

To: Councillor McElligott (Chair);  
Councillors Eden, D Edwards, Ennis, Gavin,  
Hoskin, Jones, Livingston, McKenna,  
O'Connell, Pearce, Robinson, Stanford-  
Beale, Vickers and J Williams.

Our Ref: ace/agenda

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24 June 2016

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

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE - 4 JULY 2016**

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on Monday 4 July 2016 at 6.30pm in the Council Chamber, Civic Offices, Reading.

**AGENDA**

	<b>WARDS AFFECTED</b>	<b>PAGE NO</b>
1. DECLARATIONS OF INTEREST Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
2. MINUTES OF THE MEETING OF THE ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE HELD ON 2 MARCH 2016		1
3. MINUTES OF OTHER BODIES - Children's Trust Partnership Board - 13 April 2016		11
4. PETITIONS Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.		-

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5.	QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS		-
	Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.		
6.	DECISION BOOK REFERENCES		-
	To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.		
7.	REPORT TO THE SCHOOLS ADJUDICATOR	BOROUGHWIDE	17
	A copy of the June 2016 report to the Schools Adjudicator.		
8.	READING FIRST PARTNERSHIP	BOROUGHWIDE	32
	A report providing the Committee with an update on the Reading First Partnership.		
9.	ANNUAL SAFEGUARDING ACTIVITY REPORT 1 APRIL 2015 - 31 MARCH 2016	BOROUGHWIDE	36
	A report setting out the work of Reading Borough Council Children, Education and Early Help service (DCEEHS) services for the period 31 March 2015 to 1 April 2016 including the challenges and improvement activity that was required and the management action response to concerns raised throughout the year.		
10.	CORPORATE PARENTING STRATEGY 2016-17	BOROUGHWIDE	121
	A report presenting the Committee with the refreshed Corporate Parenting Strategy.		
11.	CHILDREN AND YOUNG PEOPLE'S INTERIM COMMISSIONING STRATEGY 2016-17	BOROUGHWIDE	176
	A report introducing the Children and Young People's Interim Commissioning Strategy 2016-17.		
12.	YOUTH OFFER CONSULTATION RESPONSE AND FINAL PROPOSAL	BOROUGHWIDE	210
	A report providing the Committee with an outline of the consultation response from young people and the general		

public in regard to the Youth offer proposal.

13.	READING YOUTH JUSTICE PLAN 2016/17 AND SHORT QUALITY SCREEN (SQS) INSPECTION OF READINGS YOUTH OFFENDING SERVICE (YOS)	BOROUGHWIDE	230
	A report providing the Committee with an update on the recent Short Quality Screen (SQS) Inspection of the Reading Youth Offending Service (YOS) published by Her Majesty's Inspectorate of Probation (HMIP) during May 2016.		
14.	FAMILY SUPPORT AND CHILDREN CENTRE REVIEW FINDINGS	BOROUGHWIDE	282
	A report providing the Committee with an outline of the findings from the Family Support and Children Centre's Review and the next steps to review the offer to families.		
15.	THIRD QUARTER REPORT CHILDREN'S SERVICES IMPROVEMENT BOARD	BOROUGHWIDE	290
	A report covering the meetings held in February, March and April 2016.		
16.	ADOPTION ANNUAL REPORT 2015-16	BOROUGHWIDE	296
	A report providing the Committee with an update on the progress of the Adoption Service in the last year in the form of the attached Adoption Service Annual Report 2015-16.		
17.	BERKSHIRE TRANSFORMING CARE PLAN	BOROUGHWIDE	323
	A report on the Berkshire Transforming Care Plan.		
18.	MARKET POSITION STATEMENT 2016-19	BOROUGHWIDE	378
	A report to introducing the Market Position Statement 2016-19.		
19.	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE SUSTAINABLE TRANSFORMATION PLAN	BOROUGHWIDE	-
	A verbal report on the Buckinghamshire, Oxfordshire and Berkshire Sustainable Transformation Plan.		
20.	QUALITY ACCOUNTS: REVISED SCRUTINY ARRANGEMENTS	BOROUGHWIDE	409
	A report setting out plans for future scrutiny of Quality Accounts presented by healthcare providers, giving the Health and Wellbeing (HWB) Board a clear overview and		

scrutiny lead in this area via a delegation from the Adult Social Care, Children's Services and Education Committee.

21. BETTER CARE FUND SECTION 75

BOROUGHWIDE

412

A report asking the Committee to delegate authority to the Director of Adult Care and Health Services in discussion with the Chair of the Committee to agree joint commissioning arrangements under the new 2016/17 Better Care Fund Section 75 Agreement with the two Reading CCGs.

### For Information

The Statements of Purpose for Fostering, Adoption and Private Fostering have been updated, if you would like to view them, they are available at the following links:

#### Fostering Service Statement of Purpose 2016-2017:

[http://www.reading.gov.uk/media/5259/Fostering-Service---Statement-of-Purpose-201617/pdf/Fostering\\_SOP\\_16-17\\_for\\_web.pdf](http://www.reading.gov.uk/media/5259/Fostering-Service---Statement-of-Purpose-201617/pdf/Fostering_SOP_16-17_for_web.pdf)

#### Adoption Service Statement of Purpose 2016-2017:

[http://www.reading.gov.uk/media/5261/Adoption-Service---Statement-of-Purpose-201617/pdf/Adop\\_SOP\\_final\\_for\\_web.pdf](http://www.reading.gov.uk/media/5261/Adoption-Service---Statement-of-Purpose-201617/pdf/Adop_SOP_final_for_web.pdf)

#### Private Fostering Service Statement of Purpose 2016-2017:

[http://www.reading.gov.uk/media/5260/Private-Fostering---Statement-of-Purpose-201617/pdf/Private\\_Fostering\\_statement\\_of\\_purpose\\_2016-17\\_-\\_V1\\_DRAFT.pdf](http://www.reading.gov.uk/media/5260/Private-Fostering---Statement-of-Purpose-201617/pdf/Private_Fostering_statement_of_purpose_2016-17_-_V1_DRAFT.pdf)

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ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE  
2 MARCH 2016

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

Apologies: Councillors Orton and Vickers.

46. MINUTES

The Minutes of the meetings held on 5 November 2015 and 3 February 2016 were confirmed as correct record and signed by the Chair.

47. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board - 20 January 2016

Resolved - That the Minutes be noted.

48. MENTAL HEALTH SCRUTINY UPDATE

Further to Minute 23 of the meeting held on 5 November 2015 the Director of Adult Care and Health Services submitted a report providing the Committee with an update on the work of the Mental Health Task and Finish Group and to recommend future actions that could be overseen by the continuation of the Task and Finish Group. The key lines of enquiry and questions for the independent review were attached to the report at Appendix A.

The report explained that the task and finish group had met on 11 January 2016 to re-evaluate its actions and determine whether there was any future role for the group. The group felt that the original remit of the task and finish work had been achieved but that further work should be carried out to ensure that the view of individuals who were detained within Prospect Park Hospital were captured. Areas of particular interest were whether the smoking ban had had an adverse impact on patient care and whether patients were aware of their rights as to when they were able to leave the hospital.

The task and finish group had recommended that the Council and Berkshire Healthcare Foundation Trust (BHFT) looked at ways of working together to avoid delayed discharges and this had led to a further recommendation for an understanding of the experience of those who had been delayed in Prospect Park Hospital awaiting discharge and whether patients who had been delayed were more likely to leave the hospital and be recorded noted as either having Absconded or AWOL. The group therefore recommended that an organisation independent from the Council or BHFT should be commissioned to carry out user experience interviews with Prospect Park Hospital patients.

The report stated that the aim would be for the interviews to be completed and presented to officers in order to develop an action plan that would be submitted to the Committee at its meeting in December 2016.

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The Committee discussed the report and requested that the report to be submitted to the meeting in December 2016 be submitted to an earlier meeting if possible.

Resolved -

- (1) That the Task and Finish Group commission an independent organisation to:
  - (a) Review the experience of patients who had stayed at Prospect Park Hospital to understand their experience of being delayed in hospital whilst their onward care needs were planned for;
  - (b) Review the experience of those who had left the hospital setting either as an 'absconder' or classed as AWOL;
- (2) That an update report be submitted to the December 2016 meeting, or to an earlier meeting if possible.

49. TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND BEHAVIOUR THAT CHALLENGES

The Director of Adult Care and Health Services submitted a report providing the Committee with an update on the progress of the Transforming Care for People with Learning Difficulties and Challenging Behaviour project.

The report explained that Berkshire West CCGs had been leading a working group forming local proposals to meet objectives that had been set nationally by NHS England. The working group had representatives from the CCGs, BHFT and Reading, Wokingham and West Berkshire local authorities and had produced a Joint Transformation Plan.

NHS England required a plan and governance arrangements to cover the whole of Berkshire and a Berkshire Transforming Care Partnership Project Board had been created. This Board would be responsible to NHS England and would oversee two operational groups. A joint plan, co-ordinated by the CCGs and BHFT, had been drafted by NHS England and proposed that staff currently employed by BHFT would develop an Intensive Support service for community provision. This would happen alongside commissioning new care services and accommodation for this high need cohort of people. This should reduce the reliance on in-patient beds and would start in September 2016.

The report stated that there were approximately six Reading resident in-patients of this cohort at any one time, of which some were long term patients. These patients had been admitted to Prospect Park wards or placements in hospitals in other Boroughs. There was a lack of suitable community based accommodation and specialist care provision in Berkshire for these people and as the numbers needing this very specialist provision were low it was planned to attract providers either to move into the area or to upskill existing services and staff in partnership with wither neighbouring local authorities. The Joint Transformation Plan proposed joint Personal Health and Care Budgets for people leaving assessment and



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treatment units and a partnership of the local authorities to commission new services together. This would run alongside the BHFT development of the new Intensive Support service which would help people to remain in the community.

The Committee discussed the report and requested that an update report be submitted to the meeting in July 2016.

Resolved -

- (1) That the report and project update be noted;
- (2) That an update report be submitted to the July 2016 meeting.

## 50. RIGHT FOR YOU

The Director of Adult Care and Health Services submitted a report providing the Committee with a summary of the pilot being run in Adult Social Care to transform the approach to social care to promote independence, wellbeing and improved customer satisfaction.

The report stated that the Right for You model focused on wellbeing as well as eligible need by “helping people to help yourself” by connecting to local and neighbourhood services so preventing the need for further state funded provision. The Care Act had created a new statutory duty for local authorities to promote the wellbeing of individuals and this was a guiding principle for the way in which local authorities should perform all of their care and support functions.

Right for You was an approach which officers were currently piloting which promoted a personalised approach through different conversations with people to connect them to their local community and provide timely support in crisis or short term situations before planning for the longer term. It would support the transformation of the service by fundamentally shifting the organisational culture from one of providing services and meeting needs, to focusing on what would make a difference to the individual concerned and connecting them with their local community. By doing so it would inform a reshape of Adult Social Care Services.

The report explained that the Right for You model had been co-produced with the community teams to shift radically the approach based on a three tier conversation model. Although owned by Reading professionals it had been based on tried and tested methodology and other local authorities had reported both service improvements and effectiveness. Phase one of the project would involve the approach being tested in two innovation sites and phase two would involve setting up further innovations sites to test the approach in different circumstances. Evaluation would take place and if the evidence continued to support the approach, phase three would involve an upscaling to Adult Social Care Services with a provisional implementation of 2017.

The Committee discussed the report and requested that an update report be submitted to the meeting in July 2016.

Resolved -

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- (1) That the Right for You approach and the potential customer care and financial benefits it had to offer the way the Council delivered Adult Social Care Services be noted;
- (2) That reports providing the Committee with an update as the project developed be submitted to future meetings;
- (3) That the progression of the project to Phase 2 be approved;
- (4) That an update report be submitted to the July 2016 meeting.

51. UPDATE ON EDUCATION PERFORMANCE 2014-15

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on education performance 2014-15.

The report explained that the academic year 2014/15 had been another year of extensive change in Education with schools preparing for the introduction of the new benchmarks for GCSE performance. Following the publication of the nationally validated data in January 2016, the report considered the performance of schools in the Borough for the academic year 2014/15 at the following two Key Stages:

- Key Stage 4 (end of compulsory secondary age, typically GCSE qualifications)
- Key Stage 5 (end of sixth form education, typically GCE A Level)

The report also focused on the attainment of Looked After Children (LAC) and on the gaps in attainment between certain vulnerable groups of children and their peers.

The 2014/15 results had shown progress towards the goals that had been set in the Raising Attainment Strategy, with improvements against the national average in many areas. However, other parts of the country had been making accelerated progress and in some cases Reading's improvements had been out-stripped by other local authorities. Reading schools had been working with specific focus to reduce the attainment gaps between certain under-performing groups and their peers, as relevant to the individual school. Overall these gaps had not reduced during 2014/15, despite absolute levels of achievement improving for all groups of children, and more work was required to accelerate further the progress of these groups. Actions Plans for the most vulnerable groups of children were now being put in place.

The report stated that there had been a focused Ofsted inspection of the local authority's school improvement service early in the academic year 2014/15 that had identified the need for the local authority to be clearer about its approach to helping all schools achieve consistently good practice while supporting those schools where standards were not good. The Lead and Regional HMI had subsequently met with the Head of Education and the Senior Partnership Adviser and were now confident that the strategies being employed by the local authority were robust.

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The report explained that even though there was an increasingly diverse educational landscape the Council continued to be responsible for ensuring that all pupils in the Borough accessed a high quality education and achieved their full potential regardless of the type of school they attended. For maintained schools that included the responsibility and authority to intervene as required. For academies the local authority had no direct power of intervention but was working closely with Ofsted and the Regional Schools Commissioner and the DfE Academies Division to ensure that underperformance was effectively challenged and that schools were given the necessary support for the benefit of all pupils.

The Committee discussed the report and agreed that a report on what the Council was doing to support schools that had been rated as inadequate by Ofsted be submitted to the July 2016 meeting

Resolved -

- (1) That the levels of performance at each of the two Key Stages as set out in section 4 of the report be noted and the hard work of pupils in the previous academic year, along with the staff in the Borough's schools, be recognised;
- (2) That while Reading's absolute level of attainment in the secondary phase was above national average levels, the benchmark levels were declining in line with national trends and the requirement for more work to ensure Reading compared more favourably with other local authorities across all measures be noted;
- (3) That the national comparative information for children who were looked after by the local authority was yet to be published and that a further report would need to be submitted to a future meeting be noted;
- (4) That updated versions of the Raising Attainment Strategy and the School Effectiveness Guide be submitted to a future meeting before July 2016;
- (5) That a report on what the Council was doing to support schools that had been rated as inadequate by Ofsted be submitted to the July 2016 meeting.

**52. NEW DIRECTIONS SERVICE UPDATE**

The Director of Environment and Neighbourhood Services submitted a report highlighting the sustained improvement in outcomes and value for money that New Directions, the Council's Adult Learning and Employment Service, had delivered over recent years, including its rating of 'Good' by Ofsted following an inspection in December 2015. A copy of the New Directions Narrowing the Gap document was attached to the report at Appendix A and a table showing Success Data for the Academic Year 2014/15 was attached to the report at Appendix B.

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The report set out the plans that were in place for the service to reduce costs further over the next three years whilst maintaining the quality of service and positive outcomes for Reading residents and outlined how the service was helping the Council to narrow the gap for more disadvantaged residents and communities. The report also highlighted the added-value provided by the service, its partners and sub-contractors, including volunteering opportunities, niche provision to meet the needs of vulnerable groups and help to meet the skills needs of other Council services.

The report stated that New Directions had over recent years demonstrably improved the targeting and quality of its offer whilst reducing costs, as had been demonstrated by the recent Ofsted assessment that the service was 'good' across all aspects of its provision. Going forward the service would seek to maintain the quality of its offer and the outcomes of residents whilst also carrying out the following:

- Diversifying its funding base;
- Integrating further with other Council services and initiatives;
- Developing the service offer in-line with the Council's priorities.

The service was planning to deliver more fee paying courses, increasing volumes of non-direct delivery, for non-regulated learning, extending a pilot research project with schools which supported children in receipt of free school meals whose attainment was lower than expected, continuing to lead on the Council's 'Employability Pathway' strategy, continuing to offer targeted provision underpinned with Maths and English skills and continuing to have a role in the quality improvement of Children's Centres.

