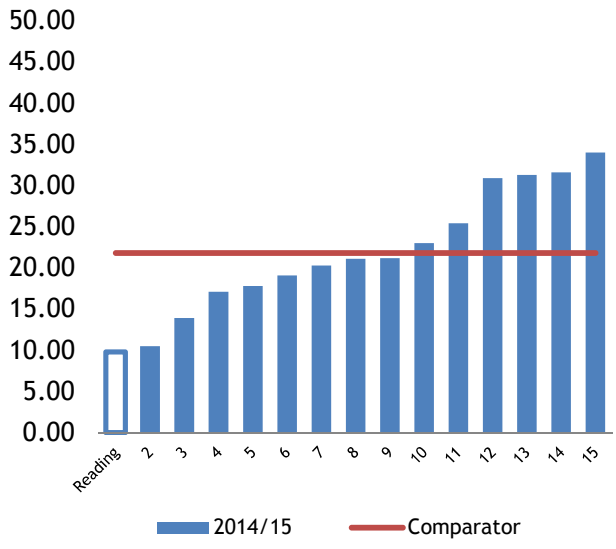
LD Direct Payment client numbers as at 06/04/15 by Ethnicity (18-64yrs)



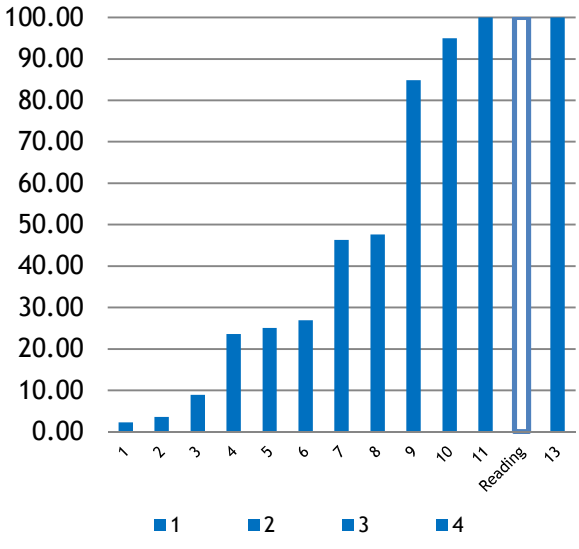
LD Direct Payment client numbers as at 06/04/15 by Gender (18-64yrs)



Proportion of clients receiving DPs Comparison with other authorities (source NASCIS)



Proportion of carers receiving DPs Comparison with other authorities (source NASCIS)



Feedback from 33 current DP service users suggests that people have gained the following:

- **Independence** – DP allowed clients to avoid care homes, through being able to employ a carer whenever/wherever one is needed.

- **Consistency** – clients can hire the same carer every time, rather than risk getting different people on different days.

- **Reassurance** – people know exactly how much money they have every month. This makes it easier to plan & obtain support.

Clients would like the opportunity to take part in additional, group-based activities, such as:

- Indoor and outdoor sports and fitness.
- Computers – particularly learning how to use them.
- Trips - cinema, theatre, pantomimes.
- Socialising - beverages with friends, following things like football with people who share their interests, listening to music.
- Learning new (home) skills - cooking / making meals, washing, dusting.
- Communal activities - arts & crafts, drawing, gardening.
- Shopping trips – in a relaxed and non-rushed way.

However, clients have identified the following issues that are barriers to take up:

- **Financial responsibility** → the majority of clients find cash-handling too complex and challenging to take responsibility for.
- **Choice** → The current system does not offer much freedom to service users.
- **Process & options** → the process of issuing DPs is lengthy and can leave clients without provision / payments for up to 12 weeks.
- **Support** → It is also seen as being confusing and difficult to navigate without assistance – how does one complete the paperwork and go about arranging/ procuring their own services?

People would like to see a commissioned, external service that offered total navigation of Direct Payments – from completing the paperwork, to choosing support options, setting up payments, and jointly visiting the providers one might purchase services from before setting up a payment etc. These views suggested that an external service would be seen as a more accessible alternative to engaging with the Council.

10. Community Services

Although some community services are purchased through personal budgets, most provision in the town has been grant funded. RBC has extensively consulted on the Narrowing the Gap Framework for funding community services from April 2016 and has planned the current bidding process against the following seven themes:

- Targeted information and advice provision for people with current or emerging care and support needs:
  - Current LD services: Two services currently commissioned (Mencap & Communicare).

- Shape after the bidding process: there will be more consistent and higher quality provision, with a stronger set of outcomes and more robust monitoring. Given the possibility of joint bidding, we may end up with fewer or more providers.

- Self-advocacy provision for adults with a learning disability:
  - Current LD services: One service at present (Talkback).
  - Gaps: partnerships with schools could be stronger so that we're offering more support at the point of transition; in-sufficient support for some adults
  - Shape after the bidding process: SLA's and outcomes will have more of a stated focus on supporting people at the point of transition.

- Services to facilitate peer support and/or enablement training for adults affected by long term health conditions (and their families where relevant)
  - Current LD services: Reading Mencap, Talkback and Berkshire Autistic Society currently provide these services in the town and are an important resource but are not all funded by ASC.
  - Gaps: There is scope to strengthen the focus on empowerment and to further develop service users' resilience.
  - Shape after the bidding process: we will be commissioning the same range of provision, but the SLAs will place a greater focus and more outcomes on empowering clients.

- Replacement care (respite) services delivered at home or in the community, which provide opportunities for unpaid carers to take time away from caring or enjoy social contact:
  - Current LD services: we commission Reading Mencap and Crossroads.
  - Shape after the bidding process: the SLAs will require a more equitable offer across client groups / ages, with a more flexible range of provision to suit the needs of different demographics and ethnicities.

- Supporting people to re-settle at home following a period of hospitalisation
  - We currently commission two organisations (Age UK Berkshire and British Red Cross) to deliver these services. They are non-specific and cut across all client groups.
  - Gaps: there is no weekend and evening provision.
  - Shape after the bidding process: there will be streamlined service. However there is no additional funding for out of hours provision. This could be secured if Health contribute additional funding.

- Handyperson services
  - Aster are currently commissioned to deliver this service across all client groups.
  - Gaps: strain on capacity; there is more demand than the service is geared up to support.
  - Shape after the bidding process: no change to funding level or provision but an expectation that a trusted provider would increase their business in clients paying for non-emergency works.

- Opportunities for adults with current or emerging care needs to enjoy social contact and so reduce their risk of loneliness
  - Current services (LD) = we currently commission services from Mencap, Berkshire Phab and Enrych.

- Shape after the bidding process: services will be more outcomes-driven with more focus on socialisation and increasing clients' independence.

11. Equipment/Telecare

There are very few Telecare or assisted technology packages in Reading for people with a learning disability. The service has traditionally been seen as for older people.

12. Transport

Transport funded by the council is not a service in its own right – it is a means of accessing services or support. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence.

Funded transport will only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to a service/means of support which has been assessed as meeting an eligible need. Where there is appropriate transport available (either personal eg Motability vehicle or public transport), it will be assumed that the service user will use this as a first option. Transport will only be provided if alternatives are unavailable or inappropriate for some reason.

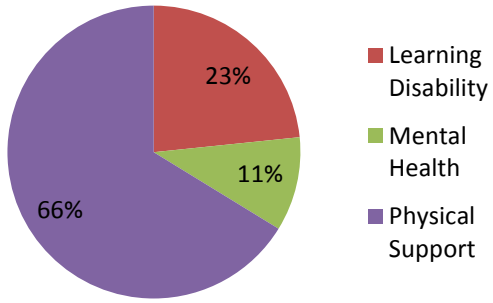
There is a very good Readibus service for vulnerable people run in Reading. There is also a very comprehensive Reading Buses service across the town. There is no specific service that covers travel training although it can be provided as young people become adults by schools, the Youth Service or the Play Ranger service. It is covered under the Supported Living contracts for adults. Adults can have transport specified in a care plan for supported living or day services.

Section C: What Service Users Tell Us

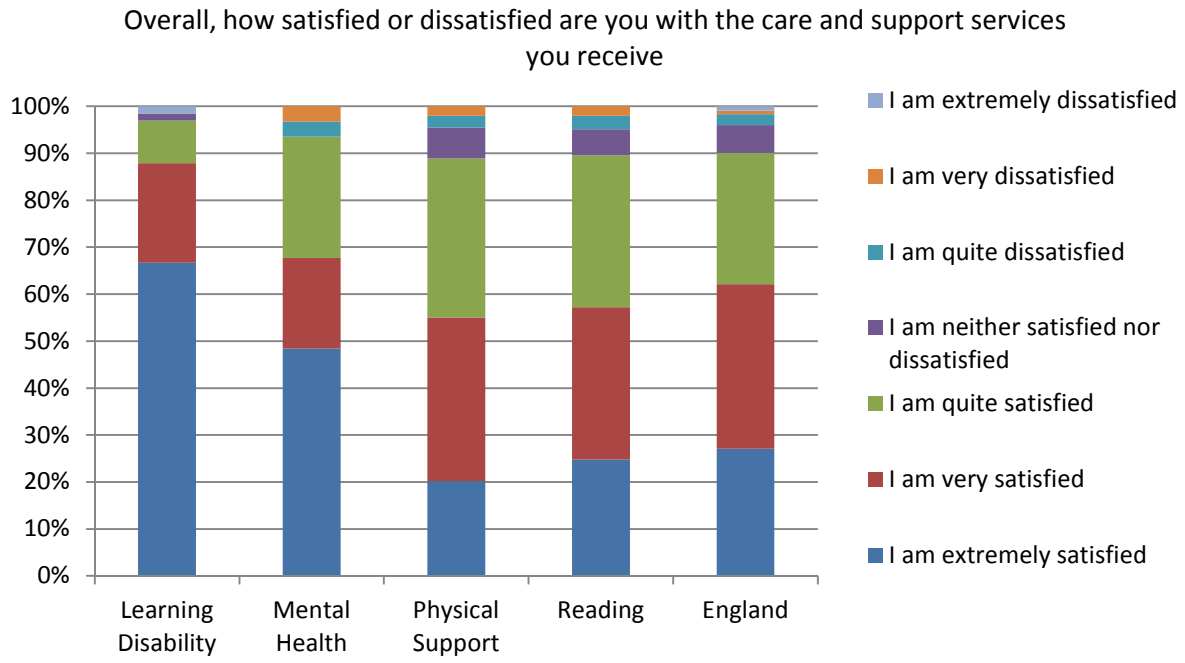
- Learning Disabled Service Users tell us that are satisfied with their care and support services.
- People with a learning disability want to work.
- People want support to make their own choices in life.
- People want to be safe, healthy and be active in their communities.
- 29% say information and advice is difficult to find.
- 25% do not get any regular practical help from family, friends or neighbours.

Customer feedback was gathered as part of the **Personal Social Services Adult Social Care Survey 2014-15.** There was a 40% response rate but the responses are not broken down by age of the service users.