Resolved -

- (1) That Ofsted's continued judgement of the New Directions Service as 'Good' be noted;
- (2) That the significant contribution New Directions made to help narrow the gap for residents be noted;
- (3) That the strategies in place to reduce costs whilst safeguarding the delivery and quality of services to Reading's more deprived and vulnerable communities, as set out in paragraph 4.2 of the report, be endorsed.

### **53. CHILD SEXUAL EXPLOITATION UPDATE 2016**

Further to Minute 34 of the meeting held on 4 March 2015, the Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the progress that had been made against the Local Safeguarding Children Board (LSCB) priorities from the CSE Strategy. A table setting out a CSE strategic priority update was attached to the report at Appendix 1.

The report stated that a review of the action plan by the LSCB CSE and Missing Children Sub-Group in January 2016 had identified significant progress against a

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range of priorities, particularly since the filling of the CSE coordinator role. The majority of actions had been completed or would be by the end of the financial year. However, there continued to be challenges that needed to be addressed in the refreshed plan for the next financial year. In particular the future priorities for a refreshed action plan would include the following:

- Development of a CSE and missing children dashboard and performance management arrangement;
- Increased staff knowledge and confidence;
- Improved intelligence sharing;
- Strengthening transaction arrangements between Children's and Adults Services for victims of CSE;
- Learning from other local authorities.

Progress had been made in the areas of Prevention and Protect and in particular governance arrangements had been established, with stronger partnership participation and there had been an improvement in the Sexual Exploitation and Missing Risk Assessment Conference in its delivery of safeguarding individual children at risk of CSE. Ongoing challenges included the collection and use of information and data to improve the response both strategically and operationally to CSE and providing an interview once a child had returned from being missing was also a critical step to safeguard vulnerable children. An improvement in performance had also occurred by September 2015 due to the early learning of delivering the service in quarter one that had resulted in a change to business processes.

The report stated that CSE national awareness day would take place on 18 March 2016 with the aim of highlighting the issues around CSE and encouraging everyone to think, spot and speak out against abuse and to adopt a zero tolerance to adults developing inappropriate relationships with children and children forming inappropriate relationships with their peers. An action plan of activities had been developed by the CSE Coordinator and the report invited senior leaders and the Committee to unite against CSE, to support the campaign and join in raising awareness on social media by doing the following:

- Writing a personal pledge on their hands so show support for the campaign then posting a photo of the message on social media;
- Retweeting, sharing or liking the NWG Network Twitter or Facebook;
- Retweeting, liking or sharing the social media messages supporting CSE Day that would be issued by the Council's Twitter and Facebook accounts on 18 March 2016.

Resolved -

- (1) That the progress made against the Local Safeguarding Children Board Child Sexual Exploitation strategic priorities be noted and an update report on further progress to tackle Child Sexual Exploitation and children going missing be submitted to a meeting in twelve months' time;

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- (2) That the Council's participation in the NWG national Child Sexual Exploitation awareness day 'Helping Hands' campaign be endorsed.

54. SECOND QUARTER REPORT CHILDREN'S SERVICES IMPROVEMENT BOARD

Further to Minute 20 of the meeting held on 5 November 2015, the Independent Chair of the Children's Services Improvement Board (CSIB) submitted the second quarter report of the Board. A copy of the objectives of the CSIB was attached to the report at Appendix 1.

The report stated that the Board had continued to have good partnership representation, including schools, and provided a good level of challenge but Board members had also offered support which had been well received and had been helpful to the Council. The Board had seen an improvement in outcomes particularly in relation to LAC, with strategies being developed to deal with the right issues. At the January 2016 meeting the Chair had asked the Board members to consider the impact of the Board over the previous six months. The report set out their views including the fact that Board members felt more positive about recent meetings as reports submitted to the Board had been timely, informative and had enabled discussion to take place.

There continued to be good evidence to the Board that practice was improving, lessons were being learnt, that the strong and determined recruitment drive was paying dividends and that over time the pace of improvement would accelerate.

Resolved -

- (1) That the report be noted;
- (2) That Helen McMullen be thanked for her work as Independent Chair of the Children's Services Improvement Board;
- (3) That any issues which the Committee would like to see as a focus in the next quarter be sent to the Director of Children, Education and Early Help Services.

55. REMODELLING THE YOUTH OFFER

The Director of Children, Education and Early Help Services submitted a report setting out a remodelled Youth Offer.

The report stated that it had been proposed to reduce spend by £1.5m from the Early Help Offer and included in the savings were some direct management action as well as altering aspects of the family support and youth services offer. A review of the youth services and offer had been completed in late 2015, that had included work with staff and young people. As a result officers were able to identify the changes that had included a reduction in spend on a remodelled Youth Service offer; a public consultation on the revised youth offer was now being recommended. An overview of the changes that required consultation were as follows:

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- To reduce spend on youth services by £750k;
- To taper off the Council's universal youth service to a minimum offer within 12 to 18 months;
- To explore the option of creating a 'bridge' venue for vulnerable young people to use as a drop in site;
- To reduce but focus the targeted youth offer to come in line with statistical neighbours;
- To continue to offer respite care for both young carers and learning difficulty and disabled young people;
- To refocus the LAC youth offer to enabling these young people to access the community youth services like any other young person in the Borough;
- To continue to spend the same money in the Youth Offending service, but reducing the offer if partners reduced their contribution.

The report set out the detail of the offer which was for 13 year olds to 18 year olds and up to 25 year olds for LAC and young people with Learning Difficulties and Disabilities.

Resolved -

- (1) That the outcome of the youth offer review be noted;
- (2) That a consultation on the proposed 'Youth Offer' for local young people be carried out and a report detailing a set of recommendations/decisions submitted to a meeting in summer 2016;
- (3) That the approach and timetable for a 10 week consultation commencing on 7 March 2016 be endorsed.

(In accordance with Standing Order 38, Councillor White requested that his vote against resolutions (1) to (3) above be recorded)

## 56. CHILDREN'S WORKFORCE STRATEGY 2016-2018

The Director of Children, Education and Early Help Services submitted a report setting out and seeking approval for a Workforce Strategy for Children's services. A copy of the Children's Services Workforce Strategy 2016 to 2018 was appended to the report.

The report stated that the Strategy aimed to highlight the current issues relating to the workforce and proposed initiatives which responded to the need to ensure that the current and future workforce was recruited, retained and developed with the right skills and in sufficient numbers to meet the needs of children, young people and their families that looked to the Council for support. The Strategy had therefore been presented under the following three themes:

- Recruitment
- Retention
- Developing and Supporting Staff

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The Strategy was supported by an action plan which would be overseen by a Workforce Development Operational Group, chaired by the Interim Head of Safeguarding and Children's Social Care. This group would be responsible to the Corporate Organisational Development Group, chaired by the Managing Director. The Strategy covered staff working in Children's Social Care and Early Help Services only and, at this stage, did not cover Education staff.

The report stated that one of the biggest challenges the service was facing was the significant use of agency staff, currently the use of agency staff stood at 42%, and was particularly high in social work teams. A strategic, planned, targeted and monitored approach was needed to permanently recruit to social work practitioner and management posts and this had to be a priority for the Council to ensure agency costs were reduced in the long-term. The proposal was to reduce the use of agency staff to 10-15% by early autumn 2016 by a number of measures such as asking agency staff to become permanent and holding recruitment fairs during the summer.

Resolved -

- (1) That the Workforce Strategy, attached to the report, be approved;
- (2) That a report monitoring progress and achievements be submitted to a meeting in twelve months' time.

(Councillor Jones declared a non pecuniary interest, he remained in the meeting and took part in the discussion. Nature of interest: Councillor Jones was employed by a union that represented social workers)

(The meeting commenced at 6.30 pm and closed at 8.18 pm).



CHILDREN'S TRUST PARTNERSHIP BOARD - 13<sup>th</sup> April 2016



Present:

Cllr Jan Gavin	JG	Chair and Lead Councillor for Children's Services and Families, Reading Borough Council (RBC)
Helen McMullen	HMc	Director of Children, Education and Early Help Services
Gerry Crawford	GC	Regional Director, BHFT
Gary Campbell	GCa	Interim Service Manager for Reviewing and Quality Assurance
Catherine Parry	CP	Interim Head of Children's Safeguarding
Stan Gilmour	ST	Local Area Commander, Thames Valley Police
Tom Woolmer	TW	Participation Co-ordinator, RBC
Andy Fitton	AF	Head of Service, Early Help and Family Intervention, RBC
Ben Cross	BC	Development Worker, RCVYS
Nikki Bennett	NB	Interim LSCB Development Manager
Dave Seward	DS	Berkshire Youth and RCVYS Representative
Peter Dawson	PD	Interim Public Health Programme Manager, RBC
Jill Lake	GL	Executive Member, RCVYS
Sally Murray	SM	Head of Children's Commissioning Support, CSCSU
Richard Blackmore	RB	Head of Education Services, RBC
Esther Blake	EB	Partnership Manager, RBC

Also in attendance:

Donna Gray	DG	Minute Taker
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Apologies:

Fran Gosling-Thomas	FGT	LSCB Chair
Members of the Youth Cabinet		
Hannah Powell	HP	Senior Probation Officer, Thames Valley CRC
Cllr Jane Stanford-Beale	JSB	Reading Borough Council
Cllr Isobel Ballsdon	IB	Reading Borough Council

**1. MINUTES AND MATTERS ARISING**

The minutes of the meeting on 20<sup>th</sup> January 2016 were confirmed as a correct record.

Election Survey Results - TW will send to the Children's Trust Board Members.

AF will follow up the Barnardo's presentation with Richard Blackmore. JG asked for this to be added to the agenda of next meeting for update. AF will facilitate discussions between meetings.

The Structure Charts presented by AF were sent with an updated chart to be sent in due course. Significant changes will be in those roles under Service Manager level when the recent consultation is implemented.

## 2. YOUTH CABINET UPDATE

Members of the Youth Cabinet were unable to attend today's meeting. JG requested the item be deferred as a substantive item at the next meeting. It will be agreed at a later date what the Youth Cabinet will discuss.

TW presented an audio recording from the Youth Cabinet (recorded at the most recent Youth Cabinet meeting) about their focus for the next year.

### Campaigns

Mental Health - The Youth Cabinet want to create a database of available services and for it to be tailored for Young People. They want to assess provisions for Young People in Reading to further identify local issues.

There have been issues regarding waiting lists for CAMHS services and the Youth Cabinet want to ensure that Young People have timely appointments and treatment when needed.

Anti-Discrimination - The Youth Cabinet want to tackle this campaign through awareness and education. They are going to develop a social media package to help Young People. The Youth Cabinet are creating an Instagram page to show Young People what racism is and how to tackle it. A You Tube channel will also be developed. The Youth Cabinet consider a good outcome to be getting get 1000 followers via social media.

Self Expression - The Youth Cabinet's aim is to raise awareness regarding the LGBT community and they want promote services that help them. A Survey is being sent to schools and using the results from this the Youth Cabinet will create a webpage.

JG advised that in relation to the anti-discrimination campaign it would be useful for the Youth Cabinet to link in with ACRE and the work that they are doing in Reading. AF will facilitate introductions.

SM forwarded to TW a link to the Mental Health directory which provides links to the LA Services Guide.

BC was interested to find out how the Youth Cabinet reached the decision to include LGBT and asked if Young People consider this to be an issue. TW advised that the current group of Young People feel that discrimination is a big issue.

### Action:

- AF to facilitate introduction between the Youth Cabinet and ACRE
- Any other requests for information or questions regarding the Youth Cabinet Campaigns are to be sent to TW via email.

## CHILDREN'S TRUST PARTNERSHIP BOARD - 13<sup>th</sup> April 2016

- TW will request further developed action plan from the Youth Cabinet in order for them to challenge the Trust around how we can help them to fulfil their campaigns.

SG has commissioned a piece of work to organise mediation about issues that come to Police attention; work to scope this is underway and SG will link in with TW. Peer Court has been rolled out in Hampshire and this option would be able to provide support and guidance in order for Young People to resolve these issues themselves.

HMc challenged how Young People are treated when trying to access health services as sometimes discrimination can become humiliation.

GC advised that the Locality Children's Service in BHFT will be transferring to Windsor and Maidenhead by the end of May this will result in their being new members for this Board and the LSCB. GC advised that this conversation could be progressed further then.

### 3. CHILDREN'S SOCIAL CARE UPDATE

CP advised that she has re-secured the Governance Framework in relation to performance, quality assurance, audit and safeness in terms of cases.

Social Care is in a better place staffing wise with more SWs being recruited.

The new service delivery model is being launched. There will be 3 streams:

1. LAC and Court Work
2. CIN and CP
3. Front end MASH and A&A.

The new structure will increase Team Manager capacity and reduce the ATM role. There will be smaller teams with a reduction in caseloads for workers.

Since January 2016 resignations in Social Care have ceased. Workers have agreed that the new model is safe.

The challenge moving forward is for there to be an increase in the permanent workforce by September.

Capacity in MASH has increased by over 100% and referrals have also increased by 100% since last year. There will be a more flexible approach in MASH and they will begin to have consultation conversations with workers to offer advice on referrals.

Under the new model A&A will have 12 additional workers.

SM asked where the disable children team will be within the structure. CP advised that this team are located within AF's service area. Work is underway reviewing the capacity in that team.

HMc advised the new model is phase 1 and there will be more developments moving forward.

HMc is looking at a transformation programme to make sure the preventative work in early help is offered to children and young people at the right time. At the moment there is a lot of help available but there isn't a coherent package of support. There needs to be a step down support package in place for cases that move in and out of the system.

HMc stated that RBC recognises that Care Leavers placed out of the Borough have concerns about what happens to them when they leave their stable placements as the local authority in which they have been placed does not have to provide housing. HMc advised that work will take place around what these Young People need from Reading and how the process is made easier. Contracts are being reviewed for service providers and in the future service will be commissioned on outcomes.

HMc advised that the Local Authority want to make savings rather than cutting services. iMPower have been commissioned to undertake the Transformation Programme work taking place in the next 12-15 months.

BC ask if inappropriate referrals were a new issue in MASH. CP advised that 80% of referrals are accepted and does not see this is an issue. The MASH team have the ability to challenge and contact those who have made inappropriate referrals.

BC referred to the letter sent out to partner agencies regarding changes in MASH and expressed concern that the changes are quite significant. BC considered that there may need to be further discussions with partners around this.

CP advised that the MASH Operational Group will be looking at the referral routes into MASH.

#### 4. WORKSHOP - YEAR 1 REVIEW OF THE CHILDREN AND YOUNG PEOPLES PLAN 2016/2018

EB explained that the first year of the Children and Young People's Plan has completed and partners had been asked to update progress against the actions included in the plan. The updated document had been circulated for review.

The Board were asked if the overarching priorities (Having the best start in life and throughout, Employment & learning, and Keeping children safe) are still relevant. SG suggested that given the savings needed to be made by all partners and the impact this will inevitably have on service delivery, a Service Transformation priority could be an area where the Children's Trust could have a

## CHILDREN'S TRUST PARTNERSHIP BOARD - 13<sup>th</sup> April 2016

beneficial role in ensuring the least amount of impact to service delivery through effective coordination across the partnership.

HMc confirmed the Demand Management element of the Transformation Board should pick up this work. HMc agreed to send out the project timetable and project plan to the Board, when available. JG suggested that the Children's Trust be kept up to date with this work through a six monthly report, and that the relationship between the Trust and the Transformation Board be explored further at the next Trust meeting in July. The Trust should be the mechanism for holding partners to account.

### Action:

- HMc to provide Transformation Board project plan and timetable when available.
- Add Relationship between Transformation Board and Children's Trust to the next agenda.

The Board agreed that the three current priorities will remain, although suggestions to tweak the descriptors could be made through the review process.

The Board split into three groups, each focusing on one priority. Each reviewed progress in year 1 and the move towards year 2 - using the signs of safety model:

- What's worked well?
- What are you worried about?
- What are the changes/improvements that are needed? (and are these being looked at in an alternative governance arrangement?)
- What's the added value of the Children's Trust in this priority?
- What is the evidence that we need to collect to confirm progress has been made?

Following the discussion some initial feedback was given. All were clear that the actions needed to be revised to more accurately reflect how the Children's Trust partnership can enable progress in these priority areas. The Board agreed that one Board member will take a priority area and work with key colleagues to revise the actions. The results will be presented at the next meeting.

- Having the best start in life and throughout - Andy Fitton
- Employment & learning - Richard Blackmore
- Keeping children safe - Gary Campbell

### Action:

- Add Update on review of the Children & Young People's Plan to the next agenda.

## CHILDREN'S TRUST PARTNERSHIP BOARD - 13<sup>th</sup> April 2016

### 5. INFORMATION ITEMS:

RBC Youth Offer Consultation -Reading Borough Council has completed a review of its range of services being offered to young people. The review has now been reported to ACE committee, March 2016, including proposals on changes that require consultation. We are now launching a public consultation. This will run from 16 March to 20 May 2016 and you are invited to respond to our proposals:  
<http://www.reading.gov.uk/youthofferconsultation>

### 6. ANY OTHER BUSINESS

None

### 7. DATES OF FUTURE MEETINGS

- Wednesday 13 July 2016 - Conwy Room, Avenue Centre
- Wednesday 12 October 2016 - Venue TBC

All 4 - 6pm



Office of  
the Schools  
Adjudicator

**LOCAL AUTHORITY REPORT**  
**TO**  
**THE SCHOOLS ADJUDICATOR**  
**FROM**  
**Reading Borough Local Authority**

**30 JUNE 2016**

**Report Cleared by (Name): Richard Blackmore**

**(Title): Head of Education**

**Date submitted:**

**By (Name): Emily Nicholls**

**(Title): School Admissions Manager**

**Contact email address: [Admissions.team@reading.gov.uk](mailto:Admissions.team@reading.gov.uk) /  
[emily.nicholls@reading.gov.uk](mailto:emily.nicholls@reading.gov.uk) and [gill.dunlop@reading.gov.uk](mailto:gill.dunlop@reading.gov.uk)**

**Telephone number: 01189 373 666**

**[www.gov.uk/government/organisations/office-of-the-schools-adjudicator](http://www.gov.uk/government/organisations/office-of-the-schools-adjudicator)**

**Please email your completed report to: [osa.team@osa.gsi.gov.uk](mailto:osa.team@osa.gsi.gov.uk)**

## **Introduction**

1. Section 88P of the School Standards and Framework Act 1998 requires Local Authorities to make an annual report to the adjudicator.
2. The School Admissions Code (the Code) at paragraph 6 sets out the requirements for reports by local authorities. Paragraph 3.23 specifies what must be included as a minimum in the report to the adjudicator and makes provision for the local authority to include any other local issues.
3. There are other matters concerning admissions, some suggested by local authorities themselves, about which it would be useful to have a view. Rather than undertake a separate exercise in which information is sought from local authorities, you are asked to include any relevant information in your report to the adjudicator.

## **Completing the Template**

**This template is designed to be completed electronically - boxes will expand as necessary. Please note that we will contact you if any data boxes have not been completed. However if there are any blank comment boxes we will presume that you have no comments to make.**

**Throughout this report, please include middle deemed primary schools as for pupils up to age 11 and middle deemed secondary schools as for pupils over 11. For schools that have children of primary and secondary age and are not designated as a middle school please record them as all-through schools.**

**Where a type of school is given, foundation covers foundation schools and foundation schools with a foundation (trust schools). Academy schools should be recorded by the individual type of academy school, namely, academy, free school, UTC or studio school.**

### **1. Local Authority school numbers**

Please give the total number of schools by type within your local authority as at 30 June 2016.

<b>Type of School</b>	<b>Number of Schools for pupils up to age 11</b>	<b>Number of Schools for pupils over age 11</b>	<b>Number of all-through schools</b>
<b>Community</b>	22	0	0
<b>Voluntary Controlled</b>	0	0	0
<b>Voluntary Aided</b>	7	1	0
<b>Foundation</b>	0	1	0
<b>Academy</b>	8	5	0
<b>Free School</b>	2	2	0
<b>UTC</b>	N/A	1	0



Studio School	N/A	0	0
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## 2. Admission Arrangements for Admissions in September 2016

The Code at paragraph 3.23 requires that each local authority provides “*information about how admission arrangements in the area of the local authority serve the interests of looked after children and previously looked after children, children with disabilities and children with special educational needs, including any details of where problems have arisen*”.

Please include details of:

1. Any ways in which each of the following groups of children have been especially well served; and
2. Any difficulties that have arisen for each group of children while allocating places for admission in September 2016.

(a) How well are the interests of **looked after children** served?

Tick as appropriate: Fully  In part  Not satisfactory

Comments:

(b) How well are the interests of **previously looked after children** served?

Tick as appropriate: Fully  In part  Not satisfactory

Comments:

(c) How well are the interests of **children with disabilities** served?

Tick as appropriate: Fully  In part  Not satisfactory

Comments:

(d) How well served are **children who have special educational needs and who have a statement of special needs** that names a school (or an education health and care plan)?

Tick as appropriate: Fully  In part  Not satisfactory

Comments:

(e) How well served are those **children who have special needs, but do**

**not have a statement?**

Tick as appropriate: Fully  In part  Not satisfactory

Comments:

### **3. Co-ordination of admissions**

#### **A) During the normal admissions round**

Please assess the effectiveness of co-ordination of primary and secondary admissions for September 2016 in your local authority, highlighting any particular strengths in the process or any problems that have arisen.

##### **Primary**

- (a) How well has the operation of national offer day worked for primary admissions this year compared with previous years?

Tick as appropriate: Better  The same  Less well

Comments:

##### **Secondary**

- (b) How well has the operation of national offer day worked for secondary admissions this year compared with previous years?

Tick as appropriate: Better  The same  Less well

Comments: This works well as we have many students going across to other boroughs. We have two grammar schools and a national offer day assists with the allocation process greatly. Allocations went better than last year as last year The Wren Free School was operating outside of co-ordination as their funding agreement was not in place so this resulted in dissatisfaction from schools who's allocated students then went to The Wren as some students from any waiting list did not want to move at that stage resulting in vacant places. Places at The Wren were not confirmed until June.

- (c) If you have any UTCs or studio schools in your area, do you co-ordinate admissions for entry at the relevant year group for entry to these schools?

Tick as appropriate: Yes  No  N/A

If **YES**, please comment on how well the admissions process is working for these schools: The process is difficult to administer as the October 31<sup>st</sup> deadline is early and parents often do not apply until well after the closing

date as they are not thinking of Y10 places at that point. Other Local Authorities deal with these as in year applications and advise that parents apply directly to Reading or send In year data files which causes some confusion. The schools are not part of co-ordination next year and are taking applications directly.

If **NO**, do you have any evidence about how well the admission process is working for individual UTCs or studio schools?

Tick as appropriate:      Yes       No

If **YES**, please comment:

**B) In-year admissions**

The Code sets out that in-year admissions do not have to be co-ordinated by the local authority.

- (a) How many **pupils** have needed a school place because they do not have one or because parents have applied for a place as an in-year admission for any other reason between 1 September 2015 and 15 June 2016?

Number of pupils up to age 11	Number of pupils over age 11	Number of post-16 students
956	268	NA - they apply directly

- (b) Does your local authority co-ordinate in-year admissions for all, some or none of the schools in your area?

Tick as appropriate:      All       Some       None

If 'Some', please complete the table below as appropriate

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
<b>Community</b>	22	0	0
<b>Voluntary Controlled</b>	0	0	0
<b>Voluntary Aided</b>	5	1	0
<b>Foundation</b>	0	0	0
<b>Academy</b>	5	6	0
<b>Free School</b>	1	2	0
<b>UTC</b>	N/A	0-	0
<b>Studio School</b>	N/A	0	0

- (c) Do you have any information about how many schools parents might

approach before obtaining a place? Please comment on any issues that have come to your attention.

Comments:

- (d) How confident are you that the requirements of the Code at paragraph 2.22, for schools to keep the local authority informed in a timely manner about applications and the outcomes, are being met? (If you co-ordinate all admissions for all schools then please tick not applicable.)

Tick as appropriate:

Very confident  Confident  Not confident  Not applicable

- (e) Across your local authority, how well have in-year admissions worked this year?

Tick as appropriate: Better than last year  The same as last year   
Less well than last year

- (f) Please comment on the effectiveness overall of in-year admission arrangements across all types of schools in your local authority.

Comments: We co-ordinate all admissions for secondary schools and most for primary schools. This works well, however, as the pressure on places grows and pupils applying as new to the area grows it is important for schools to tell us when students apply and cannot be offered a place to ensure effective systems for monitoring students missing from education. This concern will increase as more schools switch to academy status.

#### 4. Fair Access Protocol

The Code at paragraph 3.9 requires each local authority to have agreed a Fair Access Protocol with the majority of schools in its area. Paragraph 3.11 of the Code requires that all admission authorities must participate in the Fair Access Protocol.

- (a) Please confirm that your local authority has a Fair Access Protocol that has been agreed with the majority of schools in your area.

Tick as appropriate: Yes  No

If **NO**, please explain:

- (b) Although a majority of schools, and perhaps all, will have agreed the Fair Access Protocol, some may not have done so. Please state how many schools have not agreed your Fair Access Protocol.

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
Community	0	0	0
Voluntary Controlled	0	0	0
Voluntary Aided	0	0	0
Foundation	0	0	0
Academy	0	0	0
Free School	0	0	0
UTC	N/A	0	0
Studio School	N/A	0	0

(c) Where schools did not agree the Fair Access Protocol, please say why they did not agree.

Comments:

(d) (i) Please give your assessment of how well your Fair Access Protocol has worked in the academic year 2015/16 in placing children without a school place in schools in a timely manner.

Tick as appropriate: Very well  Mostly well  Some difficulties

(ii) What is your general assessment of the working of the protocol compared with last year?

Tick as appropriate: More effective  As effective  Less effective

(iii) How frequently has the protocol been used to place a child compared with last year?

Tick as appropriate: More frequently  Same frequency  Less frequently

(e) Have you any examples of particularly effective collaboration and working with individual schools, for example, placing children in year 6 of a primary school or years 10 and 11 of a secondary school?

Tick as appropriate: Yes  No

Comments:

(f) Have you had specific problems in allocating a place through the protocol, for example, where a school has been reluctant to accept a child?

Tick as appropriate: Yes  No

Comments: Acquiring places for students after January/February for Y11 pupils remains particularly difficult when parents are not willing to accept places in Y10 as an alternative.

- (g) How many children have been admitted under the protocol to each type of school in your area? How many children have been refused admission to a school?

Type of School	Number of children admitted			Number of children refused admission		
	Schools for pupils up to age 11	Schools for pupils over age 11	All-through schools	Schools for pupils up to age 11	Schools for pupils over age 11	All-through schools
Community	3	0	0	0	0	0
Voluntary Controlled	0	0	0	0	0	0
Voluntary Aided	0	3	0	0	0	0
Foundation	0	0	0	0	0	0
Academy	0	16	0	0	0	0
Free School	0	0	0	0	0	0
UTC	N/A	0	0	N/A	0	0
Studio School	N/A	0	0	N/A	0	0

- (h) If children have not been placed successfully in a school through the protocol, have you used the direction process to provide a place for a child?

Tick as appropriate: Yes  No  N/A

- (i) If **YES**, how many children have been placed and in which type of school as a result of a direction, including a direction via the EFA on behalf of the Secretary of State or after a referral to the Adjudicator?

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
Community	NA	NA	NA
Voluntary Controlled	NA	NA	NA
Voluntary Aided	NA	NA	NA
Foundation	NA	NA	NA
Academy	NA	NA	NA
Free School	NA	NA	NA
UTC	N/A	NA	NA
Studio School	N/A	NA	NA

- (j) Please add any other relevant information you wish to include in sections g - i concerning Fair Access Protocols.

Comments:

## 5. Admission Appeals

The Code requires data to be collected about appeals. In order to meet this requirement the DfE will use the latest published Statistical First Release: admission appeals for maintained and academy primary and secondary schools in England.

Taking into account comments reported in 2014, and data gathered for the first time in 2015, in response to the invitation to “*add any comments about the appeals process in your area*”, it would be helpful to gather views once again across all local authorities on the extent to which schools that are their own admission authority continue to use local authority services for admission appeals.

- (a) Do any own admission authority schools use any of your services as part of the appeals process?

Tick as appropriate:      Yes       No

- (b) If yes, please indicate the number of schools that use at least some of your services

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
Voluntary Aided	5	1	
Foundation	NA	0	
Academy	5	3	
Free School	1	1	
UTC	N/A	0	
Studio School	N/A	0	

- (c) Please indicate the services that are used :

Type of School	Schools for pupils up to age 11(Y/N)	Schools for pupils over age 11 (Y/N)	All- through schools (Y/N)
Full appeals process	11	5	
Legal advice	11	5	
Assistance in the preparation and presentation of case documentation	3	3	

- (d) Please add any other service related to appeals obtained from your local authority

Comment:

- (e) Please add comments about any aspects of the appeals process in your area that work well or that cause difficulties, as appropriate.

Comment: The vast majority of academies, free schools and voluntary aided schools use the Council's education appeal service for admissions, which means that there is a high degree of consistency across the Borough in the way in which appeals are dealt with. However, on occasions academies and free schools attract appeals but do not buy in to the Council's service. Parents and carers understandably contact the Council to lodge an appeal but without the school's buy-in the Council has to refer the appellant to the school so they can explain what arrangements the school has in place for dealing with their appeal. The outcome of any such conversations that take place is unknown to the local authority.

## 6. Other Issues

### A. Objections to admission arrangements

Paragraph 3.2 in the Code says “*local authorities **must** refer an objection to the Schools Adjudicator if they are of the view or suspect that the admission arrangements that have been determined by other admission authorities are unlawful*”.

- (a) How many sets of admission arrangements of schools were queried directly by your local authority with schools that are their own admission authority because they were considered not to comply with the Code?

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
<b>Voluntary Aided</b>	0	0	
<b>Foundation</b>	0	0	
<b>Academy</b>	0	0	
<b>Free School</b>	0	0	
<b>UTC</b>	N/A	0	
<b>Studio School</b>	N/A	0	

- (b) How confident are you that own admission authority admission arrangements are now fully compliant with the Code?

Tick as appropriate: Very confident  Confident  Not confident

- (c) How many schools did not send you a copy of their full admission arrangements, including any supplementary information form (or any such form by another name, for example, religious inquiry form) if one



is used, by 15 March, as required by paragraph 1.47 of the Code?

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
Voluntary Aided	0	0	0
Foundation	0	0	0
Academy	0	0	0
Free School	0	0	0
UTC	N/A	0	0
Studio School	N/A	0	0

**B. Fraudulent applications**

(a) Is there any concern in your local authority about fraudulent applications?

Tick as appropriate: Yes  No

(b) Did your local authority make any offers on national offer days that were subsequently withdrawn as a result of a fraudulent application?

Tick as appropriate: Yes  No

(c) If **YES**, how many for each type of school?

Type of School	Number of Schools for pupils up to age 11	Number of Schools for pupils over age 11	Number of all-through schools
Community			
Voluntary Controlled			
Voluntary Aided			
Foundation			
Academy			
Free School			
UTC	N/A		
Studio School	N/A		

(d) What action is your LA taking to prevent fraudulent applications?

Comment: 100% council tax checks were completed on consistently oversubscribed schools or schools for which there was particularly high demand. The admissions team asked for more information when appropriate. If an applicant's address changes from the address used on application (for example as the nursery holds a different address or the family moves) then these are checked. If we are not satisfied that a child lives at an address then the application is withdrawn prior to offer day. In order for parents to accept the place offered for their child they must enter a 6 digit number which is present on the letter sent to the home address.

**C. Summer-born children, deferred entry and part-time attendance**

The DfE issued revised guidance in December 2014 “Advice on the admission on summer-born children” for local authorities, school admission authorities and parents ([Link to Guidance](#)). The Code at paragraph 2.16 deals with deferred entry and/or part-time attendance for children in the year they reach compulsory school age. Paragraph 2.17, 2.17A and 2.17B refer to the admission of children outside their normal age group.

- (a) Do you keep data for any schools on the number of requests from parents who ask that their child is admitted to a class outside their normal age group?

Tick as appropriate:            Yes             No

- (i) For community and voluntary controlled schools:    Yes  No

- (ii) For own admission authority schools:            Yes  No

If **YES** in answer to (a) above, please complete the tables:

Type of School	In 2015, how many requests for deferred admission to year R in 2016 were agreed for a child who will have reached the normal age for Year 1?
Community & Voluntary Controlled	3
Own Admission Authority	0

Type of School	How many requests to defer admission to year R in 2016 were received?	How many of those requests were subsequently agreed?
Community & Voluntary Controlled	5	3
Own Admission Authority	2	0

- (b) What reasons, if known, were given for seeking to defer the admission to year R of children for a full school year?