Percentage of responses by service area

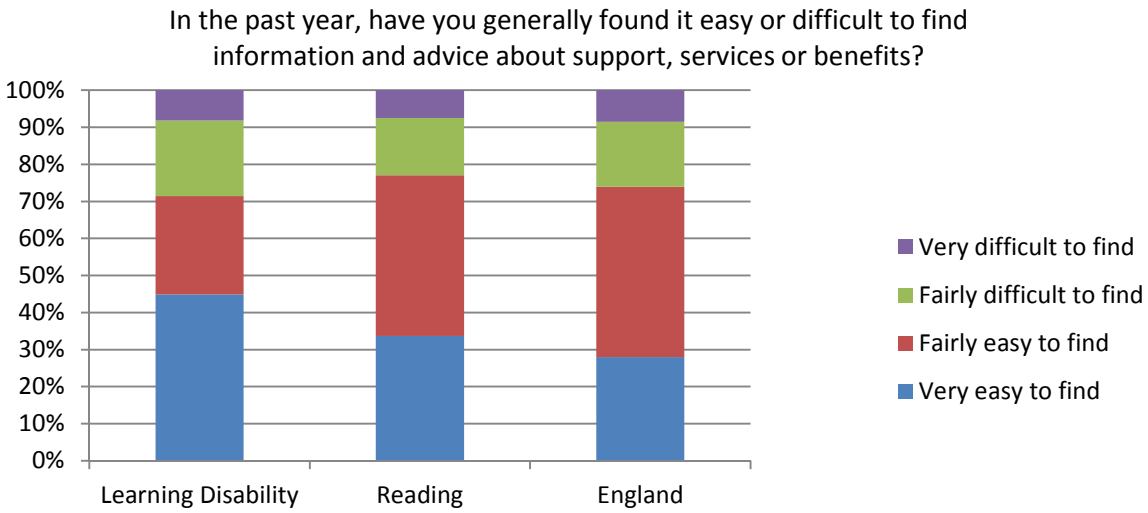


Service users with learning disabilities showed a very high level of satisfaction with services and only one respondent said they were extremely dissatisfied.



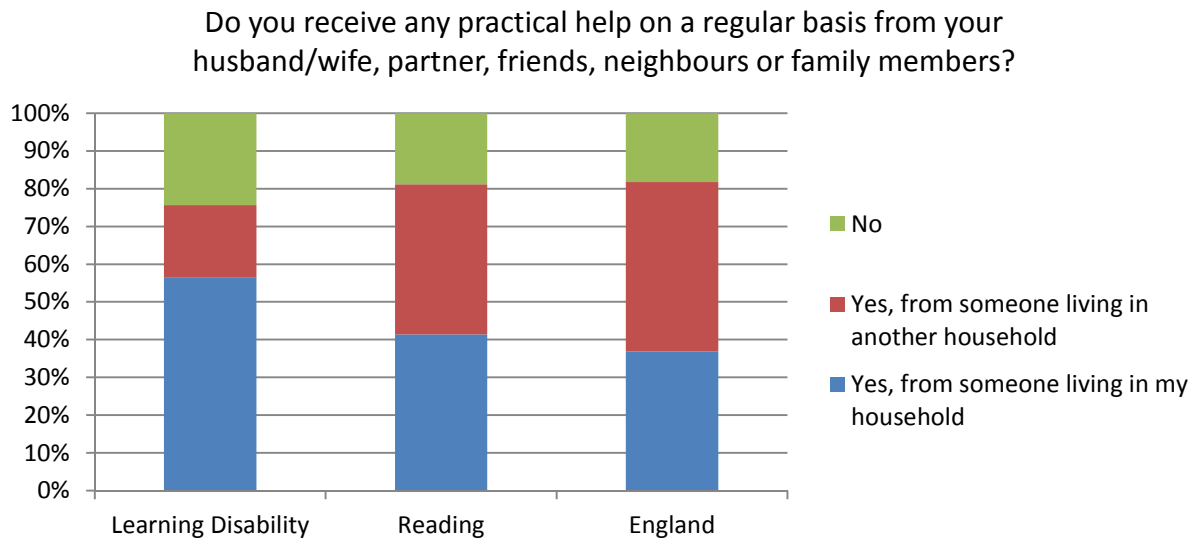
With regards to wellbeing, learning disabled services users had positive feedback with 96% reporting that care and support services help them to have a better quality of life compared to 92% across England. 89% of service users reported that care and support services help them in having control over their daily life which was the same as across England. 92% reported that care and support services help them in feeling safe compared to 85% in England. This dropped down to 79% when asking if care and support services help them in having social contact with people, but this was still higher than the England average of 66%.

When looking at how easy it is for Reading's service users to access information, 29% of learning disabled service users reported having difficulties. This is slightly higher than the England average response (26%) but a lot higher than the average Reading response (23%).

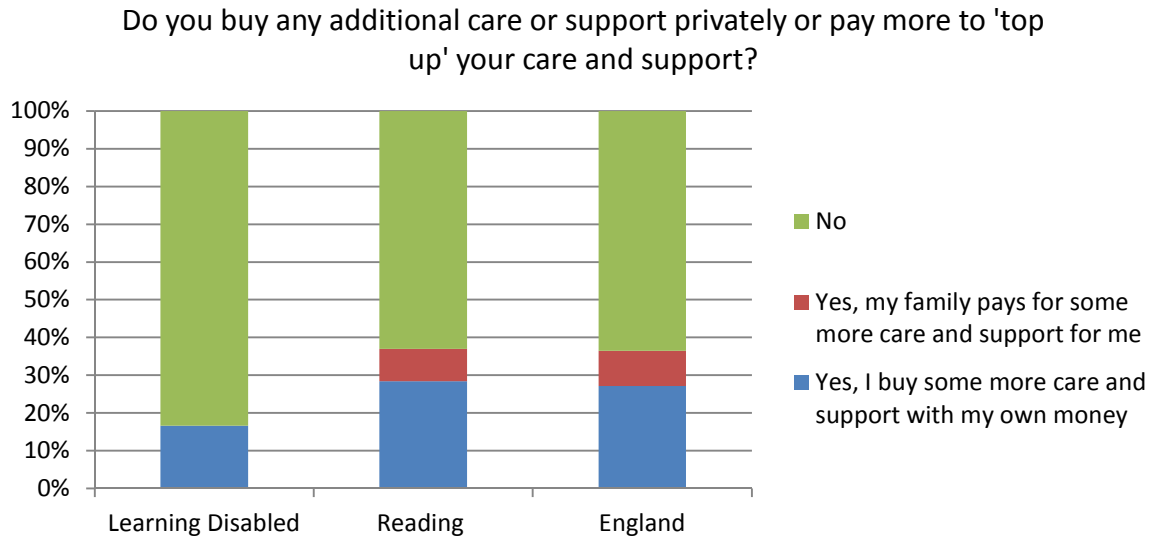


Reading appears to have a similar number of service users reporting that they have regular help from family or friends in the same household than the England average, but this

number increases when looking at learning disabled service users. This reflects the carers feedback that many learning disabled people get a lot of unpaid care. However there is a higher proportion of learning disabled people than other disabilities who get no help from family and friends.



When looking at private funders (that we are aware of) it appears that Reading (37%) and England (36%) have similar levels of self-funders. But when comparing to Reading's learning disability service users, this drops off to 17%. Part of this could be age related, as the overall Reading and England averages will include those over 65 years old who are more likely to be self-funders needing older people's care rather than those who have a life-long disability and been unable to build up savings.



Reading Learning Disability Partnership Board "Big Voice and Beyond".

The LDPB has good representation from individuals with learning disabilities, carers, provider organisations, the voluntary sector and departments across the Council. The LDPB refreshed its strategic plan in 2014. The issues were grouped into the 6 themes below:

Choice and Control

Choice and control is about having choice and control over where you live, who you live with, where you work, holidays, how you spend your money, and how to use and find clubs and spend your leisure time.

Issues:

- More support is needed to help move from learning to earning and then to help people remain in employment.
- Information about socialising, work benefits is not always easy read.
- People should be involved in the recruitment of their support carers and support provider.
- It is important that people have an opportunity to talk about and plan their social life, who they live with, making safe choices in relationships, friendships and work life.

Being as Healthy as we Can

Being as healthy as we can means looking at the whole person and ensuring that people have the right support in order to live full and healthy lives.

Issues:

- Not everyone in the health service seems to understand learning disability and the support we might need.
- Screening and Health checks—some of us have had them, but it's difficult to know whether we all understand what they are for.
- Not all of us have a healthy diet, and not all of us understand what that can mean for our health.
- Support for people to find suitable sport and lifestyle activities that are accessible for all.

Community Opportunities

For people to be encouraged wherever possible to use community facilities and to use public transport and be able to travel either within Reading or outside the local boundary. Being aware of your own safety in the community.

Issues

- Sometimes strangers might be unfriendly. We need support workers/carers to support us to go out, to show us how to be more independent
- Information in formats everyone can understand
- More support needed to use taxis, Readibus and public buses.
- Limited opportunities to travel outside Reading

Staying Safe

Being aware of your own safety, knowing who to go to if something is not right. Police being aware of issues and situations that may be difficult.

Issues:

- Having healthy relationships with people. Knowing the difference between right and wrong, what is a good relationship and helping everyone to understand especially in families and shared houses.
- Knowing what to do in a crisis and practical day to day health and safety issues at home.
- Raising awareness of bullying and "Mate Crime".

Lifelong learning

More school leavers with learning disabilities are aspiring to want to go out to work. There needs to be more support in place in order for people to have the right training through college or through the job centre or specific supported employment schemes to enable this to happen.

Issues:

- Some of us want to work, we want to have paid work not just voluntary. We want a way of looking towards doing this. We want choices in work and more employers to be willing to take on and pay people with a learning disability.
- We need support to stay in employment. Its not about working, it's how to get to work, accessing travel training, finding other ways of getting to work, e.g. walking,
- Having easy read leaflets to help us to understand money, benefits, working generally and budgeting.
- To link in with local colleges to see how these college courses can be recognised by employers and used in any work placements or employment.

Strong Voice

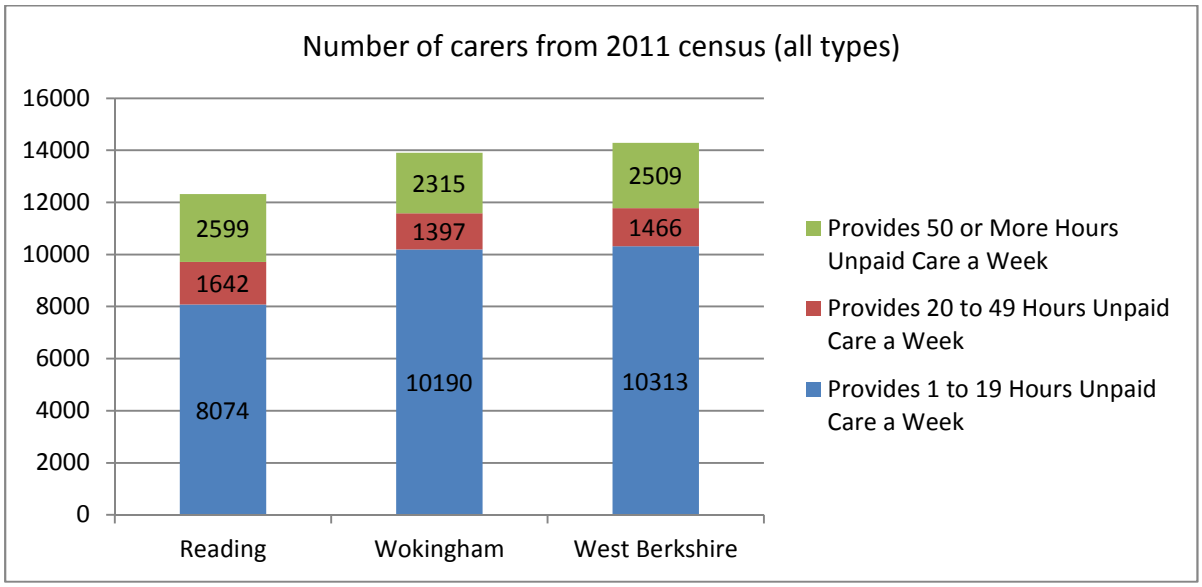
Having a strong voice for both people with a learning disability and their families is an essential way of ensuring that our voices are heard and that services are making reasonable adjustments that support people to be successful in their choices.

Issues:

- We should have a choice about who supports us and we need regular attendance on any interview panel. We need to share best practise of recruiting staff
- We need to make sure that we involve parents and carers and families when a person is over 18
- Some families need support to navigate the system. Understanding all the changes from child/adult isn't always clear
- We need to make sure that training involves people with learning disabilities
- We need to be doing quality inspections of services with people doing the inspecting.

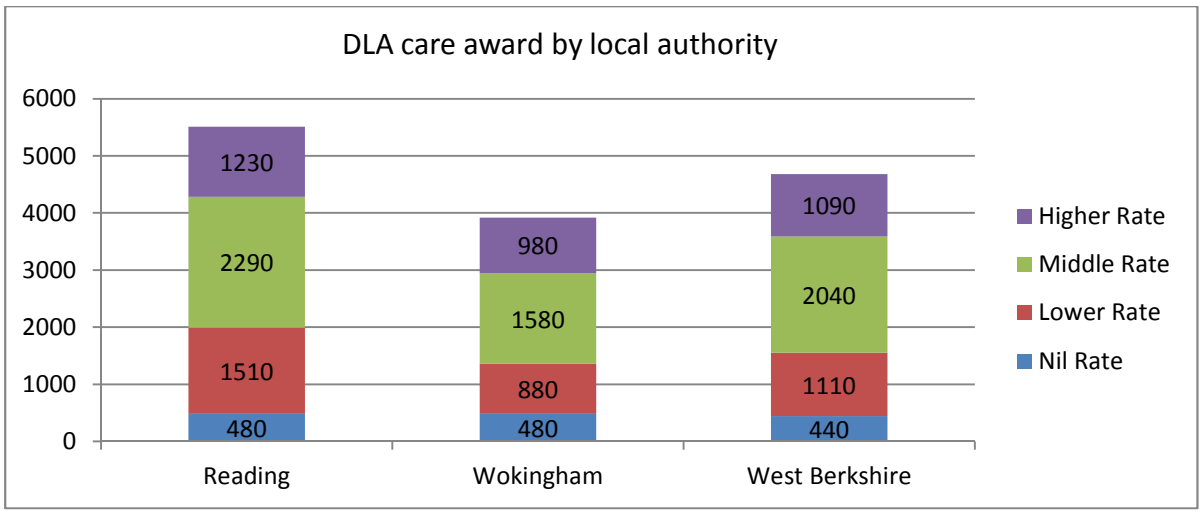
Section D: Carers

- Reading has fewer carers than its neighbours
- Of survey responders:
  - a third of LD carers are dissatisfied with their support and services
  - Carers are predominantly caring for LD people aged under 45.
  - Most LD carers have been caring for over 20 years and 59% spend over 100 hours a week caring.
  - 62% of LD carers are either retired or not in paid work. None surveyed worked full time and a third of those surveyed said that they didn't work because of their caring responsibilities.
  - 50% say they don't look after themselves well enough and 20% feel they have no control over their daily life.
  - 39% of carers say that information and advice is difficult to find.



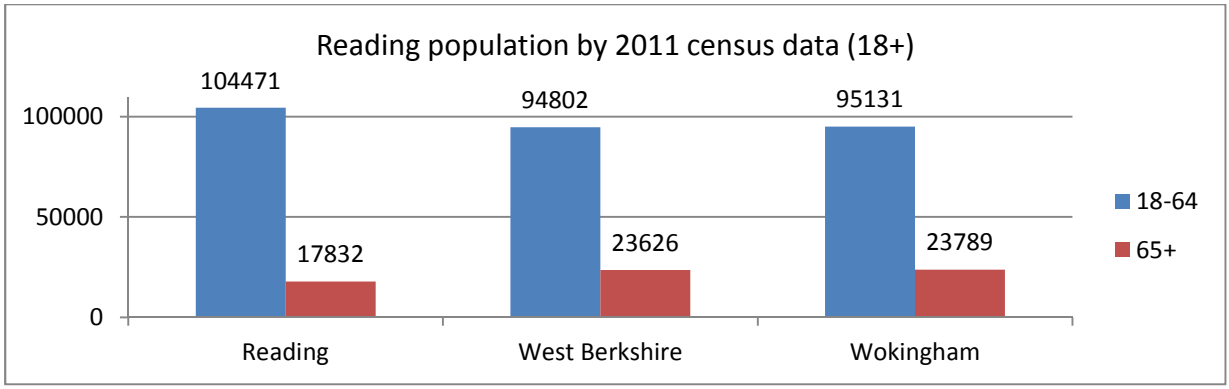
From the 2011 census Reading borough has less carers of all disabilities and ages than neighbouring local authorities. From the census data the percentage of unpaid carers has remained the same from the 2001 census in the Reading borough (8%) but has slightly increased in Wokingham and West Berkshire (8% to 9% of the local population).

Despite having less carers, the Reading borough has a higher number of DLA care awards than the neighbouring boroughs according to ONS August 2012 data.

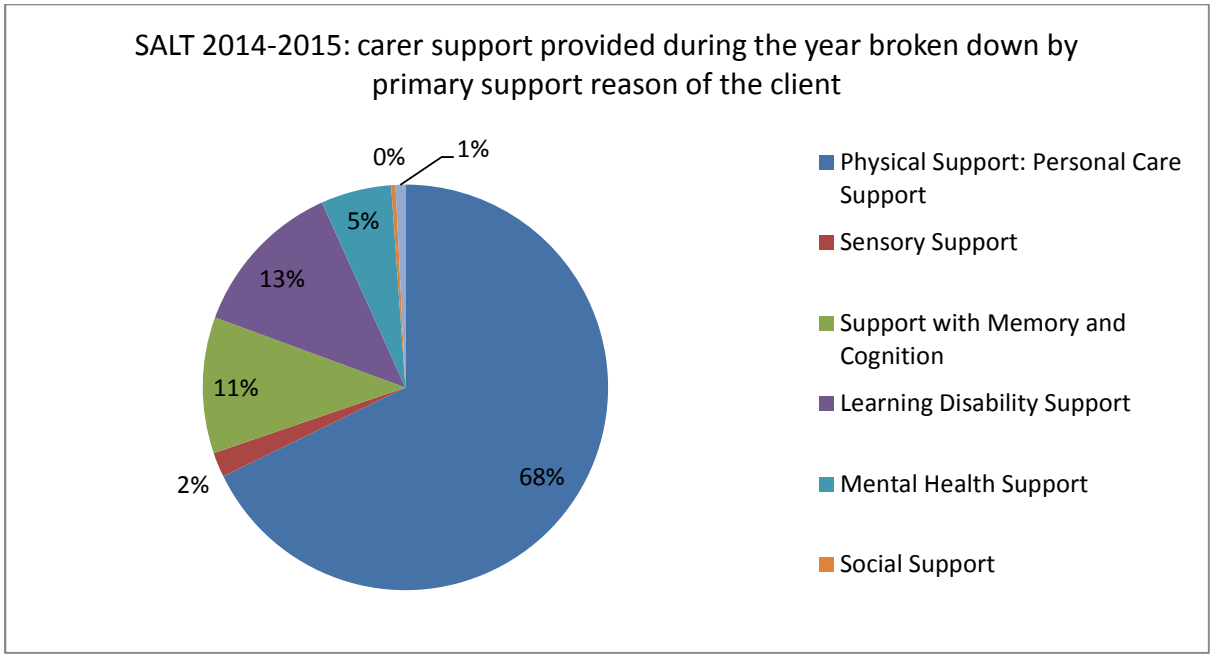


Part of the reason for the for the Reading borough shortfall could be partly due to the age demographics as the neighbouring boroughs have more people over 65 than Reading.

This is supported by the ONS August 2012 DLA rates that show that Reading has a higher proportion of people claiming DLA in the 16-69 age range (73% of claims) than West Berkshire (71%) and Wokingham (70%).



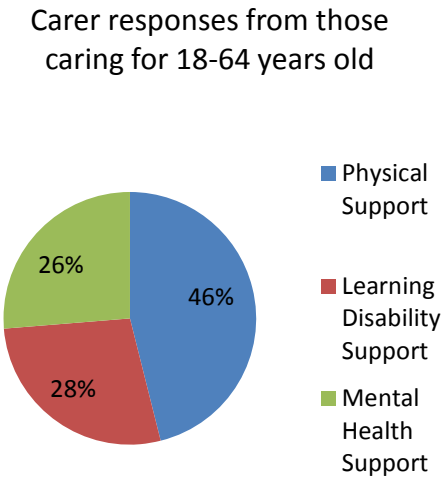
This shows that 13% of carers assessed or reviewed in 2014/15 where supporting LD clients. There were 132 carers of people with a learning disability supported by RBC in 2014/15.

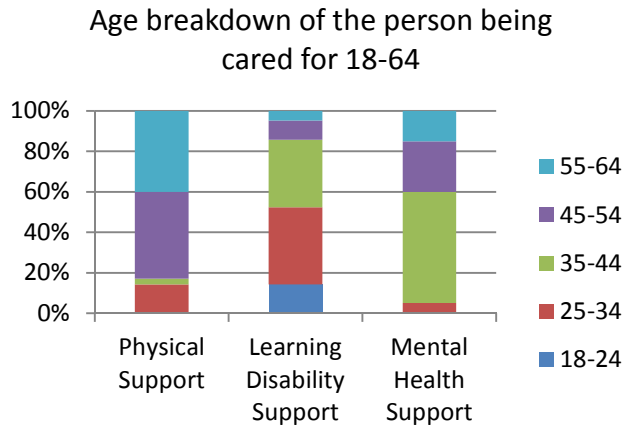


Carer's feedback:

Reading data for Personal Social Services Survey of Adult Carers, 2014-15

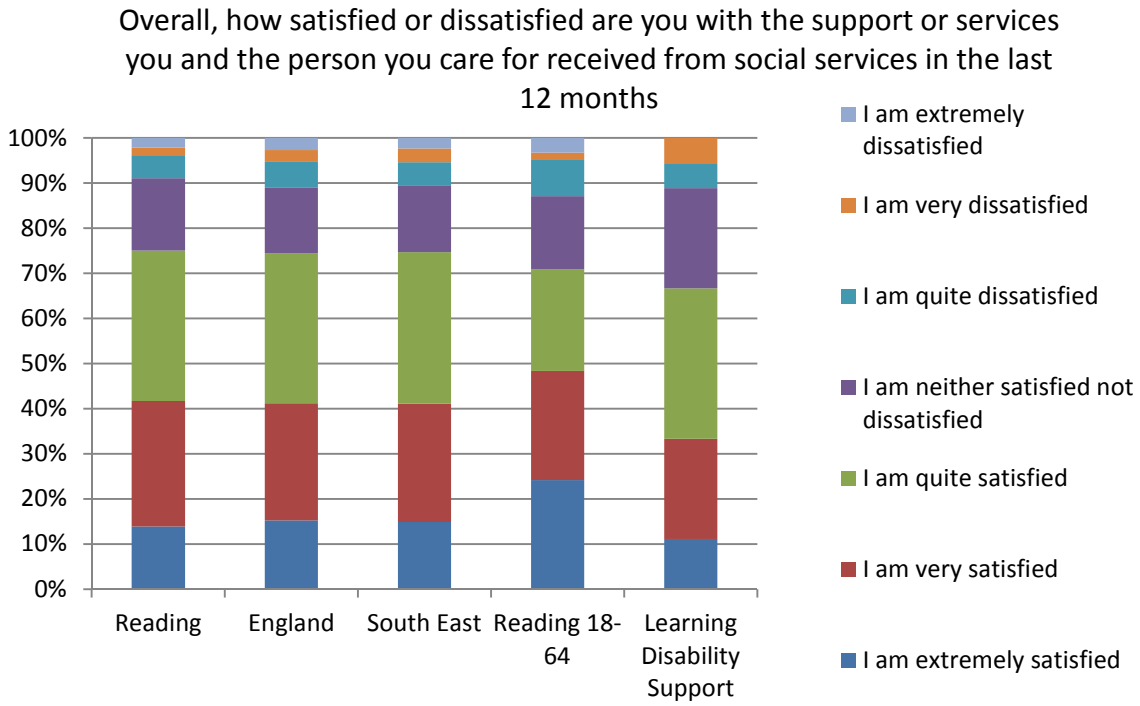
In 2014-15 of the 132 LD carers, 70 were sent surveys, of these 22 responded. Although this is not a statistically significant sample size the themes of their responses are worthy of note.