Comments: Premature birth and delayed development of child. All three students allowed were known to SEN team.

- (c) Do you have any other comments on the matter of admission of summer-born children, including requests to delay admissions made after the allocation of places in the normal admissions round?

Comments: The changes to the timings for agreeing admission offset makes it easier to administer, however it is still difficult to convey to parents the fact that each admissions authority must agree to the decision for the application to be considered for that school. Parents struggle to understand why one admissions authority would agree a request and another may not.

- (d) Do you have any comments about paragraph 2.16c) in the Code concerning the offer and/or take-up of part-time attendance by children below compulsory school age?

Comments:

#### **D. Pupil, service and early years premium**

The 2014 Code permits all schools to give priority for admission in 2016 to children eligible for the pupil, service or early years premium (paragraphs 1.39A and 1.39B). If admission authorities wish to introduce such a priority they must have consulted as required by the Code in paragraphs 1.42-1.45.

- (a) Pupil and service premium

In respect of community and voluntary controlled schools:

Type of School	Has the LA considered giving priority to pupil/service premium? (Y/N)	If YES, have you consulted on this? (Y/N)	In response to consultation has the priority been implemented? (Y/N)
<b>Community Primary</b>	Y	Y	Y
<b>Voluntary Controlled Primary</b>	NA	NA	NA
<b>Community Secondary</b>	NA	NA	NA
<b>Voluntary Controlled Secondary</b>	NA	NA	NA

Comments: The two Grammar Schools and all Community primary schools have this as a tie breaker and one secondary free school has this as an admissions category.

In respect of own admission authority schools:

Type of School	Has the LA been consulted by any own admission authority of the type shown below on giving priority to pupil/service premium? (Y/N)	If YES in response to consultation, for how many schools has the priority been implemented? (Please give the number)
Voluntary Aided Primary		
Foundation Primary		
Academy Primary		
Free School Primary		
Voluntary Aided Secondary		
Foundation Secondary		
Academy Secondary	2	2
Free School Secondary	1	1
UTC		
Studio School		

Comments:

(b) Early years pupil premium - nursery priority

In respect of community and voluntary controlled schools:

Type of School	Has the LA considered giving priority to early years pupil premium? (Y/N)	If YES, have you consulted on this? (Y/N)	In response to consultation has the priority been implemented? (Y/N)
Community Primary	N	N	N
Voluntary Controlled Primary	N	N	N

Comments:

In respect of own admission authority schools:

Type of School	Has the LA been consulted by any own admission authority of the type shown below on giving priority to early years pupil premium? (Y/N)	If YES in response to consultation, for how many schools has the priority been implemented? (Please give the
----------------	---	--

		number)
<b>Voluntary Aided Primary</b>	N	N
<b>Foundation Primary</b>	N	N
<b>Academy Primary</b>	N	N
<b>Free School Primary</b>	N	N

Comments:

**E. Local Authority Issues**

Please provide details of any other issues that you would like to raise and/or comment on that have not been already covered in this report.

Comments:

**Thank you for completing this report**

Please email your completed report to: [osa.team@osa.gsi.gov.uk](mailto:osa.team@osa.gsi.gov.uk)

## READING BOROUGH COUNCIL

### REPORT OF DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	8
TITLE:	READING FIRST PARTNERSHIP		
LEAD COUNCILLOR:	CLLR TONY JONES	PORTFOLIO	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGHWIDE
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an update of the Reading First Partnership (previously referred to as the Reading Education Excellence for All Partnership). Since the last report to ACE in November 2016 there have been a number of initiatives which have formulated a cleared strategy for the Reading First Partnership.
- 1.2 Headteachers and Governors from all Education Providers across all phases in Reading initiated a meeting of a Strategic Group, supported and driven by officers within Reading Borough Council. This has led to the formation of an Executive Board, with representatives from Reading Borough Council, Headteachers and Governors from Academies and Maintained Schools and Nurseries, as well as from the Institute of Education at Reading University.
- 1.3 The Inaugural Reading First Conference in February was well attended and included Baroness Morris of Yardley (better known as Estelle Morris) as the Keynote Speaker, along with conference speakers from other established partnerships
- 1.4 The Executive Board has formed three task groups with a primary focus over the next Academic Year to be on:
  - Recruitment and Retention
  - Leadership and Management
  - Vulnerable Groups (to be known as the Aspirational Task Group)

From September these groups will meet 3 times per year to set the agenda around school to school support

- 1.5 Schools have identified areas of good practice that they are willing to share across other schools and this is being incorporated into the Areas for development within schools through the School Monitoring Group
- 1.6 Educational settings across the Borough will receive an agreement letter before the end of this academic year outlining the benefits and costs of being a member of the Reading First Partnership and emphasise the ethos and aims set at the November ACE meeting. This letter outlines that the Reading First Partnership will ensure that:
- There is effective local support for local issues
  - All Reading Schools and settings to be good or outstanding by 2018
  - There are enhanced life chances for our families
  - There is an effective education service, which quickly identifies and provides support for our children
  - It will facilitate leadership solutions
  - A school and setting improvement service is actively developed locally

The letter also outlines examples of support, including innovative and unique opportunities that are not presently available to schools; an example of this is coaching for senior leaders through the services of an HMI. Other aspects include the facilitation of secondments to develop future leaders, brokering support for Key Issues identified by schools and supported by other educational providers.

- 1.7 In order to ensure the successful outcomes and achievement of the aims of the partnership, each school will be required to sign up and commit to the Reading First Partnership, through their Governing Bodies. This will involve a fee per pupil, initially set at £1 per pupil for the remaining part of this financial year (up to April 2017) and a commitment to £2.50 per pupil per annum for future years.
- 1.8 Mechanisms have been set up to ensure effective working relationships and these are outlined as below:
- Support an ethos of trust between members to ensure successful collaboration, engendered by professionalism, confidentiality and honesty
  - Support the formulation of clear action plans with achievable milestones
  - Working to identify best practice models and evaluating the success of their incorporation into other settings
  - Partner schools may undertake peer enquiry, lesson studies, audits and reviews of provision; by request from a school or setting

Reading First Partnership is driven by the principles of effective research practice and this will be supported by the Institute of Education at Reading University

## 2. RECOMMENDED ACTION

- 2.1 For Reading Borough Council to continue in its full support of the Reading First Partnership and be an active member of the aforesaid partnership
- 2.2 To hold to account the outcomes and effectiveness of actions within the Reading First Partnership and work collaboratively through its officers

## 3. POLICY CONTEXT

- 3.1 The aims of Reading First Partnership are embedded within the aims and ambitions of Reading Borough Council in relation to ensuring that all schools and academies are good or better by 2018
- 3.2 Reading Borough Council has identified that closing the gaps in achievement for our most vulnerable children and young people is a main focus and this is reflected within the aims of the Aspirational Task Group

## 4. CONTRIBUTION TO STRATEGIC AIMS

Reading Priority: Narrowing the Gap

- 4.1 A local priority for Reading has been to narrow the outcome gap for three particular groups of pupils: those eligible for Free School Meals; those with Special Educational Needs; and those from ethnic groups that are doing less well than the average in Reading.
- 4.2 Reading First Partnership will contribute to these aims through their work within the Aspiration Task Group

## 5. EQUALITY IMPACT ASSESSMENT

Reading First Partnership will focus on key gaps within the results for those children in Reading to ensure that each group and setting is supported so that every child receives an appropriate education

## 6. LEGAL IMPLICATIONS

There are no legal implications arising from this report.



## **7. FINANCIAL IMPLICATIONS**

- 7.1 There are financial implications for schools, academies and nurseries as outlined in 1.7; this will need to be agreed through the respective Governing Bodies
- 7.2 Reading Borough Council is supporting the development of Reading First Partnership initially through the School Improvement Budget and this has already been accounted for this financial year

## **8. BACKGROUND PAPERS**

There are no background papers for this report

**READING BOROUGH COUNCIL**  
**REPORT BY**  
**DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES**

<b>TO:</b>	<b>ADULT SOCIAL CARE, CHILDREN'S SERVICES &amp; EDUCATION COMMITTEE</b>		
<b>DATE:</b>	4 July 2016	<b>AGENDA ITEM:</b>	9
<b>TITLE:</b>	<b>ANNUAL SAFEGUARDING ACTIVITY REPORT - 1<sup>st</sup> April 2015- 31<sup>st</sup> March 2016.</b>		
<b>LEAD COUNCILLOR:</b>	<b>COUNCILLOR GAVIN</b>	<b>PORTFOLIO</b>	<b>CHILDREN'S SERVICES</b>
<b>SERVICE:</b>	<b>CHILDREN'S SOCIAL CARE</b>	<b>WARDS:</b>	<b>ALL</b>
<b>LEAD OFFICER:</b>	Satinder Gautam /Catherine Parry	<b>TEL:</b>	0118 9374479
<b>JOB TITLE:</b>	Head of Safeguarding	<b>E-MAIL:</b>	<a href="mailto:HELEN.MCMULLEN@READING.GOV.UK">HELEN.MCMULLEN@READING.GOV.UK</a>

**1. PURPOSE OF REPORT**

- 1.1 This report sets out the work of Reading Borough Council Children, Education and Early Help service (DCEEHS) services for the period March 31<sup>st</sup> 2015 to 1<sup>st</sup> April 2016 it includes the challenges and improvement activity that was required and the management action response to concerns raised throughout the year.
- 1.2 This period includes the data gathered during the quarter 4 period (January to March 2016) and should be considered alongside the recommendations of the November 2015 report to Adult Children and Education Committee (ACE).
- 1.3 These services deliver a range of interventions to children, young people and their families requiring help, protection and in some cases local authority care. These are our most vulnerable children and young people in the community.
- 1.4 Based on the current provisional data it also considers key performance for Children in Need and Looked after Children against previous year's performance.
- 1.5 All comparative and trend data is provisional pending validation locally and nationally and 15/16 data cannot be analysed against national and statistical neighbour comparative data until later in the year.

## 2. Executive Summary

- 2.1 Until late 2014 the role of the Director of Children's Services was assumed within the role of the Director for Education, Adult & Children's Services. It was agreed by the council at that time that a Head of Children's Services should be appointed and a new 'Director of Children's Services' role was created in early 2015.
- 2.2 During 2015/16, the directorate has had a significant number of changes in senior leadership and a subsequent large turnover in social work staff which began in the summer of 2015 and still is requiring constant scrutiny.
- 2.3 A Children's Services Improvement Board was set up in June 2015 and includes police, health and education partners alongside the managing director, lead member and is independently chaired. Initially it was chaired by Helen McMullen from June 2015 to March 2016. Helen then moved to be the new interim DCS and a new independent Chair, Di Smith, was appointed and began her tenure in April 2016.
- 2.4 The Director of Children's Services has been in post since 1st February 2016' having previously been the interim Director of Children's Services from February 2015 to June 2015.
- 2.5 The Lead Member for Children's Services has been in post since May 2013.
- 2.6 The Independent Chair of the LSCB has been in post since 1st August 2014.
- 2.7 The year has seen a significant increase in demand for all areas of the safeguarding service which has resulted in higher caseloads for all social workers.
- 2.8 The contacts into the Multi Agency Safeguarding Hub (MASH) have seen a significant increase, and the Access and Assessment teams have seen an 85% increase in workload. The resulting work to safeguard and promote the wellbeing vulnerable children has resulted in the long term locality social work teams experiencing a 24% increase in children subject to child protection plans and an 8% increase in looked after children and care leavers.
- 2.9 The chart below illustrates the demand difference from year end 2015 to year end 2016

Year-end	May-15	May-16	% increase
Children in Need - All open cases except CP/LAC	870	1231	41%
Single Assessments undertaken	1197	2219	85%
Child Protection Plans	207	257	24%
Looked After Children	216	236	8%
TOTAL	1293	1724	33%

- 2.10 As a consequence of the increase in demand, timeliness and quality of work has been significantly impacted upon over the previous year, creating a very challenging working environment for frontline operational staff and their line managers.
- 2.11 Higher caseloads and restrictive time pressures and statutory requirements in relation to particular activities within the service have at times been stretched, resulting in ongoing concerns related to timeliness and quality of interventions.
- 2.12 The Multi Agency Safeguarding Hub (MASH) has seen an almost 100% increase in contacts received and has urgently required additional staffing to be able to manage and respond in a timely manner to information received from referrers. This was put in place in January 2016 and has improved performance around timeliness of the effective management of risk and decision making.
- 2.13 The impact on the access and assessment teams has resulted in increasing numbers of assessments required to be undertaken within the prescribed 45 day single assessments timeline. With increased demand, the team has continued to complete more assessments in time this year and performance has continued to improve since February 2016.
- 2.14 However it is acknowledged that the quality of assessments requires improvement overall and 26% have not been done within the 45 days as prescribed due to driving down a backlog of assessments required. This continues to be a challenge for the team who, alongside working within this pressured environment, also require effective management supervision to be consistently in place and robust. Month on month performance management reports show an improving picture in terms of the timeliness and quality of assessments being completed since February 2016.

- 2.15 High caseloads have also impacted on social workers' ability to close cases, step cases down and secure transfers in a timely manner. This is in addition to child protection and looked after children having to be the priority for the workforce as new work is allocated.
- 2.16 At times of significant pressure as a result of staff turnover and increasing caseloads, this service has felt overwhelmed. Securing good quality, competent agency staff to increase social work capacity continues to be problematic despite corporate and workforce efforts to secure these additional resources.
- 2.17 Significant turnover of staff due to poor performance and lack of compliance to management expectations since January 2016 has resulted in particular agency staff being asked to leave and or leaving in some cases within a week of starting. This has contributed to the increasing challenging caseloads and pressure on managers to secure oversight of those cases whilst a replacement is secured. However, Reading's current recruitment strategy is actively addressing this issue and it is anticipated that by October 2016, almost 90% of social workers employed will be permanent.
- 2.18 As a result of their backlog of care cases that accumulated in Quarter 3 of the year, Locality teams have had to undertake a significant amount of work to clear these cases and secure the right outcomes for children and young people from January 2016. Court work continues to improve with At least 50 sets (families) of care proceedings being completed in Quarter 4 (Jan to March) within an average of 29 weeks with the national indicator being 26 weeks.
- 2.19 Since April 2015 There have been 25 adoptions, 23 children became subject of special guardianship orders, 8 children became subject to Child Arrangements Orders and 133 children ceased to be looked after.
- 2.20 Performance in this area has significantly improved in the last year and the timeliness at all stages of the process has become more in line with national expectations and will be reflected in the Annual Adoption report being presented to ACE in July 2016.
- 2.21 In addition to these cases Localities teams have a very complex caseload making this particular area of service very challenging. The mix of caseloads include children in need, children in need of protection, looked after children, adoption, permanence work on the child's behalf and court reports for private law proceedings. However, the move to a revised structure from September 2016 will provide dedicated, specialist teams that will further

stabilise the workforce and improve the quality of practice with reduced caseloads.

- 2.22 The increase in open cases has created a level of demand on the frontline workforce that currently requires them to prioritise their child protection and court work over looked after children and children in need, resulting in performance that is not compliant with targets set in specific areas.
- 2.23 This can be seen through the robust performance infrastructure and reports that are produced to secure and underpin challenge and rigour in performance management.
- 2.24 Timeliness of activities and compliance of workers across the service to secure a consistent and sustainable performance position across the areas required currently remains unsatisfactory in several key areas addressed in the body of this report.
- 2.25 Quality as a result is too inconsistent throughout the system despite examples of good practice being identified through audit processes and feedback received.
- 2.26 Supervision of social workers is clearly not being applied consistently enough to secure a level of management oversight required to establish clear advice, guidance and subsequent care planning that is evidenced as timely and influential on the children and young people's intervention.
- 2.27 Too many children and young people are not yet receiving a timely response that addresses their needs or levels of risks quickly enough resulting in them being or having been in potentially risky circumstances for too long despite them being open for assessment and intervention to children's social care.
- 2.28 Once we have assessed and determined needs we can evidence that action is quicker now since Quarter 4 (Jan to March 2016) particularly in relation to children and young people accessing care, care proceedings and adoption work but again it is not yet consistent enough to evidence sustainable change.
- 2.29 Performance reporting and children's records kept on the MOSAIC children's case management system is underdeveloped and requires significant attention to support workers with their cases, reduce duplication and enable the system to produce the level of data and compliance required through the system.
- 2.30 Priority areas for significant improvement and development as evidenced through the current audit programme and Quality Assurance framework include:

- Consistent social work practice that reflects use of direct work with children and young people
- Consistent use of tools already developed in relation to missing and CSE children and young people to evidence the influence on their care planning and interventions.
- Consistent escalation of Independent reviewing officer's challenges and securing timely response for the frontline officers.
- Quality and consistency of social work practice
- Further development of the MOSAIC children's case management system to secure its use and enable social workers to spend more time with children, young people and their families
- Effectively tackling drift and delay on cases and improving management oversight

This report sets out the data, evidence and management response to the challenges to date, and the significant work required going forward to continue to improve Children's Social Care services as identified by the Children's Services Improvement Board third quarter report to ACE Committee on 4 July 2015.

### 3. Ofsted inspections

- 3.1 The local authority operates 2 children's homes, Cressingham and Pineroft, which were judged to be outstanding in their most recent Ofsted inspection in 2015 and have retained these judgement in 2016.
- 3.2 Children's Centre inspections (under new legislation the last two were requires improvement with elements of good) for the North and East Clusters.
- 3.3 Recent inspection of the Youth Offending Service has also been successful. The inspection report commented positively on a number of areas and highlighted three areas for improvement which had already been incorporated in the Youth Justice and service plans. The inspectors agreed with the YOS self-assessment and were satisfied that sufficient plans were in place to address the three areas of improvement. Overall the YOS has performed well against national and statistical family comparators in this period.
- 3.4 The SIF Inspection was held between the 23<sup>rd</sup> May 2016 and the 16<sup>th</sup> June 2016, the outcomes of which are embargoed to allow for the moderation and factual accuracy checks and balances to be secured. The LA will receive a copy of the draft report on 15<sup>th</sup> July 2016 with the final version due to be published on the 5<sup>th</sup> August 2016 pending any remedial actions agreed with Ofsted.

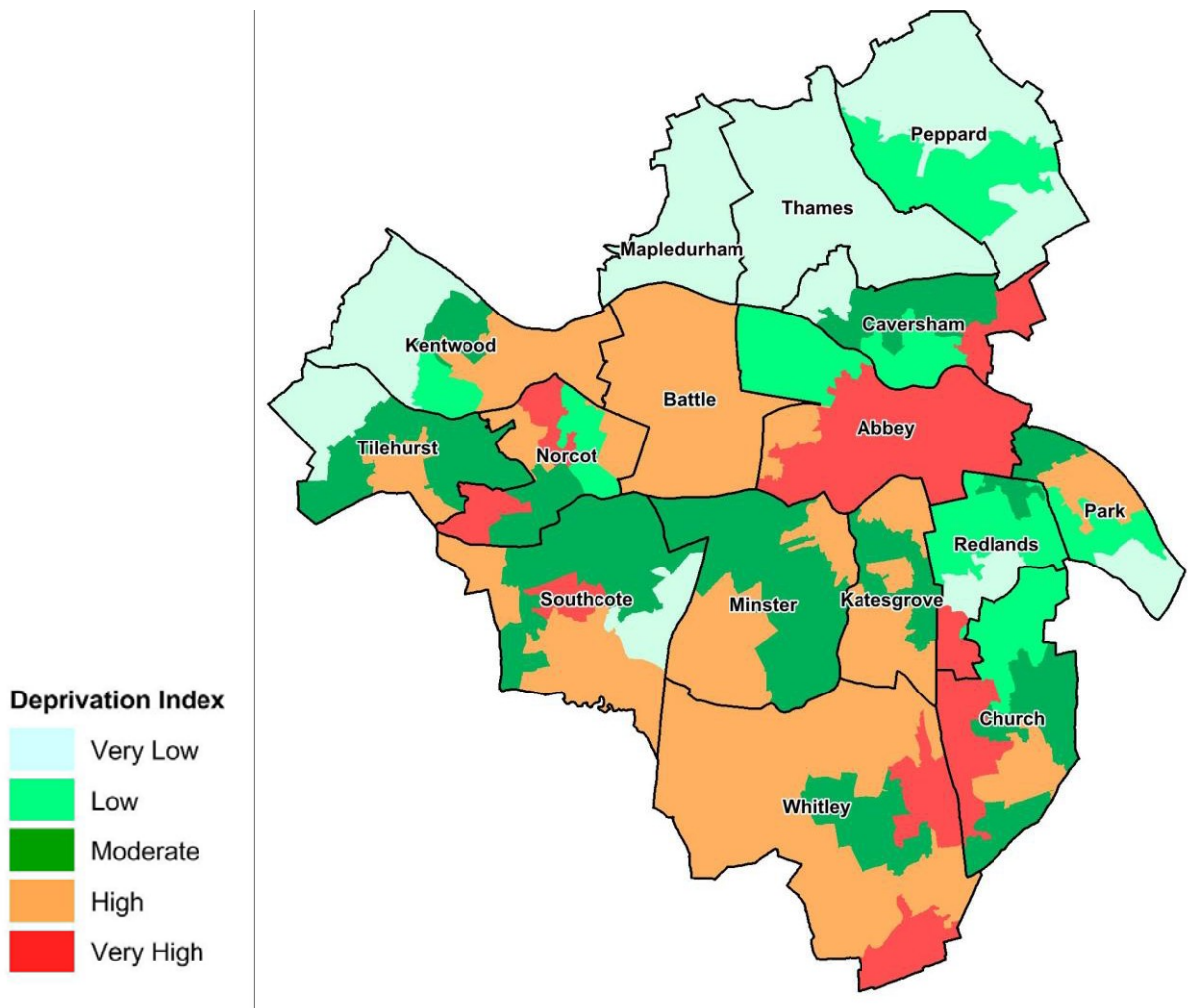


**RECOMMENDED ACTION:**

That the report is scrutinised and noted.

**4. OVERVIEW**

4.1 Reading Borough Council is home to approximately 35850 children and young people under the age of 18 years. This is 22% of the total population in the area. (ONS Mid-Year Population Estimates 2014). There are pockets of deprivation and approximately 24% of the local authority's children are living in poverty (End child poverty 2014)



4.2 The proportion of children entitled to free school meals in Reading in January 2016 was:

- 15.3% in primary schools compared to the 2015 national average of 15.6%.

- 12.5% in secondary schools compared to the 2015 national average of 13.9%
- 4.3 Children and young people from minority ethnic groups account for 52% of all children in school, compared with 29% in the country as a whole.
- 4.4 The largest minority ethnic groups of children and young people in the area are White other and Pakistani.
- 4.5 The proportion of children and young people with English as an additional language:
- In primary schools is 35%, the national average is 19.4%.
  - In secondary schools is 26% the national average is 15.0%.
5. Child protection in this area
- 5.1 In 2014-15 1197 single assessments were completed and between 1st April 2015 and 31st March 2016, 2344 assessments have been completed - this is almost a two-fold increase requiring a qualified social work intervention.
- 5.2 At 31st March 2016, 253 children and young people were the subject of a child protection plan. At 31st March 2015 it was 204. Our rate of children (per 10,000 population aged 0-17) subject to a CP plan is 72.9 (March 2016) compared with 56.9 for Reading in 14/15 and statistical neighbour (SN) average of 44.2 in 14/15. This rate has been steadily increasing since November 2015. This illustrates higher demand in the Borough for child protection services compared to statistical neighbours and the England averages.
- 5.3 At 31st March 2016, 3 children lived in a privately arranged fostering placement. This is an increase from 0 at 31st March 2015. Currently at 16<sup>th</sup> June 16 this is at 0 known arrangements. We are satisfied that information is shared across the partnership and the community is aware of when to refer these children into Reading children's social care for assessment as required under the statutory guidelines.
- 5.4 Since the last inspection, 5 serious incident notifications have been submitted to Ofsted. Two of the 5 were subsequently felt not to meet the criteria for serious case review or any other review and a third was subject of a 'Lessons Learnt Review'. This case was submitted to The National Panel of Independent Experts on Serious Case Reviews for advice, where it was decided that it did not meet the criteria for a serious case review. 2 others were not assessed as meeting the criteria by the independent chair for SCR

and are yet to go the LSCB subgroup for consideration as to whether any other type of review is necessary. No serious case reviews have been completed or are ongoing at the time of the inspection.

## 6. Children looked after in this area

- 6.1 At 31st March 2016, 220 children were being looked after by the local authority (a rate of 65 per 10,000 children). The rate is within SN and England averages. This is an increase from 203 (57 per 10,000 children) at 31st March 2015. As of the 31<sup>st</sup> May 2016 there were 236 looked after children at 68 per 10K, which is slightly higher than statistical neighbour and national averages.
- 6.2 Current information is that 35.6% of looked after children live more than 20 miles outside the local authority area. 30.9% of looked after children are placed inside Reading and 33.4% of looked after children are placed outside Reading but within 20 miles. This remains too high and the local sufficiency strategy is underpinning the work to address this and secure an increased cohort of foster carers for the future. Outcomes for children and young people placed with Reading foster carers are improving and their placements are stable and well supported.
- 6.3 19 children live in placements that are not foster care and this includes mother and baby assessment units and residential children's homes, some with education integral to the placement. 49% of these placements are out of the authority area.
- 6.4 192 children live with foster families, of whom 56 live more than 20 miles out of the authority area.
- 6.5 Fewer than 5 live with parents, of whom some live out of the authority area.
- 6.6 6 children are unaccompanied asylum-seeking children.

## 7. CHILDREN IN NEED of HELP and PROTECTION

### Early Help Services

- 7.1 Reading Borough Council has a well-established Early Help Service which includes 13 Children's Centres delivering services to families across Reading. These children's centres have good attendance rates across the clusters, particularly from targeted groups.

- 7.2 The Early Help Strategy was agreed in November 2013 by the Adult Social Care, Children’s Services and Education Committee. This followed the production of a draft Strategy and a consultation between July and September 2013 that gathered the views of Reading Borough Council staff, schools, statutory and voluntary sector agencies, and parents, carers and young people, to inform the final version. The committee asked to see the resultant action plan. It is being reviewed during 2016.
- 7.3 The Early Help Strategy is structured around five priority areas:
- Early Identification and Assessment of Need
  - Effective Early Help for Children and Families
  - Supporting the More Vulnerable and Sustaining the Change
  - Listening to and Involving Children and Families
  - Quality of Practice
- 7.4 The Early Help impact data is now showing signs of preventative services and interventions reducing the need for statutory intervention. Across all domains of assessment positive outcomes are demonstrating an increase quarter on quarter. Clear step up and step down procedures are in place, along with clear escalation procedure to resolve professional differences of opinion.
- 7.5 There were 1260 Early Help Referrals in 15/16 compared to 793 in the previous financial year (14/15). April and May 15/16 experienced a slight referral drop from Schools, which picked up again in June and July 15/16 towards the end of the academic year. Schools, Children’s Centres, Early Help and Children’s Social Care continue to be the main sources of requests for help.
- 7.6 The number of Common Assessments (CAF) completed has increased with 422 completed in 15/16 against 373 in the last financial year (14/15). All CAFs continue to be quality assured at point of submission to ensure that the importance of the Voice of Child, multi-agency contributions and clear analysis leading to a plan of support is in place.
- 7.7 There continues to be evidence of children and young people being ‘stepped up’ to children’s social work services where required, being escalated by Early Help managers who hold a good grip on cases. All ‘step up’ referrals continue to go through the Multi Agency Safeguarding Hub (MASH) to ensure a greater consistency of thresholds. In addition to this the work of the MASH Early Help coordinator is has led to 67 children are now being successfully redirected from MASH into the Early Help hub for preventative support.

- 7.8 Regular Early Help Audits are on-going and in quarter one 15/16, 29 files were audited. Results saw improvements in timeliness of assessments, offer and quality of supervision and quality of analysis in case recording notes. The 9 month review process continues to tackle any concerns over case drift and in ensuring that the children's outcomes are the focus in any assessment and planning.
- 7.9 339 cases have been stepped down to Children's Action Teams (year to date March 2016) from the MASH, A&A or Area teams. There is a good rate of CAF initiation locally and CAFs are regularly quality checked for multi-agency involvement. Joint home visits or handover TACs (Team around the Child) are well established so that families do not experience any loss of support when cases are transferred and/or stepped down.
- 7.10 A revised Early Help pathway implemented in early 2016 means that referrals for all early help services come through 'one front door' and decisions are made as to what support is to be offered building upon the already established multi-agency meeting. Although it is early days, we have already seen an increase in referrals from other agencies e.g. direct from GPs.
- 7.11 Requests for early help/prevention services within Reading Borough Council uses a contact form, called the Early Help request, accessed through the web and then once submitted it is managed through our Early Help Hub system. Upon allocation for support, this system then supports the completion of an assessment using the Common Assessment Framework (CAF) which identifies the strengths and needs of individuals and helps create a support plan for each family.
- 7.12 The majority of the Council's family support, early intervention and prevention services for children 0 to 19 year old and their families are managed through Reading's Children's Action Teams (CATs). The CATs are multi-professional teams that link into existing local resources to provide holistic family centred support, including services to support the parent(s) as needed. Health visitors are a virtual part of the CAT teams. CATs have a stable workforce, both at management and worker level and the currently have no agency staff.
- 7.13 Alongside the CATs, the Specialist Youth Services provides more targeted support to the most vulnerable young people, such as those at risk of teenage pregnancy or sexual exploitation, young people with drug and alcohol misuse issues, young parents, young carers and LGBT young people. Early Help Services offering support to teenagers are currently being reviewed to determine Reading's Youth Offer in the future.

- 7.14 For more vulnerable families where children are close to social care involvement, services and interventions such as the Edge of Care team and Multi Systemic Therapy Team work with families and provide more intensive, high-level support alongside other agencies.
- 7.15 The Early Help (EH) service is clear about its remit and 83% of referrals into it access a service or intervention depending on the presenting need. All Early Help requests are reviewed by the Children's Action Teams (CATs). Early help workers are secured as lead professionals and assist colleagues from the community to secure their lead role when appropriate. All cases that require a qualified social worker are allocated - this includes Children in need, Child protection and Looked after children. As at March 2016, only 7% of closed CAT cases were referred back to social care within 3 months of closure.
- 7.16 Assessments follow the Signs of Safety model and this is well established within the Early Help team. Using the Outcomes Star gives the service a clear understanding of the outcomes being achieved. This is monitored regularly.
- 7.17 Early Help continues to be a service with a positive trajectory, receiving referrals from a range of services and a low level of closed cases being referred back for a Children's Social Care (CSC) assessment in the 9 months following the service ending.
- 7.18 Work is currently underway to review all services through the lens of early help. The initial work is considering the demand placed upon services and the cohort of services available to meet need at an earlier stage of intervention to prevent escalation into high cost statutory services sooner in the journey of the child, young person and their family.

### Thresholds

- 7.19 The Thresholds were reviewed by the LSCB in 2015 and were subsequently re-issued in September accompanied by multi-agency training workshops. Over 350 staff and partners received training in the revised thresholds and Child in Need procedures. As a result of this training, staff and partners reported that they were clearer about the thresholds and the application of them. This approach is being tested via a multi-agency audit in May to review the effectiveness of the MASH and Early Help pathways and the impact of the thresholds.
- 7.20 MASH is securing a more consistent approach to the threshold for social care referral to Access & Assessment for that team to do an assessment by the ongoing work with partner agencies and A&A managers. This includes schools designated heads of safeguarding meetings, partnership working with the

hospitals and operational boards. Pathways into Access and Assessment for all Level 3 and 4 cases are clear as well as into the Early Help offer for all Level 2 cases in these are sent to MASH. If required, managers are confident to raise professional challenge however the Head of Service for Safeguarding has the final decision regarding threshold.

## MASH

- 7.21 An Early Help (EH) co-ordinator sits in MASH and the Domestic Violence triage process supports the diversion when appropriate of MASH contacts into other EH and universal services
- 7.22 The recently appointed permanent new MASH manager has good oversight of all contacts and referrals that are received and ensures a timely response is secured for them all. The MASH re-establishment of a strategic board and operational group is supporting and progressing the service development.
- 7.23 The multi-agency safeguarding hub (MASH) has been in place throughout the reporting period with Thames Valley Police co-locating in June 2015. The service received 7104 contacts from professionals, families and members of the public between April 2015 and March 2016.
- 7.24 During 2015-16 there were 3096 referrals accepted. Of these 74.2% went onto a single assessment that required a qualified social worker to be allocated to undertake this piece of work to be statutorily compliant. An additional 590 referrals were rejected in this period which resulted in NFA, step down or advice and guidance being given only.
- 7.25 This level of no further action matters will require ongoing oversight as it could suggest a need to undertake further work with partners and referrers about their understanding of thresholds.
- 7.26 This was an average of 258 referrals a month. This has grown steadily during the year peaking in March 16 at 422 referrals for that month. This volume of referral resulted in per 10K being 885.9 for Reading with Statistical neighbours at 704.5 and England at 548.3 for 14/15.
- 7.27 The figures for 15/16 are not yet published and will require further scrutiny to understand volumes being progressed by Reading as it is currently a very high level in comparison to 14/15 data.
- 7.28 However, referrals passed through for assessment are subject to management oversight and rigorous decision making processes and to date there has not been an identifiable level of inappropriate progression to assessment

suggesting that children and young people that require a social work assessment are able to access one in Reading.