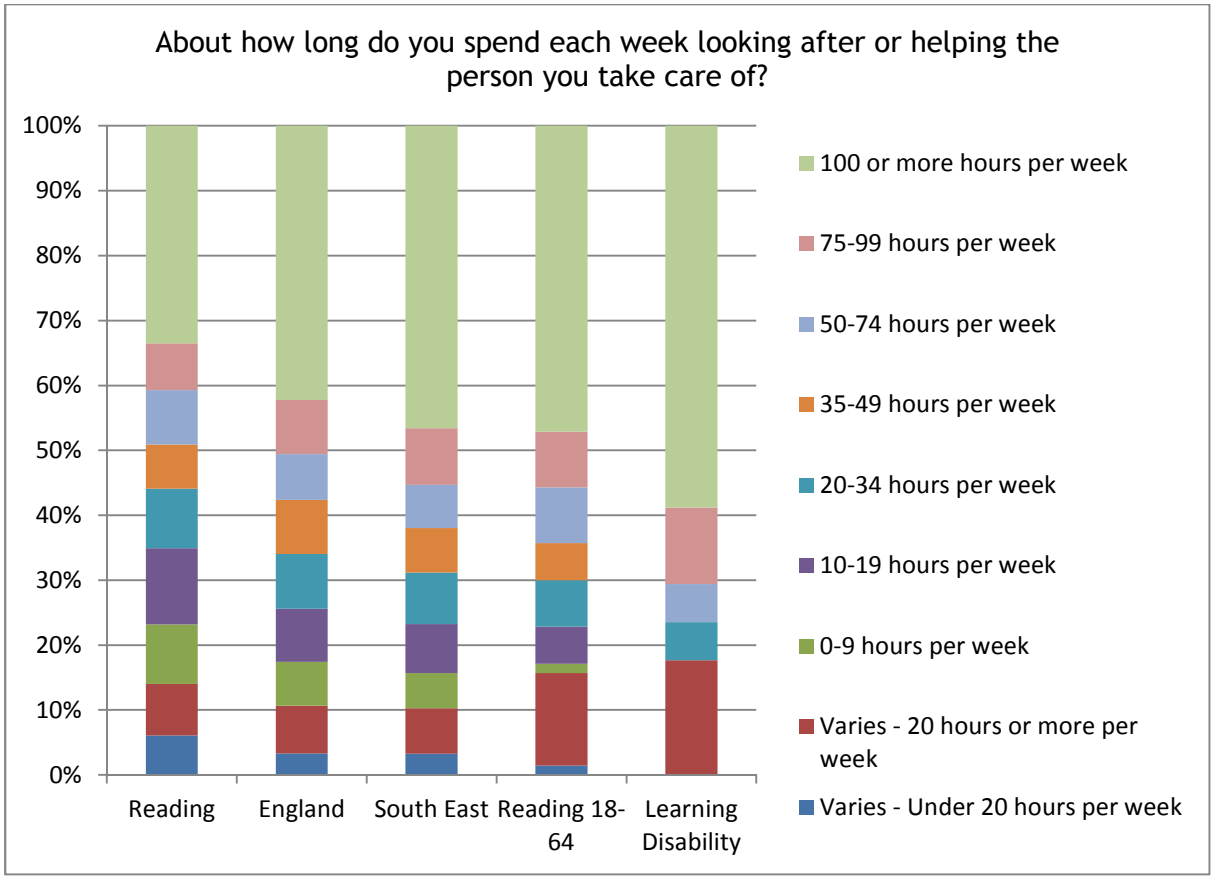
The carers of LD clients who responded were predominantly caring for people under 45. This mirrors the earlier data showing that the majority of over 45s are receiving ASC services.

Below shows how satisfied or dissatisfied carer service users are with services provided in comparison to our neighbours, with all unpaid carers caring for individuals in 18-64 age range and 18-64 with learning disabilities.

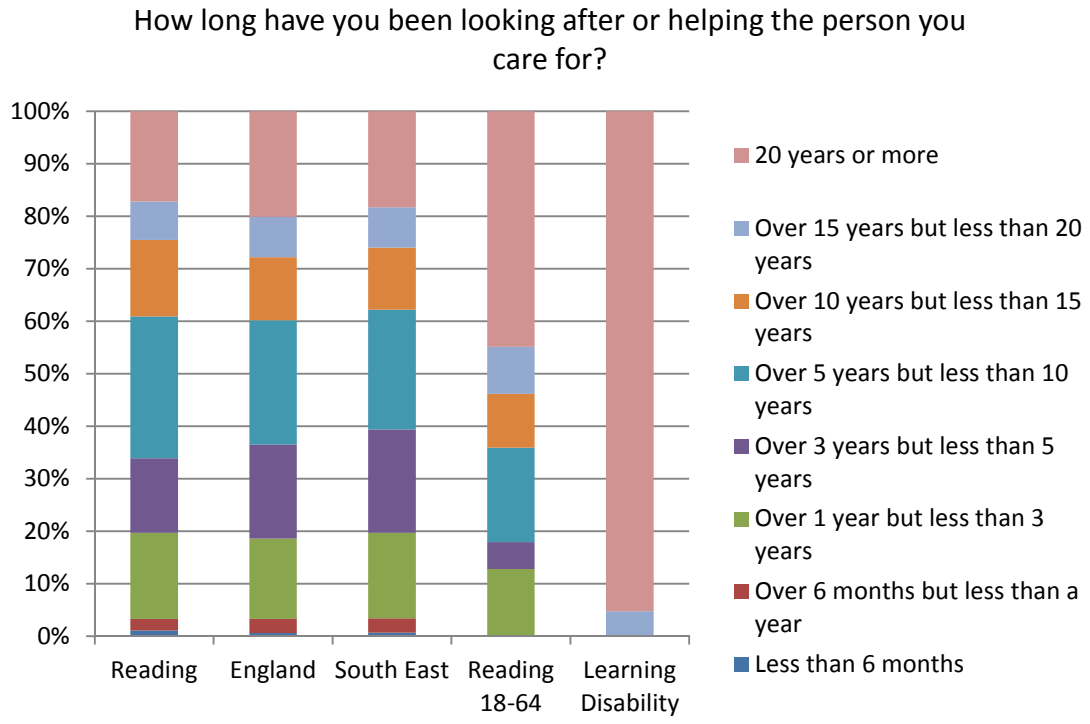


Learning disability adult carers from the 18-64 age range had a low level of response.

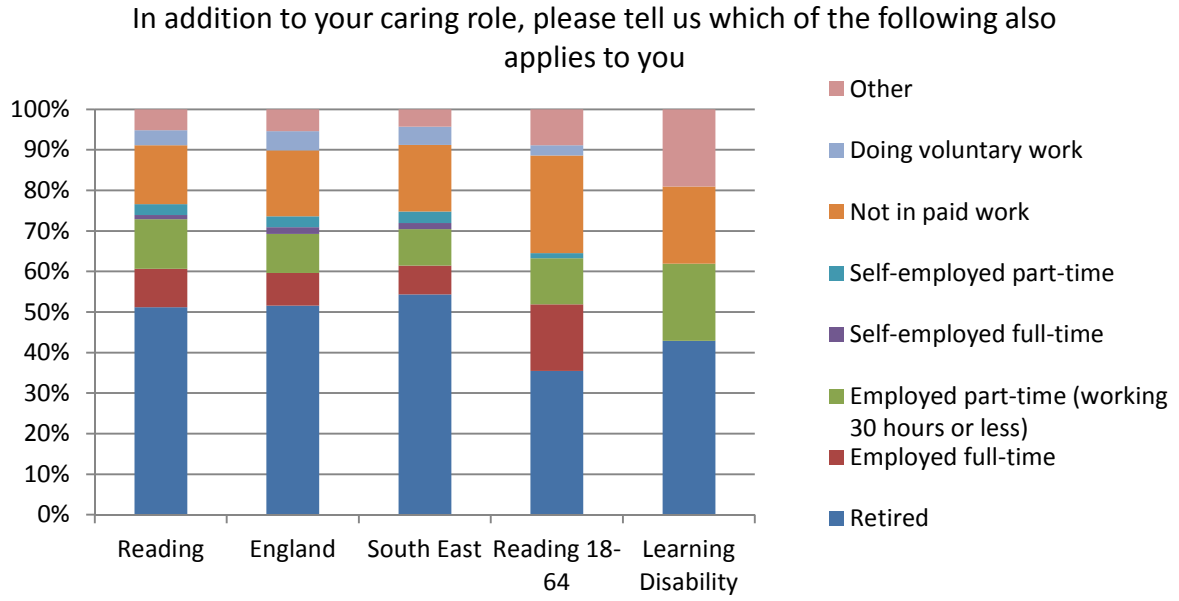
The figures show that a higher proportion of working aged learning disability carers are providing over 100 or more hours per week of unpaid care (59%) in comparison to other areas and disability types in Reading.



The survey responses demonstrate that most learning disability carers are likely to be long term family members as the vast majority of carers having been caring for 20 or more years.



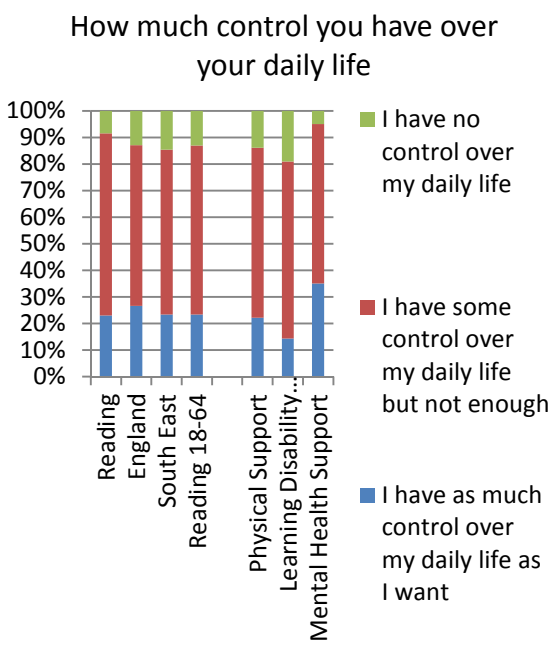
Overall, most carers in Reading are retired. This drops significantly when caring for working aged adults, but increased when looking solely at working aged adults with learning disabilities. It is not surprising when comparing the length of time caring and the number of unpaid hours provided, none of carers of working aged adults with learning disabilities (who responded to the questionnaire) worked full time.

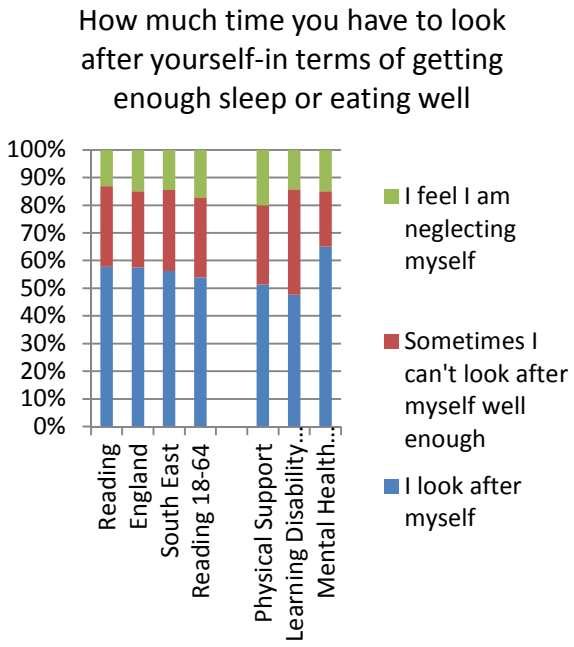


When we consider the average number of years spent caring and the number of unpaid hours that carers report they spend on unpaid care; it is unsurprising that none of the respondents supporting working aged adults with learning disabilities are in full time employment.

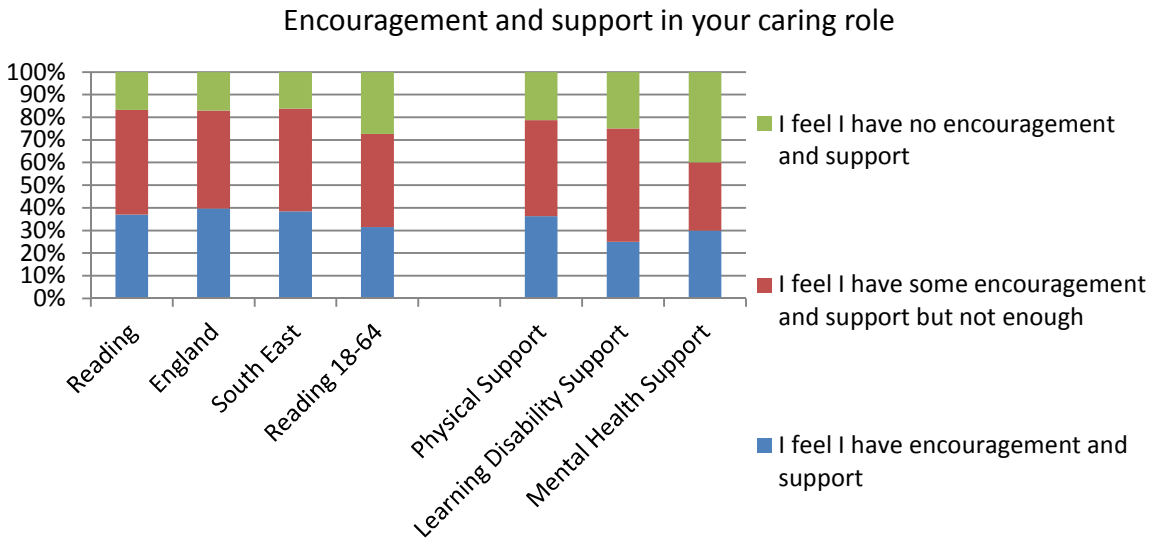
When asked about combining paid work and caring 21% of carers of working aged adults with learning disabilities who responded described their current situation as 'I am in paid employment and supported by my employer' and 32% said' I am not in paid employment because of my caring responsibilities'. None felt they were not supported by their employer, but all were only working part time. 62% of carers are either retired or not in paid work.

Just under five percent of the carers of learning disabled adults advised that they 'do not do anything I value or enjoy in my time', this is better than the overall Reading figures. In contrast to this almost 20% advised that 'I have no control over my daily life'. This is a weak area in comparison to other disabilities and the overall local authority figure. Additionally, fewer carers who support learning disabled people responded that they look after themselves. With over 50% advising that they feel they sometimes cannot look after themselves or feel they neglect themselves. This is supported with the number of hours they say they care each week.

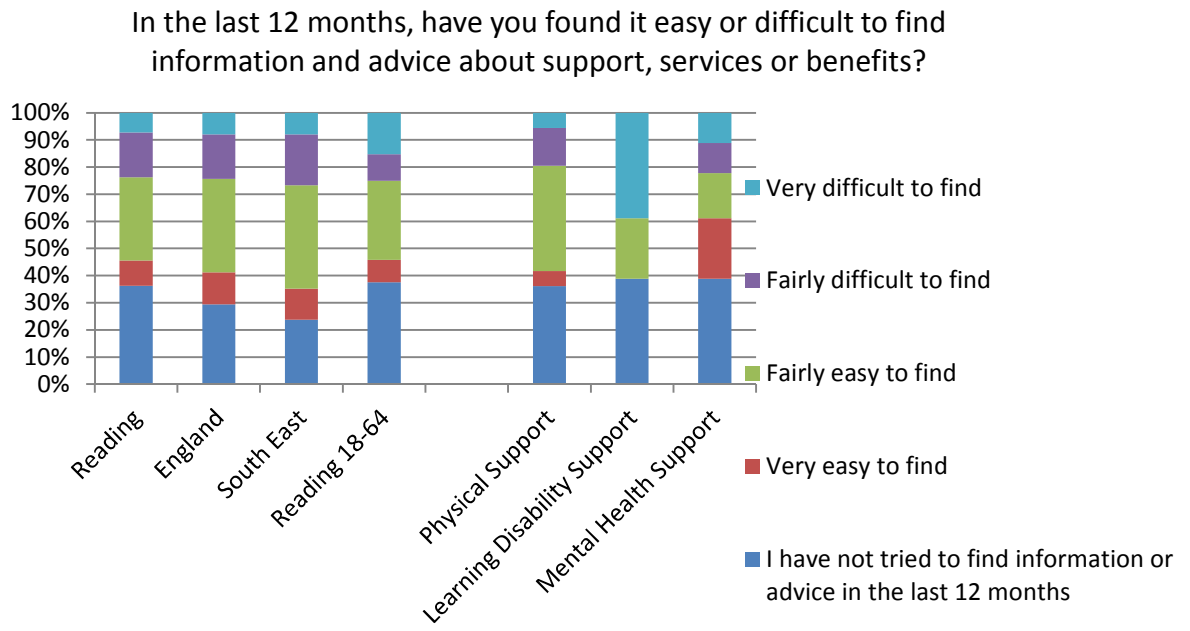




When asked about the support provided, the carers of learning disabled adults reported the least amount of support in comparison to other working aged disabilities and Reading overall, with only 25% feeling that they have encouragement and support.



Alongside this, these carers found it the hardest to find information and advice about support, services or benefits, with 39% of respondents saying they have found it very difficult to find. However, of those who had received information 11% said they found it quite or very unhelpful.



The carer's feedback is limited due to the low number of responses. However, if the number of unpaid care hours and length of time they provide care is reflective of the wider cohort, then this raises significant questions relating to carer well-being and accessibility of information and advice.

The Local Offer Consultation November 2013 – Transition section.

We asked parents of children and young people with special educational needs about the area of transitioning to Adulthood and they asked for:

- Support from care manager/broker on what is available for young adults when they go into adult services and a key worker to support through transition.
- Help towards independence, shared housing, careers and employment advice and guidance, information about colleges, support in college and employment.
- Advice for coping with challenging behaviour and social support and opportunities for older teenagers.

Services they and their children accessed were:

- Advisa Careers information and guidance service.
- Transition plan.
- Reading College, skills for living course.
- Reading University disability service.
- Socom specialist unit for ASD.
- Support worker and respite care.
- CAMHS.
- Readibus.

Section E: Summary of Needs that are not being addressed

Below is a list of themes identified through the development of the documents and through consultation with providers, service users, carers, families and our partner organisations. These themes are further developed in the two sister documents to this Needs Analysis (Strategic Vision – Part 1 and Implementation Plan – Part 3):

- Choice & control – All non-residential clients are offered self-directed support, but we need to get better at personalisation with the appropriate support from the council and others to access greater flexibility Eg: Direct Payments.
- Integration into community - access to community and universal services.
- Support to gain and sustain employment.
- Care and accommodation for those with learning difficulties and challenging behaviour.
- Range of affordable accommodation not tied to care.
- Promoting independence – outcomes-focused work for supported living and day activities; step-down from residential.
- Provision (including accommodation) suitable for an aging population.
- Information and support for people with learning disabilities and their carers
- Advocacy.
- Identification and support for Asian people with learning disabilities.
- Support for young people as they transition to adulthood.
- Telecare and assistive technology
- Clarity on transport funding and support to use public transport

Section F: Glossary

1. Glossary

ACA Comparator Group	The Area Cost Adjustment (ACA) comparator groups should be used for Social Care expenditure data from the PSS-EX1 return. For the ACA comparator groups, each council has an ACA factor determined from a number of characteristics such as education, police, fire, highways, social care and geographic area. Used by NASCIS.
ASC	Adult Social Care
ASC-FR	-Adult Social Care Finance Return. This forms part of the Adult Social Care National Data Collection published by NASCIS
ASCOF	Adult Social Care Outcomes Framework. This information is annually published data, collected from local authorities by NASCIS.
BHFT	Berkshire Health Foundation Trust.
CCGs	Clinical Commissioning Groups.
JSNA	Joint Strategic Needs Analysis
MLD	Moderate Learning Disability.
MOSAIC	Reading Borough Council's Social Care Information Technology System
NASCIS	National Adult Social Care Intelligence Service
PANSI	Projecting Adult Needs and Service Information
POPPI	Projecting Older People Population Information
SALT	A breakdown/summary of Short and Long Term services provided by local authorities. Among other information; this forms part of the National Data collected from local authorities by the Health and Social Care Information Centre (HSCIC).
SLA	Service Level Agreement. This is the agreement between a service provider (either internal or external) and the end user that defines the level of service expected from the service provider and defines what the customer will receive
SLASL	Supported Living Accredited Select List
SLD	Severe Learning Disability
Universal Services	Those services open to all people in the community regardless of need

2. List of charts/tables and sources of data

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- Number of people predicted to have a moderate or severe learning disability in Reading (2015-2013) PANSI – Page 1
- 2011 Census Age Profile for Reading – Page 2
- Total LD Client numbers open on MOSAIC as at 06/04/2015 by Age Band (18-65yrs+) – Page 3

- Total LD Supported Living client numbers open in MOSAIC 06/04/2015 by Age Band (18-64yrs) – Page 18
- LD Supported Living clients receiving a service (MOSAIC) on 06/04/2015 by Provider (18-64yrs) – Page 19
- LD client numbers open as at 06/04/2015 (MOSAIC) with SLASL (Framework) and Non-SLASL Providers (18-64yrs) – Page 20
- LD Home Care client numbers open in MOSAIC 06/04/2015 by Ethnicity (18-64yrs) – Page 20
- LD Home Care client numbers open in MOSAIC 06/04/2015 by Gender (18-64yrs) – Page 20
- LD Home Care client numbers by Provider throughout 2014-15 MOSAIC (18-64yrs) – Page 21
- LD Day Service client numbers as at 06/04/2015 by Ethnicity MOSAIC (18-64yrs) – Page 22
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- LD Direct Payment client numbers as at 06/04/2015 by Gender (18-64yrs) – Page 24
- Proportion of clients receiving Direct Payments + comparison with other local authorities (source NASCIS) – Page 24
- Proportion of carers receiving DPs + comparison with other local authorities (source NASCIS) – Page 24

Section C:

- Percentage of responses by service area (ASCOF Personal Social Services Adult Social Care Survey 2014-15) – Page 28
- Overall satisfaction table with service type, Reading + England (ASCOF Personal Social Services Adult Social Care Survey 2014-15)– Page 28
- Ease/difficulty in obtaining information and advice about support, services and benefits (ASCOF Personal Social Services Adult Social Care Survey 2014-15) – Page 29
- Level of practical help received from others on a regular basis (ASCOF Personal Social Services Adult Social Care Survey 2014-15) – Page 29
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- Number of carers from 2011 Census (all types) – Page 33
- DLA Care award by local authority – Page 34
- Reading population by 2011 Census data (18yrs+) – Page 34
- Carer support provided during the year broken down by primary support reason of the client (SALT 2014-15) – Page 35
- Carer responses from those caring for 18-64yrs by client group (Personal Social Services Survey of Adult Carers 2014-15) – Page 36
- Age breakdown of the person being cared for 18-64yrs (Personal Social Services Survey of Adult Carers 2014-15) – Page 36