- 7.29 Partners had advised the interim Head of Service for Safeguarding in January 2016 that they felt accessing the MASH had been very challenging prior to December 2015 and are now more content that they can consult and seek appropriate professional advice now when required, and that the responses are more timely and effective.
- 7.30 The majority of referrals originated from the Police 33.4% (1035 during 2015-16) with schools being the second highest referrer at 19.22% or 595 for the same period. In comparison 2014-2015 schools referred only 204 children, young people and their families in the whole year so it should be reassuring that schools are now more readily accessing the social work service when required. This also highlights a significant increase in referrals from schools year to date and positively reflects the work undertaken by schools to identify children in need or those who may be at risk of significant harm.
- 7.31 Overall, domestic abuse has remained the highest reason for referral. This constitutes 629 or 20.3% of referrals. The MASH has significantly enhanced the screening of domestic abuse contacts to the MASH with the presence of members of Thames Valley Police co located with social work staff and all domestic abuse contacts are rigorously screened. Referrals concerning physical abuse (13.57%) and Neglect (9.46%) were similarly highly represented.

NUMBER OF REFERRALS TO CSC	
YEAR	No of Referrals
2012-13	1681
2013-14	1732
2014-15	1598
2015-16	3096

- 7.32 These referrals received are subject to professional decision making through MASH where a decision is made how to progress them and if they require a statutory social work intervention or not.



7.33 The chart below demonstrates the level of demand progressed through to the children’s social care access and assessment team for allocation to a qualified social worker for single assessment.

% OF REFERRALS GOING ON ASSESSMENT	
YEAR	ASSESSMENT %
2012-13	96.0%
2013-14	83.0%
2014-15	59.26% Total 1272
2015-16	74% Total 2380

7.34 During 2014/15 there were 4929 contacts received by MASH and in 2015/16 year (March 2016) there had been 7104 contacts this is a substantial increase and has been contributed to by the referral route and expectations about referrals becoming more flexible, alongside training with partners about thresholds for intervention being delivered last year.

#### Assessments

7.35 Allocation of assessments in a consistently timely manner has not always routinely been actioned when they were received by access and assessment.

7.36 However, with additional and new managers this has made significant improvement and was 96% in February 2016 and is 87% as at March 2016 with a target of 100%. This is monitored more rigorously daily and weekly to secure immediate action particularly for those children presenting at risk of immediate harm.

7.37 Timeliness of assessments has remained challenging since June 2015 although consistent application of management oversight since October 2015 has resulted in improvements (48% of assessments were on time at the end of October 2015 and this was 74% at end of March 2016).

7.38 Since mid-October 2015 the recruitment of interim Team Managers (TMs) and Assistant Team Managers (ATMs) and the recruitment of an additional 5 supernumerary agency social worker posts has significantly contributed to securing the backlog of work and increasing the numbers of assessments completed both in time and out of date.

7.39 The quality and consistency of single assessments still remains too variable for all the recognised reasons above and actions are in place to address this including supervision, audits, case reviews, performance monitoring and support for workers with heavy caseloads.

- 7.40 The reality of the circumstances requires a significant injection of increased managerial capacity and accountability and qualified social workers to reduce caseloads and secure a permanent management team to build consistency of expectation and approach.
- 7.41 It is important to recognise that the current caseload continues to include many complex issues for children, young people and their families that need specialist knowledge and robust social work approaches, including forced marriage, teenage self-harm, significant neglect and infants under one year that have suffered significant harm.
- 7.42 February 2016 saw a marked improvement in the completion of assessments within 45 days 74.3% from a previous average of 50% per month despite an increased number of assessments. We currently undertake more assessments within the statutory timeframes than this time last year and performance in April 2016 was at 81% of assessments completed within the 45 days expected. The increased volume and demand resulting in a 100% increase is putting significant pressure on the service to deliver good quality outcomes.
- 7.43 During 2015-16, 56.2% of single assessments were completed within timescales against a Statistical neighbours Benchmark of 75.97%.
- 7.44 This performance dipped during July and August 2015 with staff working on a backlog of out of date cases. This backlog has now been cleared but the increased volume and demand on the service remains high and still causing high caseloads which make quality of work even more challenging. Performance since January 2016 has been improving with current averages of 75% completed on time in a month.
- 7.45 The quality of assessment has been the subject of ongoing scrutiny as part of the monthly audit process and there is evidence of improving robust management oversight however there is more work to do to ensure it is consistent and responsive to levels of increasing risk.
- 7.46 The Principal Social worker has identified a comprehensive training course for the Access and Assessment teams around the quality of assessment and analysis as part of her ongoing work to improve practice and which is being delivered over the autumn 2016.
- 7.47 Children's Services has a duty under Section 47 of the Children Act 1989 to conduct enquiries where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm. This informs any further

intervention including whether the Local Authority should take any action to safeguard and promote the welfare of the child. The decision to initiate S47 enquiries is made in conjunction with the Police and partners via a strategy meeting or discussions. There has been increased activity in this area with 945 S47 enquiries in 2015-16 (rate 272.3 per 10K population), an increase from 579 (rate of 161.5 per 10K population) in 2014-15. The statistical neighbour average rate for 2014-15 was 153.4 per 10,000 the comparative data for 2015/6 is not yet available but should be scrutinised when received to secure a view about the current demand on Reading services.

SECTION 47	
YEAR	Number of S47 initiated
2012-13	618
2013-14	557
2014-15	577
2015-16	945

7.48 The quality and consistency of strategy discussions is an ongoing piece of work with Thames Valley Police and the other Berkshire local authorities. The need to routinely involve health and schools in strategy discussions needs to be strengthened.

7.49 The increase in S47 Enquiries is reflected in a similar increase in the number of Initial Child Protection Case Conferences (ICPC) held with the plan 416 children and young people were considered at ICPC in 2015-16

S47 recommending Initial Conference	
YEAR	Number of ICPC
2012-13	161
2013-14	226
2014-15	301
2015-16	416

7.50 The number of S47 enquires recommending an Initial Child Protection Conferences (ICPC) increased from the last year to 948 from 579 in 2014-15. The percentage of S47 enquires leading to ICPC stood at 42.3% in the year 2015-16. This is still better than the South East Benchmark figure of 40% (available as at May 2016).

7.51 In the year to date, 80% of Initial Child Protection Conferences were held within the 15 day national target compared to 74.77% of Statistical Neighbours in 2015.

#### Child Protection Plans

7.52 The total number of child protection plans and current breakdown of plans as of 31st March 2016:

Category	0-4 years old	5-19 years old	Total
Emotional abuse	38	56	94
Neglect	52	95	147
Physical Abuse	2	4	6
Sexual Abuse	1	10	11
<b>Total</b>	<b>93</b>	<b>165</b>	<b>258</b>

7.53 There has been a significant increase of children and young people subject to child protection plans in comparison to our statistical neighbour and England averages.

7.54 The Service Manager for Reviewing and Quality Assurance is reviewing these plans and will make recommendations about actions required of the operational service.

7.55 The breakdown of categories is currently being reviewed as to ensure that they are relevant to the risk identified and its impact on children and young people. The neglect and emotional harm statistics are higher than expected with lower number of physical and sexual abuse. A review of chairs' practice and Signs of Safety's impact on decision making is underway with chairs and will clarify and re-establish and embed a consistent approach going forward.

7.56 The number of children with a Child Protection Plan has been steadily increasing from 204 at the end of 2014-15 to 253 at the end of March 2016. The breakdown of plans is set out below.

Plan type	31/03/2016
Neglect	55.3%
Physical Abuse	2.8%
Sexual abuse	4.3%
Emotional abuse	37.9%

- 7.57 The data demonstrates that Neglect is the major reason for Children having a child protection plan. A multi- agency audit was completed on behalf of the LSCB and a Neglect Protocol has been developed to ensure that all partners are working together to tackle this serious issue. This protocol is underpinned by a Neglect Action Plan. The action plan aims to increase the identification of neglect by all RBC employees, facilitate early intervention with families where neglect is identified and increase the skills of children's services staff.
- 7.58 Child Protection Plans, which ended, but which lasted two years or more decreased and at the end 2015-16, 9 children had been the subject of a child protection plan for over 2 years, a decrease of 5 from 2014-15. There is an audit cycle embedded which includes auditing of Child Protection Plans that are of 18 months plus duration. This demonstrates the robust use of plans to improve the parenting provided to our most vulnerable children and a reduction in drift.

CHILD PROTECTION PLAN LASTING 2 YEARS OR MORE		
YEAR	Number	%
2011-12	16	8.20%
2012-13	18	8.90%
2013-14	17	8.50%
2014-15	7	3.38%
2015-16	4	1.58%

- 7.59 Over the year 2015-16 83 (25%) children were subject to a plan for a second or subsequent time. This compares with 17.1% for statistical neighbours. This number remains high. An audit of reasons behind this increase is being undertaken in October 2016, the results of which will inform future practice.
- 7.60 Child Protection plans require all children to be seen every 10 working days to ensure their safety and protection. Children should be seen alone and their views sought. In 2015-16, 78% of Child Protection visits were successfully recorded and completed within timescale, whilst this data is improving there continues to be a lack of consistency month on month and improvements need to be sustained. Managers are using weekly data to ensure compliance and this is reviewed by senior managers including the Head of Children's Services weekly and at the monthly Challenge sessions. The latest data shows 85% on time and recorded.

7.61 Children who require ongoing social work intervention but who are not assessed as at risk of significant harm are designated as children in need. This has been an area of concern, with performance being below expected locally set standards. Clear standards have now been set which include the visiting pattern and ensuring that every child has a Child in Need Plan. Standards are in place to ensure consistency; social workers are now required to see every child every 4 weeks as a minimum standard. Social workers are also required to update their plan of work for children in need at a minimum of every 6 months. In addition to visits and plans there has been a huge drive to close or transfer relevant cases with regular meetings with the Children's Action Teams have been set up to ensure cohesive step down. The aim of this work is to ensure that the right level of intervention is provided for every child in need and in a timely manner.

#### Allegations management

7.62 There is a good response to Allegations and the LADO has seen an increase in the number of allegations and concerns about people who work with children. This is forecasted to be at least 60% higher than any previous year of reporting since the process was introduced in 2006.

#### Children in Need

7.63 58% of our children currently have CIN plans at the end of March 2016 and this figure is increasing. At May 2016 it is reported as 60%.

7.64 As at March 2016, there were 616 children categorised as In Need (rate per 10,000 child population including CP and LAC = 177.5; SN= 343.8 for 14/15). Our performance demonstrates that we conduct 30% of our CIN visits on time (within 4 weeks) however; the majority of these cases have had a visit within the last 2 months when data on the system was analysed.

7.65 We had set a local indicator of a 4 weekly frequency for CIN visits. This was an ambitious target given the current demand and pressures on the service and DMT has agreed that this should be set at 6 weekly in line with good practice until outcomes have been secured for these children.

7.66 The business process within the children's case management electronic system Mosaic had to be updated to implement the CIN visit process so it is the same as CP and LAC. This was rectified as from the 23rd May 2016.

#### Child Sexual Exploitation and Children who go missing

7.67 In 2015/16, 534 missing episodes were reported to Children's Social Care for 394 individual young people. 495 missing episodes required a return interview. Quarter 2 of 15/16 saw a significant drop in the number of missing episodes reported and requiring interviews. The increase throughout the rest

of the year is likely to be due to more vigilant reporting from parents, schools and social care as well as a more robust process with the Council. The decline in Quarter 2 could also be due to the summer holidays.

- 7.68 A return interview was refused in relation to 116 missing episodes by either the parent of young person. The number of refusals has decreased monthly since January 2016. Since April 2015, 262 interviews have been completed. Out of these completed interviews, 76 (29%) were completed within the statutory 72 hours from when the young person is returned home and 126 Interviews were completed within 72 hours of Children's Social Care being notified of the missing episode.
- 7.69 There are common themes identified in return interviews which are "push" factors of family disagreements (often arguments between young people and parent/carer); problems in school; concerns from the young person regarding peers. The "pull" factors are peers who are going missing; substance misuse; seasonal community activities.
- 7.70 The Reading Borough Council response to child sexual exploitation (CSE) has developed significantly over the last year, with the implementation of several changes to systems and processes both internally and across the partnership. It is recognised that there is still work to do and this is captured within the CSE strategy and action plan and driven strongly by the LSCB.
- 7.71 There is work to do to ensure that the models implemented are influencing care planning and risk decision making more robustly and more timely.
- 7.72 The CSE data set allows for tracking of CSE risk level movement: Of 24 children and young people that experienced a level of CSE risk change, 14 cases moved up in risk within that last 14 months and 29 cases moved down in risk.
- 7.73 SEMRAC (multi-agency oversight group) provides a multi-agency process to review the cases of young people that have a CSE screening tool and go missing regularly. The SEMRAC group triangulates information, oversees and interrogates all cases of high, medium and low risk. Social workers are required to present cases at the meeting and are robustly challenged.
- 7.74 Disruption and preventative work continues to be developed through partnership information sharing and discussion through SEMRAC. Reading Police use a number of disruption activities including close work with anti-social behaviour teams.

- 7.75 Information tells us that 53 children and young people have been discussed at SEMRAC over the last 14 months April 15 to March 16.
- 7.76 6 young people have come into Local Authority care during quarter 4 (Jan 2016 - March 2016) as a result of recognition of increased risk to them following an analysis about their CSE activity levels. Potentially they should have come into care sooner on review of the cases as they all been known for over a year to the service however when the current interim Head of Service was alerted to their circumstances the response was timely and placements secured.
- 7.77 It is likely this will influence good practice and enable officers to feel more able to seek these decisions through the current model of the children's services solutions panel and have confidence in their assessments.
- 7.78 CSE training has been provided to more than 400 staff on signs, indicators, completion of screening tool, referral pathway and the SEMRAC process. It is built into the LSCB offer going forwards. It is recognised that auditing is required to check impact and improvement and inform and improve practice and is built into the CSE audit programme. The 'I know how to stay safe' report has informed practice through the delivery of a number of service specific workshops. The CSE training pathway is in place and was launched in April 2016. The pathway provides clear guidance to staff on what level of training they should undertake and what is available.
- 7.79 Intelligence sharing training was delivered by Thames valley Police to Reading Borough Council staff and will continue as required to ensure that staff know how to pass all critical CSE intelligence to police investigators. Members and corporate partners have been briefed and CSE is a priority area for the community safety partnership and the LSCB. The Lead Member for children and young people is regularly briefed and updated on CSE activity and data and has engaged in awareness raising campaigns.
- 7.80 A CSE Coordinator has been in post since October 2015 and provides consultation with staff when required to support effective practice. A CSE Champions Group is well established, with 22 representatives from education; health; police; social care; early help; voluntary sector and ASB team. Champions receive specialist training, lead on CSE cases in their teams and act as advisory role within their teams. A post intervention evaluation form has been developed by the Champions group and will be implemented to be used with young people and families to monitor effectiveness of CSE intervention. This data will be combined with the CSE audit findings to improve direct work.



- 7.81 The Independent Reviewing Officers (IROs) are allocated to all Looked After Children to review their care arrangements regularly in Looked After Children Reviews and prioritise the voice of the child, with specific reference to CSE risk. Recent whole service events focusing on the voice of the child revealed significant enthusiasm amongst staff to meaningfully hear the child's voice and reflect this in service improvement plans. There is a need to embed system into day to day practice. Work was undertaken interviewing young people, parents and staff to gather views on CSE services and interventions. A report was written, uploaded to LSCB website and key learning has been shared with managers, teams, staff and services to inform practice ('I know how to stay safe' Work is being undertaken with the IROs to ensure the key learning points are embedded into practice.
- 7.82 CSE information is imbedded in Universal Safeguarding, online CSE awareness course, targeted face to face training addressing practical application of pathways and tools & challenging victim blaming language, assumptions and how to talk to children. Specialist training is delivered on engaging with/supporting children and working with parents as partners.
- 7.83 Current care planning processes provide the framework for all CSE actions and staff are trained and developed in CSE practice. Work is underway to identify clear CSE transition pathways for care leavers and young people approaching their 18th birthday and our Specialist Youth Services provide targeted support to vulnerable young people up to the age of 25 where there are learning difficulties and/or disabilities.