- Overall satisfaction table with Reading (all ages), England, South East, Reading 18-64yrs, Learning Disability Support (Personal Social Services Survey of Adult Carers 2014-15) – Page 36
- Length of time in hours spent by carers looking after or helping the person they take care of (Personal Social Services Survey of Adult Carers 2014-15)– Page 37
- Length of time in years spent by carers looking after or helping the person they take care of (Personal Social Services Survey of Adult Carers 2014-15) – Page 37
- Paid/voluntary work carried out in addition to caring role (Personal Social Services Survey of Adult Carers 2014-15) – Page 38
- How much control carers thought they had over their daily life(Personal Social Services Survey of Adult Carers 2014-15) – Page 39
- Whether carers felt they had enough time to look after themselves (Personal Social Services Survey of Adult Carers 2014-15) – Page 39
- Encouragement and support in caring role (Personal Social Services Survey of Adult Carers 2014-15) – Page 39
- Ease/difficulty in obtaining information and advice about support, services and benefits over past 12 months (Personal Social Services Survey of Adult Carers 2014-15) – Page 40

Reading Borough Council Strategy for People with Learning Disabilities
Part 3 – Implementation Plan

	Workstream	Strategic Direction	Key Milestones	Lead Officers	Completion Date
	Residential	• Reduce numbers in residential accommodation. • Negotiate reduced costs. • Develop accommodation more suited to older people with LD.	• Complete a review of current residential cases with a view to step-down care planning. • Open the new SLS using this as an opportunity for residential clients to have their own home. • Complete a project to negotiate a reduction in care home costs. • Complete a project to develop provision for older LD clients.		
	Day Services	• Ensure Value for money with day services. • Greater use of direct payments. • Reduce reliance on services by enabling customers through choice.	• 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. • Review days attended to work with the customer to move them to the best outcome based and cost effective service (where appropriate). • 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. Publish full offer on the Reading Services Guide. • Benchmarking provision against other authorities and 'best in class'. • Review of current transport provision and travel training in light of any changes arising from other work. • Plan and support the transition of customers to move to a new provision with the support of existing key workers.		

			• Review staffing establishment and reduce reliance on agency staff. • Review day service market place, including neighbouring provision, identify gaps, and ensure there is a range of opportunities, for a range of needs covering all areas within Reading. • Meet providers to share knowledge and develop partnership working.		
	Respite	• Develop respite options to meet local need. • Ensure value for money and best use of resources.	• Review capacity/usage of current provision to include: alternative booking process/ allocation, unit costs, occupancy, benchmarking. • Develop short breaks options. • Review individual packages, who is it for and why? • Compare unit costs/types of provision with other LAs. • Develop options appraisal.		
	Shared Lives	• Develop shared lives to meet local need. • Ensure value for money and best use of resources. • Ensure culturally appropriate provision for BME groups.	• Review current systems and processes, benchmark against other schemes. • Consideration of service developments for those with MH / dementia and to increase LD. • Financial analysis comparing traditional respite and day service model. • Review and/or identify cohort of carers in Shared Lives with view to recruiting to culturally specific roles.		
	Workforce development	To enable providers to deal with a wide range of needs including complex, challenging behaviour and autism.	• Work force development plan to improve carer knowledge and skills (linked to transforming care NHSE project-see below). • Upskill ASC teams around assessment and care planning for autistic people.		

	SLASL Reviews (Supported Living Accredited Select List)	Reduce the numbers with non-SLASL providers.	• Transferring clients to providers on the SLASL using a dedicated review team.		
	Supported Living accommodation	Increase quantity of affordable quality supported living to suit a range of needs, including autism.	• 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. • Meet with providers to discuss cost effective models of delivery of good quality accommodation.		
	Alignment with OPPD Day Services & accommodation with support projects	Integration of resources across ASC services.	• Align continued development of LD day services and accommodation with support with that of OPPD work to maximise synergies and integration opportunities where appropriate.		
	Engagement with the NHSE led Transforming Care for people with LD/MH/autism and challenging behaviour		• 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.		
	Project Group Communication Plan	To detail consultation, information and co-production throughout the LD Transformation Project.	• Proposals for engagement with staff, service users, carers and families, partners and other stakeholders. • Ensure information available on a range of subjects in easy read and other accessible formats for both learning disabled people and		

			their carers.		
	Active review of individual packages of care based on measured risk model		• To ensure support is proportionate to needs and national eligibility criteria, maximising use of assistive technology whilst ensuring packages are proportionate and equitable.		
	Co-production	All service users and their families to be involved with co-producing services.	• Establish a quality inspection/audit team of people with learning disabilities building on the LDPB Royal Berks audit team. • Co production and peer audit of design and accessibility of information and advice, especially for carers.		
	Transition to adulthood	Smooth transition between child's and adult services with outcome focused care planning.	• Adult services to work with children and health services to identify and effectively plan in partnership the transition between services to ensure the best use of resources. • Develop appropriate support towards independence, suitable accommodation, further education and employment. • Early identification of gaps within the market for individual or small groups of young people entering adulthood.		
	Supported Employment	Everyone with a learning disability can be helped towards work, supported through recruitment process and helped to sustain a job.	• Build on the successes of the Supported Employment Service in the Elevate Hub. Secure budget to continue and grow the service.		
	Advocacy	Everyone with a learning disability has access to advocacy where appropriate.	• Re-commissioning of Care Act, IMCA and other advocacy services.		
	R4U	Enabling individuals to harness support from their community. More flexibility in support; especially in times of crisis.	• RG2 innovation pilot.		

	Carers	Carers need to feel supported and able to look after themselves.	• Develop carers support and assessments.		
	Ageing Population	Forward planning and appropriate support as people get older, living with elderly parents and family.	• Equipment and Telecare review for older people with LD and their carers. • Develop Extra Care accommodation for older people with LD.		
	Telecare and assistive technology	Use Telecare and assistive technology to maximise independence.	• Review how Telecare and equipment can be used for people with learning disabilities in Reading. • Incorporate into care planning.		
	Information and Advice	All people with LD and their carers should find information and advice comprehensive and easy to access.	• Develop the Reading Services Guide for people with LD and their carers. • Promote the RSG to all care workers, managers and those supporting people with learning disabilities.		
	Transport	Clear guidance on when transport would be funded by ASC based on an agreed transport policy.	• Draft Transport policy and Guidance to be progressed through RBC governance procedure.		

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	**ACE COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**12**
TITLE:	**CONTINUING HEALTH CARE FUNDING**		
LEAD COUNCILLOR:	**Cllr EDEN, Cllr HOSKIN**	**PORTFOLIO:**	ADULT SOCIAL CARE AND HEALTH
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**All**
LEAD OFFICER:	**Melanie O'Rourke**	**TEL:**	**0118 9374053**
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 report informs the Ace Committee of the operation of national Continuing Health Care guidance locally and recommends a Scrutiny enquiry to review local practice.

2. RECOMMENDED ACTION

2.1 That members approve the setting up of a Scrutiny enquiry Task and Finish Group to determine the local operation of national Continuing Health Care and NHS Funded Nursing Care guidance compared to our comparators

2.2 For the Task and Finish group to present the finding and recommendations to a future ACE Committee.

3. POLICY CONTEXT

3.1 National guidance was updated in November 2012 to ensure consistent delivery of application across England. NHS continuing health care provides a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' to meet needs that have arisen as a result of disability, accident or illness and includes those at the End of Life. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery.

3.2 Effective application of Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC) guidance supports residents who meet the criteria to have their rights to health care free at the point of delivery, in the same way as access to all other health care support via the NHS.

3.3 CHC is not means tested, and therefore an individual who is in receipt does not have to pay a contribution towards their care. Unlike Local Authority funded care, which is means tested, via the national guidance on contributions towards the cost of Care Home placements; Care and Support Charging and Financial Assessment framework. This can result in a person having to use their savings up to £23,250, and the selling of assets, including property. For care at home a local policy, the Care Act 2014 Charging and Financial Assessment policy based on national guidance on charging for care at home applies. This can result if an individual paying the full cost of their services if they have over £23,250 in savings; however the house the person lives in is not taken into account in the financial assessment.

NHS-Funded Nursing Care (FNC) is the funding provided by the NHS to Care Homes providing nursing to support the provision of nursing care by a registered nurse. This contribution is then supported by either the individual or the local authority to provide the care, support and accommodation costs.

3.4 In Reading, along with our two neighbouring local authorities, the level of provision on NHS funded Continuing Health Care is ***significantly lower*** than average as demonstrated by the information below.

This has an adverse impact on the Reading Borough Council's ability to ensure the financial sustainability of the Council, as Reading Borough Council are paying a larger proportion of high care placements than other local authorities, and should be expected to pay for.

4. CURRENT POSITION:

4.1 In 2012 a review undertaken by the Dept. of Health noted that Berkshire had the lowest level of eligible recipients of CHC in England, with the East ranking 148 out of the then 150 PCTS, and the West, our CCG, ranking at 150 of 150. As a result, and in light of the concerns noted at that time, actions were set to ensure that this data was collated on activity and this be scrutinised by the CCG (regionally) and together with each LA regularly in order to identify the factors affecting performance. The level of activity has not improved.

4.2 Data for quarter 1 of 2015/16 has been analysed and shows the following for the Berkshire:

Organisation	Patients newly eligible per per 50,000 GP patient size list, aged 18+	Patients currently eligible per 50,000 GP patient size list, aged 18 +
NHS England Average	27.50	68.42
NHS England South Central	18.24	40.89

NHS Bracknell and Ascot (East)	11.4	35.28
NHS Windsor and Maidenhead (East)	7.69	39.65
NHS Slough (East)	5.83	26.46
NHS Newbury & District (West)	11.60	22.09
NHS South Reading (West)	2.74	11.41
NHS North & West Reading (West)	8.26	21.24
NHS Wokingham (West)	4.06	15.82

The West of Berkshire and the East of Berkshire have the lowest number of CHC packages of care, with South Reading CCG area being the lowest.

5 ACTION TAKEN TO DATE

5.1 Since 2010, Reading Borough Council have funded a post to actively pursue the applications for CHC. This is not a requirement of the local authority but felt a necessity to increase the take up of CHC.

Notwithstanding this post, and our focused activity, our take up of CHC has continued to remain low, with relatively small impact.

Year	Achieved
2012/13	**£42,337**
2013/14	**£152,400**
2014/15	**£94,461**
2015/16	**£445,451 as at end of December**

Officers have been in contact with our neighbouring authorities in the west of Berkshire to compare uptake. Wokingham Borough Council in particular has had a greater success rate, as shown in the table below

Year	Achieved
2013/14	**£1.2 M**
2014/15	**£2.3 M**
2015/16	**£2 M as at end of December**

The Wokingham figure remains lower than the national average, which would indicate that there is potential for higher gains than that achieved currently.

It would be prudent for Reading to aim to align with Wokingham's achievements in the first instance with room to pursue a figure closer to the national average over the next 2 – 3 years.

5.2 Reading Borough Council has now entered an agreement for them to oversee a team of CHC workers, as part of 'an invest to save' proposal, with the anticipated plan that we will be able to support individuals to achieve CHC. This came into place from January 2016**.**

We are working with Wokingham to determine a realistic and achievable figure which will have a positive impact on the Adult Social Care budget, and in turn to reduce the council's budgetary deficit.

6. PROPOSAL

6.1 It is proposed that a Scrutiny enquiry is convened through a Task and Finish Group to consider the impact of the significantly lower level of funding on Continuing Health Care on eligible individuals and to consider issues and actions which can be taken to ensure effective and equitable operation of the guidance.

It is recommended that the remit of the group explores the following areas:

- Compare the local process with our comparator group
- Determine the differences in application of the national guidance
- Analysis of the impact of difference -
    - What does it mean for the individual?
    - What does this mean to the local authority?
    - What is the impact on the ASC budget?
- Develop recommendation action plan and present to a future ACE committee.

This would need to be undertaken with support from RBC operational teams and the Clinical Commissioning Group, whose role it is to deliver the Continuing Health Care service.

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 The decision contributes to the following Council's strategic aims.
To promote equality, social inclusion and a safe and healthy environment for all

7.2 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;
- 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;

7.3 The decision also contributes to the following:

- Equal Opportunities
- Health

8. COMMUNITY ENGAGEMENT AND INFORMATION

8.1 The proposed Scrutiny enquiry will ensure user involvement and understanding of the operation of the policy locally.

9. EQUALITY IMPACT ASSESSMENT

9.1 Implementation of the policy impacts on those with long term health needs and those at the end of their life.

10. LEGAL IMPLICATIONS

10.1 National Framework for NHS Continuing Health Care and NHS Funded Nursing Care November 2012 (revised) provides the legislative framework for the provision on Continuing Health Care and NHS Funded Nursing Care.

11. FINANCIAL IMPLICATIONS

11.1 Revenue Implications

The report sets out that using data from the Department of Health, Berkshire and more specifically Reading have the lowest levels of eligible recipients of CHC in England. This potentially highlights that the Council may be providing funding for clients that actually should be receiving CHC and therefore having a detrimental impact on the current financial position.

11.2 Value for Money/Risks

It is clear that both health and local government organisations are working in an extremely challenging financial environment. Due to these challenges there is the risk that organisations will take positions to limit expenditure and potentially also take an inefficient positions around administration. This is an area that could support the better integration of services, better outcomes for clients and reduced potential overall costs (if the reason why the lower levels of CHC funding in the Reading area is understood).

12. BACKGROUND PAPERS

10.1 Background Papers

- National Framework for NHS Continuing Health Care and NHS Funded Nursing Care November 2012 (revised)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	**ACE COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**13**
TITLE:	**BETTER CARE FUND UPDATE**		
LEAD COUNCILLOR:	**Cllr HOSKIN**	**PORTFOLIO:**	HEALTH
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**All**
LEAD OFFICER:	**Melanie O'Rourke**	**TEL:**	**0118 9374053**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE**	**E-MAIL:**	**Melanie.o'rourke@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 In 2013, the government announced a framework to integrate health and social care service. This initiative is known as the Better Care Fund (BCF). The BCF was initially set up for only a 1 year period (2015-16). In the Autumn Statement 2015, the government announced plans to continue the BCF into a second year and beyond.

1.3 This report sets out to inform the ACE committee of the BCF and the National Conditions that will inform our plans for 2016-17. The report goes on to explain our plans to date for the 2016 – 17 BCF (in lieu of final guidance from Department of Health) and the potential implications this has on the Local Authority.

2. RECOMMENDED ACTION

2.1 That the ACE committee is briefed on the current position of the 2016-17 BCF and potential financial risks to the council.

3. POLICY CONTEXT

3.1 The Better Care Fund is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. In 2015-16, the Government committed £3.8 billion nationally to the Better Care Fund with many local

areas contributing an additional £1.5 billion, taking the total spending power of the Better Care Fund to £5.3 billion.

3.2 In 2016-17, the Better Care Fund will be increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.

The local flexibility to pool more than the mandatory amount will remain. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services.

3.3 For 2016/17 the BCF policy framework remains largely in line with that set out in 15/16 with the requirement for plans to be jointly agreed, between relevant Local Authority/s and CCG/s within a local area, and signed off by the local Health & Wellbeing Board. The requirement to formally pool budgets, established under section 75 of the NHS Act 2006, also remains. Again, as per 15/16, there are also a range of National Conditions (appendix A) and Key Performance Metrics (*appendix B*) that a local area must devise plans to meet and then regular report progress against.

3.4 There are some key differences from the previous year, however. In place of the performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused plan for management in delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care systems and to ensure continued investment in NHS commissioned out-of hospital services, which may include a wide range of services including social care.

3.5 Finally, the previous national BCF plan assurance process has been removed and replaced with a less onerous local assurance process aligned to the assurance process for local CCG Operating Plans. However, timescales (which are identified in more detail in section 5.2), show extremely challenging to achieve, given that at the time of the completing this report final technical guidance had not been issued.

4. CURRENT POSITION:

4.1 For 2016-17 the council will be required to develop, and agree, through the Health and Wellbeing Board:

1. A short, jointly agreed narrative plan including details of how we are addressing the national conditions

2. Confirmed funding contributions from the Local Authority and CCGs including arrangements in relation to funding within the BCF for specific purposes
3. Spending plans broken down by each BCF scheme demonstrating how the fund will be spent
4. Quarterly plan figures for the national metrics

4.2 In lieu of the final 2016/17 BCF guidance from Department of Health it is not possible to fully anticipate all likely planning and submission requirements. Work is on-going, however, with our CCG colleagues to prepare as best we can for the challenging 08 February 2016 submission deadline.

Narrative

4.3 The preliminary guidance seen thus far indicates that our 16/17 BCF narrative should build on the approved 15/16 plan and demonstrate that local partners have reviewed progress in the first year of the BCF as the basis for developing plans for 2016-17. High level narrative plans produced for 2016-17 will therefore be expected to demonstrate incremental changes to 2015-16 Better Care Fund plans reflecting this review of progress. To this end, an evaluation of our 15/16 BCF schemes has taken place and the findings will help shape our 16/17 programme. This will be combined with a review of our 15/16 submission against the final 16/17 requirements and help produce the required high level narrative.

Scheme Level Funding Plan

4.4 We are working with our CCG colleagues to draft the scheme level spending plan which will be required to account for the use of the full value of the budgets pooled through the Better Care Fund. These plans will include:

- Area of spend
- Scheme type
- Commissioner type
- Provider type
- Funding source
- Total 15/16 investment (if existing scheme)
- Total 16/17 investment

Performance Metrics

4.5 Work remains to benchmark and set targets for the key performance metrics. Additionally, BCF plans will need to establish a Health and Wellbeing Board (HWB) level Non-Elective Admission activity plan. This in itself will initially be established by mapping agreed CCG level activity plans to the HWB footprint using the mapping formula provided in the planning return template. As CCG plan figures will not be finalised when initial BCF plans are submitted these targets are not intended to be confirmed at that point. Instead these will be mapped from CCG operating plan returns centrally and provided back to HWBs

to review and confirm as part of the final submission (anticipated to be mid April 16)

5. IMPLEMETATION

5.2 Subject to final guidance publication by Department of Health, the current BCF plan submission and assurance timetable is as follows –

First submission of narrative and technical planning templates	08 February 2016*
Review and assurance by Regional DCO (in line with local CCG operating plan)	February – March 2016*
Second Submission following assurance and feedback	16 March 2016*
BCF plans finalised and signed off by HWB	20 April 2016*

**all dates to be confirmed*

5.3 The submissions will need to be signed off by the chair of the Health and Wellbeing Board. In preparation for this the Health and Wellbeing Board on 22 January 2016, agreed to delegate authority to the Director of Adults and Health services for signing off the submissions in consultation with the Health and Wellbeing chair.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The decision contributes to the following Council's strategic aims:

- To promote equality, social inclusion and a safe and healthy environment for all

6.2 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;
- 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;

6.3 The decision also contributes to the following:

- Equal Opportunities
- Health

7. LEGAL IMPLICATIONS

7.1 As per 2015/16, the requirement to formally pool budgets, established under section 75 of the NHS Act 2006, with South Reading CCG and North & West Reading CCG remains.

8. FINANCIAL IMPLICATIONS

8.1 Revenue Implications

The report sets out an overview of the state of the initial BCF planning for 16/17.

The key issue for 16/17 is the financial pressures faced by both the CCGs and the Council. Whilst the system is awaiting the formal technical guidance for 16/17 the major issue is that whilst the overall BCF funding for 16/17 will be at the same level as it was for 15/16, the fund will need to cover £5m (Divided across the West of Berkshire - £1.5m to Reading BCF) of existing CCG spend and therefore "new schemes" that were funded in 15/16 will need to be reviewed to determine how services will need to be designed to fit the new funding envelopes.

The BCF for the Reading locality (£10.196m) includes £3.611m of funding that has for a number of years been funding core Adult Social care services. This includes Intermediate care assessments, community reablement and step down care beds.

9.2 Capital

Within the BCF there is capital funding for Social Care services and DFGs (Disability Facilities Grant). This is expected to continue to be funded as per 15/16 at around the same level (£830k)

9.3 Value for Money

The services being delivered as part of the 15/16 program are being evaluated and as part of this a determination will be made around the effectives of the schemes and their VFM ready for the new BCF in 16/17.

9.4 Risks

Both the CCGs and the Council are faced with significant funding issues going into 2016/17 and beyond. Section 9.1 sets out that there is current £3.611m of BCF funds supporting Council frontline services. Without this funding the Council could not support these services and these would have to cease, with the resulting impact on Council and NHS services.

The need to move £5m (divided across the three Berkshire Localities - £1.5m to Reading BCF) of existing CCG expenditure into the BCF for 16/17 may cause potential significant issues to the delivery of existing services however planning discussions are now taking place to seek solutions to resolve these matters. However if agreement cannot be reach this could put agreement on the whole BCF program for 16/17 in jeopardy.

As at the 25th January the final technical guidance has not been published by Central Government. The delay to this critical important information is also impacting our ability to meet the proposed deadlines.

9. BACKGROUND PAPERS

9.1 Appendix A – Better Care Fund National Conditions
Appendix B - Better Care Fund National Metrics

ACE 03 February 2016 – 16/17 Better Care Fund- APPENDIX A

National Conditions

1.1 In lieu of the final 16/17 BCF planning guidance from Department of Health the following information is draft only and subject to change.

1.2 The detailed national conditions are set out below, as stated in the BCF Policy Framework published by the Department of Health and the Department of Communities and Local Government:

CONDITION	DEFINITION
1. Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups (CCGs). In agreeing the plan, CCGs and councils should engage with health and social care providers likely to be affected by the use of the Fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the BCF will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.
2. Maintain provision of social care services (not spending)	Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16. The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund. In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015/16 figures through the regional assurance process.

	It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf"
3. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary nonelective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary and social care in order: • To prevent unnecessary non-elective admissions through provision of an agreed level of infrastructure across out of hospital services seven days a week; • To support the timely discharge of patients, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why. The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wpcontent/uploads/2013/12/clinical-standards1.pdf). By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the BCF, particular consideration should be given to whether progress focus should be given to progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.
4. Better data sharing between health and social care, based on the NHS number	The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/openapi-policy.pdf

	• ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place; and • ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review. The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga
5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals.
6. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.
7. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care.	Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund. This should be achieved by funding NHS commissioned out of-hospital services, , which may include a wide range of services including social care, as part of their agreed BCF plan (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16); or Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency

	planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services; This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.
8. Agreement on a local target for Delayed Transfers of Care (DTOC) and to develop a joint local action plan	Each local area is to develop a local action plan for managing DTOC, including a locally agreed target. All local areas need to establish their own local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the nationally reported metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month. In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue. The plan should also demonstrate engagement with the independent and voluntary sector providers and show consideration to how all available capacity can be effectively utilised to support safe and effective discharge.