#### Female Genital Mutilation (FGM)

- 7.84 There is a LSCB (joint LA) action plan that is strengthening our response to FGM. This includes a training offer (online) a multi-agency screening tool, linked to a clear pathway for response. Community engagement as a protective approach has been led by a local VCS with LA support.
- 7.85 The LSCB has challenged in 2015/16 for action in this area which includes supporting the joint LA response as well as facilitating and chairing the review of the action plan to date. The LSCB has requested a maternity audit by public health and a check across to social care involvement. This will enable a review of the effectiveness of practice of identification. This continues to be part of the LSCB priorities for 2016/17.

#### Children and Young People with Disabilities

- 7.86 The Children and Young People with Disabilities Team was managed within a 0-25 service managed by Adult Social Care until February 2016 when cases were reviewed and Children's Services resumed line management responsibility for the service. Many of the cases were determined to be

requiring ongoing financial support with no intervention required by Children's Social Care and are therefore now managed through Early Help Services. Any social work oversight is part of the appropriate social work team.

#### Children's Social Care Caseloads

- 7.87 Access and Assessment workers' pre-Christmas 2015 caseloads were up to 60 cases and these have been reduced to an average now of 35 (May 2016). The addition of 5 extra social worker posts in Access and Assessment has contributed to this as well as data quality improvements.
- 7.88 Parenting assessors and case court managers have also been recruited to support the locality teams particularly with progressing court work and complex assessments required for court.
- 7.89 The implementation of the Children's Services new delivery model will contribute further to the caseloads decreasing to reach more manageable numbers of 18 to 24 children and young people across the specialist teams at any one time.
- 7.90 A review of capacity, demand and volume underpinned the recent proposal for the new Children's Social Care delivery model and resulted in the recommendation for a specialist approach to statutory social work being re instigated to separate out court work and LAC, care leavers and formation of CP/CIN Teams.

## 8. LOOKED AFTER CHILDREN

- 8.1 At 31st March 2015-16, there were 220 children and young people Looked After which is an increase of 13 compared to last year. This number represents 64 children per 10,000 population. This is lower than the statistical neighbour average rate of 66.6 per 10,000

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

2016	220
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- 8.2 Of our Looked after Children, as at 31st Mar 2016, 116 are male and 104 being female. 114 of these children are noted to have special educational needs. 147 are white and 73 are from other ethnic groups. (67% white / 33.2% other ethnic groups). This varies from school census data which shows 54.4% white
- 8.3 At 31st Mar 2016, the profile of our Looked After Children demonstrated that 45 were aged 4 and under; with 125 aged between 5 and 15 and 44 aged 16 and over plus 6 unaccompanied asylum seeking children. There has been an increase of 13 from last year.

Looked After Children - numbers in age	
Year	Total number of children
4 years and under	45
5-10 years	57
11-15 years	68
16+	44
UASC	6
Total	220

- 8.4 The Looked after Children’s Sufficiency Statement Strategy 2015-2017 was considered by ACE on 29th June 2015. The document demonstrates how we plan to “take steps that secure, as far as is reasonably practicable, sufficient accommodation within the authority’s area which meets the needs of children that the local authority is looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority’s area (‘the sufficiency duty’).
- 8.5 The Strategy provides the analytical basis by which deficits in suitable accommodation for all children in care can be addressed. This includes Adoption and Fostering targets and associated marketing activity. This document is critical to inform commissioning intentions for future local accommodation provision to meet the needs of Looked after Children.
- 8.6 The lack of local placements in the Reading Borough Council area is demonstrated by the fact that 34.5% of our Looked after Children are placed more than 20 miles away from their home address. While this may be for a positive reason (such as children in adoptive placements or in specialist residential settings) this overall percentage figure must be reduced. It is important for children and young people to be local so that they can retain stability in education provision receive local health services and remain in contact with their family and community when safe to do so.

8.7 Work has been undertaken to recruit local foster carers including work with local faith groups and a target set to recruit 24 new carers by the end of March 2016. This was revised to 18 in October 2015. Future targets are:

- April 2016 - March 2017: target 35
- April 2017 - March 2018: target 35
- April 2018 - Sept. 2018: target 17

Placement 3 -The percentage of looked after children at 31 March placed outside LA boundary and more than 20 miles from where they used to live			
Year	%	No. of children	Total children
2012	20.25%	48	237
2013	21.59%	49	227
2014	25.96%	54	208
2015	33%	61	207
2015	32%	67	230
2016	34.5%	76	220

8.8 60% of our children and young people are in stable placements, as at 31st March 2016 (placements for 2 years plus or are placed for adoption). This compares favourably with the most recent South East Benchmark of 65%. However, we also have a cohort of 22 children who have had 3 or more placements (10%) and there has been an increase of 3 children since the end of March 2016. Whilst this compares favourably with the England average of 10.9%% (as at 2015). There is still a need to be mindful of children's requirements for stability and so we will continue to closely monitor this cohort via our commissioning service and through the work of our Reviewing Team.

8.9 There is a recent interim commissioning strategy agreed to support market development to increase capacity, meet need and reduce costs. A full needs analysis is required to secure net years position.

Placement 1 -The percentage of children looked after with three or more placements during the year ending 31 March			
Year	%	No of children	Total children
2012	5.91%	14	237
2013	4.85%	11	227
2014	8.65%	19	211
2015	9.2%	19	207
2016	10%	22	220

## 9. CHILDREN LEAVING CARE

- 9.1 At the end of March 2016 there were 103 young people entitled to services under the Children Leaving Care Act 2000 aged 17-21 currently this is 122. As a Local Authority we are committed to ensuring that children leaving our care have a good start as they move towards adulthood. At the end of March 2016, 80% of young people had a Pathway Plan in contrast to 27% in April 2015 and against a target of 95%. This continues to improve and audit has demonstrated some good practice in this area.
- 9.2 Despite this, there are 39.8% who are not in suitable employment, education or training which is slightly higher than the latest Statistical Neighbour benchmark of 39.0% but remains unsatisfactory. Of 16 to 18 year olds this relates to 5 young people 2 who are refusing support and 3 who are well supported to access employment, education and training. Of the 19 to 21 year olds this relates to 4 young people with the capacity to engage and they are being well supported by their care leaving advisors and 5 young people are in custody so are accessing opportunities within that setting. New targets have been set for Adviza who work with our young people to facilitate their ongoing learning and development.
- 9.3 Of the 103, 10 young people are in Higher Education and are supported via a bursary from the Local Authority. (87.3%) were in suitable accommodation, this compares to the Statistical Neighbour average of 80.74%. Work continues with independent providers, which forms part of the sufficiency strategy, to remedy this.
- 9.4 All care leavers have a Personal Advisor and 85% of care pathway plans are up to date. “Staying Put” regulations have been translated into a policy and

implemented from June 2015 currently approximately 6 young people are in this type of arrangement. Over 91% of care leavers are in reasonable accommodation and currently one is B&B (Mar 2016 [statistical neighbour is 80%]). However, we need to develop more supported lodgings for care leavers and a proposal was taken forward in March 2016 for supported lodging providers which includes a needs assessment and an exercise to develop the 16+ accommodation and support.

9.5 Here is feedback on the experience of a young person with a disability:

*“Thank you so much for helping me to get to this stage. I really appreciate it. I am so ready to be independent.”*

This is a comment from a young person diagnosed with autism who came into care aged 4 and after several changes of placement moved to Pinecroft. Now, aged 19, she is living independently.

9.6 All young people leaving care have been offered employment advice from Connexions if needed. As 44% (March 2016) of our care leavers are NEET (SN= 39%), during the last year the Council committed to a significant improvement in its NEET performance (from 8.1% to 2.5% by 2016). The NEET percentage for Reading has been consistently high over the last few years (never below 6.1% and as high as 8.7%) and 2014 reporting put Reading in the bottom percentile and resulted in DCLG monitoring.

9.7 In 2015 a NEET Governance and an NEET Operational Group was established which focused on effective matching of young people and provision. For example, there has been a significant improvement in the 16-18 aspect of the Elevate Reading Service as a consequence of the recruitment of a 14-19 Adviser. This aims to find more training opportunities for 16-24 year olds who are not in education, employment or training along with a joined-up offer of support across agencies. (Elevate is part of the City Deal programme and is place for 16-24 year olds to get help advice and support on employment, work experience, volunteering and mentoring). After these concerted efforts during 2015, Reading achieved its lowest monthly reporting of 4.4% and an expected average of 4.7%. Therefore the interim target of 5% for 2015 was exceeded. There has been a significant reduction in the drop-out rate at Reading College as a consequence of the Council’s involvement and support.

10. Placements and Sufficiency

10.1 The Looked After Children’s Sufficiency Strategy 2015-2017 was agreed in June 2015 and it establishes how Reading Borough Council (Reading Borough

Council) will fulfil its “sufficiency” responsibility to ensure as far as is reasonably practicable, that the placement and accommodation needs of Reading Looked After Children and Care Leavers are met locally. Through the strategy we are improving the availability of in house and Reading based placements through our sufficiency strategy

- 10.2 The vast majority of children are supported in a family based placement where stability is working well and better than statistical neighbours (covering number of placements and time in placement). 9.2% of our children had 3 or more placements in 2014/15 and in 2015/16 (March 2016) this is down to 7%.
- 10.3 We retain many of our foster carers and have good support in place for them including financial support and have successfully implemented our Staying Put policy to encourage them to continue to look after children past their 18th birthdays. Six young people were in Staying Put arrangements to meet their needs and wishes as of 31<sup>st</sup> March 2017.
- 10.4 The Placement Reviewing Officer continues to provide an independent review of Reading Borough Council foster carers, gathering information, in order to thoroughly and systematically assess those carers to raise standards for LAC children. This includes the use of feedback forms for each review and at the end of the placement.

## 11. Number of looked after children

- 11.1 In early 2015 as a result of audit work and application of the thresholds the authority saw a steady increase in the numbers of children in care. This increased from 202 in January 2015 to 241 in December 2015 and is 220 in March 2016. This does not make us an outlier for the rate of looked after children per 10k population (Reading 64 per 10,000 as at March 2016; SN is 66.6 and All England is 60.0). We are clear that the thresholds are being consistently applied.
- 11.2 This increase in numbers of looked after children continue to impact upon the workloads of the teams as has the turnover in staff between June and December 2015. 46% children have experienced 2 or more changes in social workers and this has been declining since January 2016 (55%). The new delivery model is designed to positively impact on the caseloads and therefore the experiences of children who are looked after.
- 11.3 The fostering team have been working closely with the children’s social work teams to come up with a solution to the number of LAC requiring their permanence match being presented to the fostering panel. This has resulted

in plans for 25 children to be successfully presented to matching panel between March and July 2016.



## 12. The Pledge

12.1 Reading Borough Council has a Pledge for Children and young people in Care that has been agreed and signed up to by the council. The Parenting Panel uses this as the basis to challenge the council on its performance in relation to looked after children and young people and care leavers.

- Keep you **SAFE**: we will help you to stay safe, and be there for you when you need us
- Give you a **HOME** you like: we will give you somewhere to live where you will feel safe and cared about
- Where we can, help you have **CONTACT** with people who are important to you: where possible we will help you to see your family and other people important to you
- Help you to enjoy **SCHOOL**: we will help you to have fun and achieve great things, both in school and in other activities.
- Help you to have **FUN** and **SUCCEED**: we will support you as you get older to successfully leave care, become adults and live on your own
- Help you to be **HEALTHY**: we will help you live a healthy life, both physically and mentally.
- Make sure we **LISTEN** to you: we will give you and help you deal with your problems
- Treat you with **RESPECT**: we will treat you in a friendly and respectful way
- Try **NOT TO CHANGE** your social worker: we won't change your social worker unless we really have to, and when we do, we will tell you why.

## 13. Independent Reviewing Officers (IROs)

13.1 Most children have had stability with their allocated Independent Reviewing Officer and their care plans are regularly reviewed. All children have a care plan. The business process for updating care plans on Mosaic has been identified for review as this is overly complicated and has been highlighted as a potential cause of the significant decrease in performance in relation to care plans being updated.

13.2 Performance at the end of March 16 stands at 52% and something which we are working to improve. This has further improved in May 2016 to 70%. An audit of these cases and plans is required as we believe a resolution is to ensure the review process and the updating of care plans process should be aligned in the MOSAIC system to secure better performance going forward. Workers are updating the care plan before the review and then not telling the system after the review the plan has been confirmed.

13.3 The team has developed good practice during 2015 and enabled and supported children to lead their own reviews. Where this has not been possible, children are supported to share their views in innovative ways, including the use of surveys, questionnaires and the use of the MoMo app (Mind Of My Own). The use of the app is increasing and children are finding it fun to be able to share their views using this technology. Children are written to by their IRO in simple language following their review to explain the outcomes of the reviews, this reflects the lived experiences of children in our care and there are some good examples of IROs writing clear 'stories' for younger children that they will be able to understand as they grow older.

13.4 A number of our young people have been trained in chairing meetings and have started to chair their own reviews.

#### 14. Looked After Children Health Assessments (LAC)

14.1 We have had a significant improvement in health checks during 2015/16, particularly for children within 20 miles. Current performance stands at 95% and we are working with our colleagues in health to ensure that dental checks are also achieved.

#### 15. Education of Looked After Children

15.1 Results for children who were looked after for a full year from April 2014 to March 2015 show an improved picture at Key Stage 4 where 22% achieved the benchmark of 5+A\*-C including English and mathematics. This has been a key area of focus demonstrating an improvement from 19% last year and remains above the 2014 national results of 12%. The top performing student at KS4 achieved 10 GCSEs, has progressed to sixth form and is planning to go to University.

15.2 The Virtual School is supporting our looked after children and young people in and out of Borough. Performance in relation to the PEPs has improved with 78% in 14/15 and 87% at March 2016. Regular audits are picking up issues of quality and these will be reported formally through the Children's Services Management Team meetings and the Performance Boards. Social workers have received training on a regular basis by the Virtual School Head and repeated for new staff.

15.3 Key Stage 2 results remained constant at 33% (National 52%) with 67% of children making two or more levels of progress.

- 15.4 KS1 average point score declined although 80% of children had an identified special educational need (from 12.8 in 2014 to 10.5 in 2015 with a National score of 13.3).
- 15.5 Phonics results improved from 33% to 40% (National was 55%).
- 15.6 In the Early Years Foundation stage no child achieved the expected level in all five areas required to achieve a Good Level of Development and this is an area of focus, working in partnership with the Early Years team and the LAC Education Adviser 0 - 11, when appointed.
- 15.7 A high proportion of looked after children have an identified special educational need and at the start of the academic year 2014, 67% of primary aged children, 73% of secondary aged children and 57% of post 16 students were in receipt of SEN support.
- 15.8 Potential university students are identified early and receive support and guidance when selecting and applying for courses. Support is also offered with applications for Pupil Bursaries and other funding sources. There are currently ten students at university.
- 15.9 Whilst expected levels of progress were achieved across the key stages for a number of individual children particularly from their starting points, further improvement is required to continue narrowing the gap between looked after children and their peers. A range of interventions were implemented through the Pupil Premium Plus funding and the majority of schools worked creatively and collaboratively with the Virtual School to deploy this funding effectively.
- 15.10 The Virtual School Head is responsible for the delegation of the Pupil Premium Plus grant to schools. Schools have been allocated a core figure for supporting pupil needs and they received documentation and guidance from the VSH to assist with this process. Funding has been allocated through a needs led based model and schools have been asked to complete a Pupil Premium Plus audit form to detail the spend, impact and outcomes, as discussed in the Personal Education Plan meeting and to request additional funding which is tracked and monitored.
- 15.11 A range of interventions are funded through the Pupil Premium Plus allocation and comprises of 1:1 tutoring, small group interventions, in class support, therapeutic support, educational visits, extra -curricular activities, revision guides and laptops.
- 15.12 Sixty five children identified by the Virtual School have been involved in a reading intervention programme through the National Letterbox Scheme.