ACE 03 February 2016 – 16/17 Better Care Fund- APPENDIX B

National Metrics

1.1 In lieu of the final 16/17 BCF planning guidance from Department of Health the following information is draft only and subject to change.

1.2 The Policy Framework establishes that the national metrics for measuring progress of integration through the Better Care Fund will continue as they were set out for 2015-16, with only minor amends to reflect changes to the definition of individual metrics. In summary these are:

- Non-Elective Admissions (General and Acute)
- Admissions to residential and care homes4
- Effectiveness of reablement
- Delayed transfers of care

1.3 Whilst the requirement to collect locally determined and patient experience metrics has been removed from the requirements of the planning return, it is expected that local areas will continue to use measures that allow them to effectively track the implementation of integrated care locally.

1.4 Information on all four metrics will continue to be collected nationally. The below table sets out a summary of the information required and where this will be collected:

Metric	Collection Method	Data Required
Non-Elective Admissions (General and Acute)	- Collected nationally through UNIFY at CCG level - HWB level figures confirmed through BCF Planning Return6	- Quarterly HWB level activity plan figures for 2016-17, mapped directly from CCG operating plan figures, using mapping provided
Admissions to residential and care homes	- Collected through nationally developed high level BCF Planning Return	- Annual target for 2016-17
Effectiveness of Reablement	- Collected through nationally developed high level BCF Planning Return	- Annual target for 2016-17
Delayed transfers of Care	- Collected through nationally developed high level BCF Planning Return	- Quarterly target for 2016-17

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	**ACE COMMITTEE**		
DATE:	**3 FEBRUARY 2016**	**AGENDA ITEM:**	**14**
TITLE:	**DELAYED TRANSFERS OF CARE – PROGRESS REPORT**		
LEAD COUNCILLOR:	**Cllr HOSKIN & Cllr EDEN**	**PORTFOLIO:**	**HEALTH AND ADULT SOCIAL CARE**
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**All**
LEAD OFFICER:	**MELANIE O'ROURKE**	**TEL:**	**01189374053**
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 informs the Committee of the work undertaken to reduce delayed transfers of care from Royal Berkshire Hospital and develop "discharge to assess" pathways which reduce the need for long term care.

1.2 In particular the report informs the Committee of performance over the Christmas holiday period and the recent Junior Doctors strike on 12 January 2016.

2. RECOMMENDED ACTION

2.1 The Committee is asked to note the progress made in reducing delayed transfers of care and supporting individuals to regain their independence prior to making decisions about long term care needs.

3. POLICY CONTEXT

3.1 A Delayed Transfer of Care (DTOC) is a term used nationally to describe the situation where patients in an acute hospital bed setting are medically able to be discharged from hospital, but delays occur based on the availability of onward care and support.

3.2 This may be attributable to the need to organise a nursing home placement, ensure that the home environment is safe with any equipment in place where necessary, or for a transfer to a community hospital for ongoing intensive rehabilitation.

3.3 Delayed Transfers of Care are carefully monitored nationally through performance returns to ASCOF (Adult Social Care Outcome Framework) returns, through the Better Care Fund quarterly performance return and via Clinical Commissioning Groups reporting to NHS England.

3.4 All of these targets and indicators scrutinise the delays of those whose hospital stay has come to an end. However, the focus of supporting hospital capacity has to be managed with the same level of scrutiny at 'the front door' too.

3.5 This is known as the four hour target in which patients that arrive at Accident and Emergency should be attended to in a four hour period. The national target for this is 95% of people are seen within the 4 hour target.
The culmination of these two elements of monitoring and focus work towards better 'flow' through the hospital with minimal delay in care, treatment and discharge. This is monitored closely by the local System Resilience Group who work together to improve practice and outcomes based upon the performance data.

3.6 The work to minimise delayed transfers of care meets the following Reading Borough Council commitment

Enabling people to live independently and also providing support when needed to families

3.7 It is well documented that the winter period is a particularly pressurised period of time for the health economy. This is due to the type of health conditions that present themselves in the winter months, such as respiratory related conditions, brought on by the cold weather or through seasonal viruses. This alongside other Long Term Conditions can leave to complex health care needs. The average age of those who require hospital attention is also higher during this period, which can lead to a longer recovery time.

3.8 Finally, the position taken by Junior Doctors to strike on 12 January 2016, required health and social care to work closely together to ensure that individuals received appropriate care and minimal disruption.

4. ACTIONS TAKEN TO ACHIEVE TARGET

Current Position:

4.1 Many of the mitigating actions that have been taken over the Christmas period from community health and social care have focused around how we support people to leave the hospital setting in a timely manner. All of which are detailed below.

4.2 However the growth in the number of people who present at Accident and Emergency has to be a key area of focus to ensure that people do not stay in hospital when alternative care could have been provided. Locally, 25% of the activity from the Community Reablement Team is to support those who to stay at home who would have ordinarily been admitted to hospital.

The role of primary care and the '111' service, remains the key driver in reducing these unnecessary admission.

4.3 Adult Social Care presented a bid to the Clinical Commissioning Groups for winter resilience funding, the bid was successful and the service received £100,000. This has been used to temporarily recruit a Social Worker, Occupational Therapist, an additional Extra Care Sheltered Housing Assessment Flat and additional staff for The Willows.

4.4 The additional staff at the Willows is to support the discharge of older people with Dementia, for a period of assessment in a non-acute setting before decisions are made about their long term care. This extra capacity in the care management team and extra care housing will support reducing the delays in the Hospital and the length of stay.

4.5 Adult Social Care has undertaken significant changes to practice to ensure flow- through the Health and Social Care system is safe, efficient and timely and that individuals are offered reablement prior to any decision on long term care needs. This includes

- A Senior Social Worker role was created in the Intermediate Care Team, they have been based at the hospital with a social worker to strengthen relationships and ensure timely assessments
- Social worker cover in the hospital at the weekend
- Both of the above are designed to develop effective working relationship with Health colleagues, it has created more opportunities to meet families in order to progress ongoing support planning.
- A benefit from having social workers in the hospital is that the wards alert them to patients that will require support, this supports effective discharges
- A dedicated worker for both the Community Hospital and the Discharge to Assess service based at the Willows Residential Home ensures effective navigation from rehabilitation and reablement services
- The Discharge to Assess schemes funded by Better Care Fund includes a community and bed based Reablement. The community element offers short term care and reablement in people's own home. The bed based service at the Willows Residential Home is for those who cannot return home immediately. These services allow individuals to be assessed for long term care needs in the community after a period of reablement so that long term decisions about their care are made in a more measured way once they have reached their level of independence reducing length of stay on the fit list. These services ensure independence is maximised prior to any decision on the need for long term care reducing care home placements and domiciliary care packages, which in turn ensures capacity in commissioned services to meet the needs of those people who do require long term care.
- The Community Reablement Team also supports admission avoidance through the Rapid Response service which equates to 25% of the hours provided by the service. This provides intensive support from health and social care to individuals in their own home, who would otherwise be at risk of going to hospital.

- Prior to this service being developed, a high number of people would have been assessed as needing residential care. 73% of people who were admitted to the WiLs for rehabilitation were discharged home.

4.6 Historically the Christmas holiday period is challenging with higher numbers of people being referred to hospital. This Christmas was no exception with over 100 admissions over the bank holidays peaking at 135 on one day; the highest ever number of admissions.

Table 2 in section 4.3 evidences the reduction in the number of people recorded as a Delayed Transfer of Care on the monthly census. These are the number of people that are waiting to be discharged on the last Thursday of each month, with the target set of less than 5.

4.7 The Local Authority was thanked for its proactive response in preparation of the Junior Doctors strike on the 12th of January, the measures undertaken were:

- On the weekend before the strike an additional Social Worker worked in the hospital to ensure all possible assessments were undertaken and as many people were discharged prior to the strike
- On the few days before the strike a proactive review was undertaken of all those in reablement services and anyone who could move was moved to their long term package of care
- 2 additional beds in the Willows Residential Unit were used flexibly to support discharges
- Patients in the Community Hospitals were reviewed to enable discharges to maximise the inpatient bed capacity
- On the 2 days following the strike high volumes of referrals were anticipated so assessment staff were released to complete assessments and move on plans

4.8 On the day of the strike there were 5 people waiting to be discharged with 2 of these being discharged on the day. On the subsequent day there was 9 people referred for discharge, with 3 people being discharged on that day and 4 others having discharge plans put in place

As a result of these measures Reading's performance in relation to Delayed Transfer of Care (DTOC) has been consistently lower than the previous year, and although the target of 5 people has not been achieved it does show a significantly better position than 2014-15. The main contributing factor to this is the increase in admissions into the acute trust, which for 2015-16 is evidencing a 13% increase in non-elective admissions.

- The table below (1) details delays for both health and social care reasons

Table (1)

ALL DELAYS		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly snapshot (number of people)	2014/15	7	8	15	8	27	20	19	21	11
	2015/16	4	15	18	3	9	9	6	14	

The table below (2) show the performance on delay attributable to Adult Social Care only

Table (2)

ASC DELAYS		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Monthly snapshot (number of people)	2014/15	2	4	7	5	21	9	12	12	5
	2015/16	3	5	10	1	7	3	5	3*	

**Note this is not yet verified by Dept of Health and is a reflection of Royal Berks Delays only*

In addition Discharge to Assess services have contributed to the significant reduction in the permanent placements in residential care per month as demonstrated in the table below, Table (3). December's data shows that in December 2014 22 people were permanently placed in residential care, in 2015 there were 5 placements made.

Table (3)

PERMANENT ADMISSIONS – OLDER PEOPLE		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cumulative	2014/15	16	33	43	59	75	88	95	102	124
	2015/16	7	16	24	29	37	46	52	62	67

5. Lesson's learned from this winter

5.1 An internal review of the Better Care Fund schemes was completed. These were discussed at the Reading Integration Board and agreement reached to take these forward. The areas to be reviewed are:

Community Reablement team

- Review of performance report to show hours of care delivered rather than number of people. The increase in Rapid Response and End of Life requires significant care time (usually 2 carers at least 4 times a day) is not reflected in a report which shows numbers of service users.
- Review of working patterns to maximisation utilisation of staff time
- Consideration of the impact of the generic worker role on the service, which is part of a West of Berkshire piece of work
- Development of Community Assessor role for the transfer to long term care providers
- Consideration of out of hours service requirements- both for short term support and for longer term proactive care requirements
- Consideration of the role of the service in meeting wider well-being reablement aims- e.g. tackling loneliness, health promotion and linking people to low level support such as shopping services.
- Consideration of the need for additional carer hours given the demand for more intensive packages of care. Again this would require realignment of funding

For Willows Unit

- Review of staffing mix to reflect the need for additional carer staff and fewer rehabilitation staff
- Option appraisal on transfer of long term care beds to reablement to allow individuals with dementia to be offered reablement. This will require a review of the staffing and funding arrangements given RBC would lose income from the use of long term beds and need to re-provide the beds the private sector. This work will be supported by the Integration Manager and be developed as part of the 2016-16 Better Care Fund submission.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The work contributes to the following strategic aim

- To promote equality, social inclusion and a safe and healthy environment for all

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 The Reading Integration Group plans to integrate customer feedback in the 16/17 Better Care Fund schemes

8. EQUALITY IMPACT ASSESSMENT

8.1 The services are largely used by frailer older people and people with long term conditions

9. LEGAL IMPLICATIONS

9.1 The Care Act 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 and managing toilet needs.

10. FINANCIAL IMPLICATIONS

10.1 The service is delivered within the core Adult Social Care budget, Systems Resilience winter funding of £100,000 and Better Care fund of £854,000.

11. BACKGROUND PAPERS

11.1 None