- 15.13 Children received parcels of books and maths games over a sixth month period. Positive feedback has been received from the children and Foster Carers which indicates an impact on the children's level of engagement in literacy and numeracy.
- 15.14 The Welfare Call attendance system was successfully implemented in 2015 and has contributed significantly to safeguarding through daily absence reporting to the Virtual School, Social Workers and Designated Teachers. Further development of the Virtual School is planned with the recruitment of two LAC Education Advisers 0 - 11, 11 - 25 and the proposed pilot of ePEPs and Target Tracker.
- 15.15 83% of children are attending good or outstanding schools in accordance with the Reading Pledge. The remaining children attend schools for which there is no Ofsted judgement due to academy conversion or they were already attending schools which were neither good nor outstanding before becoming looked after.
- 15.16 The Virtual Head and members of the Virtual School meet with Social Workers, Foster Carers and Designated Teachers to promote the educational achievement of looked after children and update on current educational changes. Education packs are issued at these meetings which include statutory guidance on the timeliness and quality of PEPs. The recruitment process for two Virtual School LAC Education Advisers 0-11 and 11-25 has begun and this will improve the capacity of the Virtual School to offer increased training opportunities and additional support and guidance to Social Workers, Designated Teachers and Foster Carers which in turn will improve the timeliness and quality of PEPs.
- 15.17 The majority of young people last academic year transitioned successfully from Year 11 on to post 16 courses. There were 19 young people (39.8% with statistical neighbours reporting 39%) not in education, employment or training and further collaboration is required between the Virtual School, post-16 providers and the Leaving Care Team to build a strategy to reduce this. The key is to provide targeted early intervention to prevent disengagement and the dedicated post 16 LAC Education Adviser in the Virtual School, currently being recruited, would support the extended development of this work.
- 15.18 An Annual Awards Ceremony is held to celebrate achievement. Social Workers nominate children for awards at the LAC Celebration of Achievement Event and this is widely supported and well attended. Events were held on the 31<sup>st</sup> May 2016 and the 2<sup>nd</sup> June 2016 at which over 80 children and young people

attended with their carers and positive feedback was received with all attendees really enjoying the events.

15.19 The VSH is a member of the corporate parenting panel and reports through a standing item at every meeting on promoting the educational achievement of Looked after Children, raising attainment and aspiration.

## 16. The Corporate Parenting Role

16.1 All staff in the council have been challenged to think about their role as corporate parents and how they can ensure that our looked after children have the best start in life. Performance information in relation to looked after children has been shared with the whole staff group across the council and they have been asked to consider how they can improve services within their own areas to ensure the children we look after have the same opportunities they would want for their own children.

16.2 A model has been established to enable consistent and growing voice of young people in care (Your Destiny Your Voice), as evidenced by regular participation in Children-in-Care Council meetings, delivery of youth-led events such as the Christmas Quiz, and involvement in recruitment of staff - there is still work to be done, but much progress has been made.

16.3 In October 2015 an open letter was issued to the staff of Reading Borough Council from "Your Destiny Your Choice". This has been shared with staff throughout the council through Council-wide staff Team Talk sessions and through internal communications. The young people also prepared an audio version of the letter which was very well received. The Head of Safeguarding has written a response to Your Destiny Your Choice on behalf of the authority and this was shared with the children and young people at their meeting in February.

16.4 Children's lived experience of the service has not always been good and whilst stability has improved we must acknowledge that the route to stability has not been easy for children and young people, including high turnover of social workers and delays in permanence. We are fully committed to improving this service going forward. A refreshed Corporate Parenting Strategy is currently being consulted on and will go to Committee in July 2016. This will provide a focus on improving the service for looked after children and young people and for care leavers.

## 17. ADOPTION

- 17.1 Adoption Performance as evidenced by indicator A1 (the average time between a child entering care and moving in with its adoptive family) on the Adoption Scorecard, which is for children who have been adopted, indicates that after a reduction last year the average time has increased in the year 2015-2016. The national target is 420 days.

A1 - Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days) (National target of 420 days)			
Year	Avg. days	No of days	No of children
2012	544.44	9880	18
2013	591.72	10651	18
2014	681.27	17713	26
2015	611	11,610	19
2016	696	17,396	25

- 17.2 For A2 (the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family) is 398 average days as of 31<sup>st</sup> March 2016. This is higher than the national target of 120 days.

A2 - Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days) (National target of 120 days)			
Year	Avg. days	No of days	No of children
2012	222.06	3553	16
2013	242.31	3877	16
2014	325.96	8475	26
2015	285	5429	19
2016	398	9560	25

- 17.3 The breakdown of indicator A3 (children who waited less than 16 months-487 days between entering care and moving in with their adoptive family) contains some children with considerably longer timescales in excess of 500 days. There were 11 children who waited less than 16 months as at March 2016, the average number of days between entering care and moving to adoptive placement was 696 at March 2016.
- 17.4 Further diagnostic work was commissioned with independent providers Coram. This looked at the children placed for adoption compared with the children looked after, those currently needing adoptive families and those who the service has not been able to place. An action plan has been developed by the Adoption service and work started to improve performance in this area.
- 17.5 The Annual Adoption report for 2016 demonstrates a significant improvement in timeliness and is to be tabled as a separate document to ACE Committee July 2016 for information and reassurance as all the indicators A1, A2 and A3 have significantly improved and are now well within the national expectations.
- 17.6 25 children were adopted during the year 2015/16 an increase from 19 in 2014/15 for Reading Borough Council. Comparative data is not yet available for 15/16 but previous years can be seen below. Reading % of LAC Population in 2015 was 22% against an England average of 17%.

## Benchmarked Performance Re Adoption in the Year as a Percentage of LAC Population

Local Authority, Region and England		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change from previous year
870	Reading	18.00	12.00	18.00	10.00	17.00	12.00	20.00	19.00	27.00	22.00	-5.00
989	South East	13.00	13.00	14.00	11.00	13.00	10.00	11.00	14.00	17.00	18.00	1.00
	Statistical	13.56	12.88	15.11	15.56	14.90	12.10	12.50	13.80	16.30	16.80	0.50
970	England	14.00	13.00	13.00	13.00	13.00	11.00	13.00	14.00	17.00	17.00	0.00

		Quartile bands							
Local Authority, Region and England	Trend	Change from previous year	Latest National Rank	Quartile Banding	Up to and	Up to and	Up to and	Up to and	
					including	including	including	including	
870	Reading	↓	-5.00	28	A	12.75	17.00	21.00	37.00

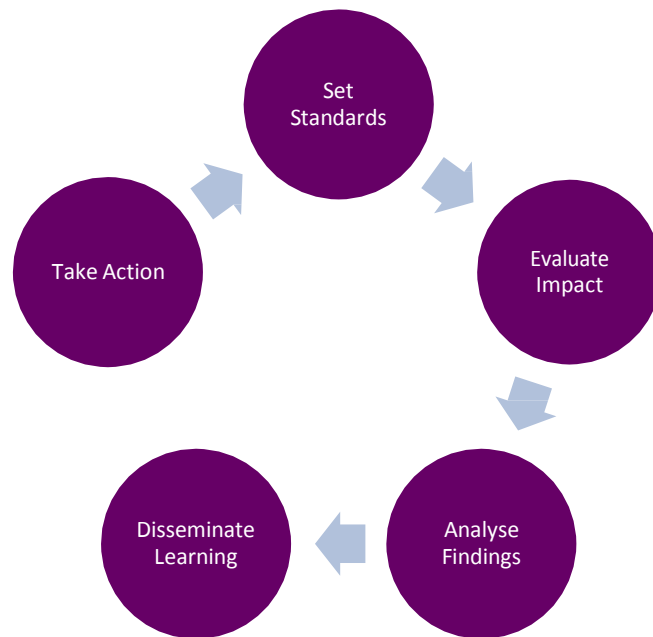
### 18. AUDIT AND QUALITY ASSURANCE ACTIVITY

- 18.1 Audit practice and influence on the service was not well embedded during 2015, whilst there was audit activity it was specific and did not form part of an overall quality assurance learning process for all. There was a lack of compliance in getting audits completed and their analysis was the responsibility of operational service managers this is usually undertaken by the independent quality assurance service to ensure learning can be cascaded and evidenced as influencing service development.
- 18.2 The process and quality of engagement required significant refresh and challenge which was completed and implemented by the interim Head of Service for Quality Assurance.
- 18.3 A refreshed Quality Assurance Framework was developed, agreed through lead member briefing and ACE committee and implemented in the service from April 2016.
- 18.4 It provides a much more robust scope and methodology to obtaining performance information. Data on trends, performance trajectories and an ability to cross relate to other performance measures are now more easily accessible and should provide a secure learning base for the services development going forward.
- 18.5 The focus within audit activity is a mixture of both quantitative and qualitative data to ensure process and procedures are being followed and that areas for practice improvement are identified and actioned. The audit



process incorporates the whole of children's Services and is supported by a range of revised audit tools.

- 18.6 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.



- 18.7 A Moderation process is built into the audit process and quality assures the process of monitoring the quality of the auditing carried out. Random cases are, therefore, routinely re-audited by a manager or peer.
- 18.8 The audit process and moderation which is in place for Children's Social Care has been extended to the Children's Action Teams so Children's Services has one overarching methodology for auditing. Case mapping across teams is planned to further improve practice for the whole of the 'child's journey' across services.
- 18.9 A quarterly performance and quality meeting is chaired by the Head of Children's Services. The meeting will look at the various strands of quality assurance activity and will agree action plans to be developed as a result of activity. This meeting will act as a challenge meeting where the HOCS can scrutinise activity, receive exception and corrective action reports and call managers to account.

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

18.11 The first quarterly report relating to Quarter 4, 2015/16 under the new agreed 'Quality Assurance Framework' was submitted to the Service Improvement Board 13<sup>th</sup> May 2016 and this related to audits completed between 1<sup>st</sup> January 2016 and 8<sup>th</sup> April 2016.

18.12 There were 23 audits completed during this quarter 4 period out of a possible 98 distributed. This equates to 23% compliance by managers. Compliance has been an issue but has been addressed resulting in quarter 1, 2016/17 producing 100% compliance by managers.

18.13 The audit tool used has a number of sections which includes an 'Ofsted Framework' group of questions. This leads the auditor to give an overall grade in line with Ofsted grading as follows:

- Outstanding
- Good
- Requires Improvement
- Inadequate

18.14 The grading of cases audited from the Quarter 4 report were as follows;

None Moderated Grading			Final Moderated Grading	
Outstanding	0 (0%)		Outstanding	0 (0%)
Good	3 (13%)		Good	3 (13%)
Requires Improvement	18 (78%)		Requires Improvement	14 (61%)
Inadequate	2 (9%)		Inadequate	6 (26%)

18.15 An analysis of overall findings collated from each of the various sections found the following.

18.1.1 Strengths - What has worked well

- Multi-agency liaison and communication in many cases has been positive

- Intervention by with families by Social Work Assistants has been positive
- The family's changing needs have been recognised and the support package adjusted to allow these needs to be met
- Good insight into families ethnicity and cultural needs

#### 18.1.2 Learning - What has not worked well

- Direct work not taking place to capture the children's wishes and feelings and informing planning
- There is a lack of recording of CIN meetings on Mosaic
- Recording of CP visits are on the whole very brief
- Evidence of case drift over a number of months. Changes in social workers and managers in the past 12 months, which has significantly contributed to drift in cases.
- Assessments on many cases not up to date or analytical in assessing risk and need
- There has been little challenge evident on case files in respect of IROs
- The family's cultural needs are not explored and taken into consideration within the assessments
- Chronologies are not a meaningful and succinct
- No regular supervision recorded when children were subject to CP planning
- No SW visits or reviews have taken place since the CP plan ended

#### 18.1.3 Outcomes

- Action Plans for each 'Inadequate cases' were agreed Service Managers, Team Manager and Social Worker these are being tracked by the Service Manager for Quality Assurance to ensure they were secured and actions done.
- A Supervision record and case notes were all updated with refreshed plans to be reviewed at subsequent supervision
- Operational Service Manager and Service Manager for Reviewing and Quality Assurance to be informed of the plans success and outcomes.
- Operational Service Managers to take responsibility for robust oversight of inadequate cases and report on progress at CSMT
- All audits uploaded on child's file
- Actions from audit reports will inform improvement plan
- Audit findings will be incorporated into the QA Framework process
- All 'Inadequate' cases will be reviewed by monthly case improvement panel until case has reached an acceptable standard
- Audits will be completed 1 every three weeks, to inform a quarterly report

- Quality Assurance page in IRIS to include all auditing taking place and reports for all to access

18.16 Results have been audits will be disseminated across Children’s Services. The views/comments of staff are gathered in a range of fora, for instance, focus groups, staff briefings, whole service conferences and induction of new staff. Feedback in respect of the findings of audits and the relevant themes will be disseminated at such events.

18.17 It is acknowledged that the refreshed process implemented from the end of April has not yet had enough time to be able to evidence the significant benefits in improving practice as a result of these frameworks being in place to date.

18.18 However there have been up to 70 audits undertaken that will influence developing practice when subject to the process outlined above.

18.19 The evaluation of the Annual Report for Complaints and Compliments 2015-16 has not yet been received by the service.

## 19. WORKFORCE RECRUITMENT

19.1 The recruitment of social workers and managers at a number of levels remains a priority for Reading Borough Council. The current workforce development strategy provides a robust infrastructure to support and underpin the improvement of good and excellent practice across children’s services inclusive of early help.

19.2 In addition to the robust recruitment and retention activity that is being implemented to secure the workforce required to deliver the new children’s social care delivery model.

19.3 The senior leadership team for DCEEHS has been successfully permanently recruited to and will provide a stable and consistent approach to the services development.

19.4 The current permanent recruitment campaign has successfully recruited to 50% of the workforce required for the new Children’s Social Care delivery model to date within 6 weeks of the process starting following a tender process to secure recruitment agencies that could assist the authority.

19.5 The following chart sets out our current workforce profile as of 20/05/16 for social care staff working with children in need, children subject to child protection plans, children looked after and care leavers (including: the

number of qualified social workers and their post-qualifying experience; the number of vacancies for permanent staff; the number of locum/agency staff; the extent of staff turnover/stability and sickness levels; and average caseloads of staff by team)

Role	Establishment	Perm Staff	Agency Staff	Vacs	Total Workers	% Agency	% Perm	% Est Vacant
ATM	18.2	8.2	14	10	22.2	63%	37%	55%
HS	15.6	9.6	9	6	18.6	48%	52%	38%
IRO	6	5.2	3	0.8	8.2	37%	63%	15%
SM	5	2	3	3	5	60%	40%	60%
SW	65.1	37.7	45.75	27.4	83.45	55%	45%	42%
TM	8.6	2.6	7	6	9.6	73%	27%	70%
Grand Total	118.5	65.3	81.75	53.2	147.05	56%	44%	45%

19.6 Details on measures and initiatives undertaken to address areas such as agency use and recruitment are contained within the Workforce Development strategy for Children’s Services.

## 20. LEADERSHIP AND MANAGEMENT RESPONSE

20.1 The permanent appointment of the Principal Social Worker in December 2015 was followed closely by the appointment of the Director that started in February 2016.

20.2 Since December 2015 permanent appointments have been made to all of the services senior leadership team posts including HOS for Early Help December 2015, HOS for Education March 2016, HOS Safeguarding June 2016 and HOS for Governance and HOS for Transformation will be starting in August 2016.

20.3 The dismissal of the Director of Children’s Services and the Head of Children’s Services in November 2015 prompted immediate action and the Director of Adult Services stepped into the role as the Interim Director of Children’s Services until the appointment of a new DCS.

20.4 The Children’s Services Improvement Board (CSIB), a partnership board, was established in June 2015 and established an Improvement Plan intended to drive up service improvements and providing strategic challenge on key aspects of service delivery, holding managers to account for the delivery of key improvements throughout the year and providing performance oversight. This proved to be effective and has reported improvements since 2015. An impact report was presented to the Board in June 2016 which captured the

impact the plan has had on delivering improvements to services to children and young people.

- 20.5 When the DCS and the Head of Service left in 2015, a short term intensive management action plan was implemented (early in December 2015) and delivered to ensure that work was consolidated and delivered to a high standard during this period of upheaval for staff.
- 20.6 The changes experienced by staff created some initial uncertainty which was also reflected in performance during the autumn of 2015; however the new management team in place from January 2016 established a rigorous approach to ensuring the staff felt increased support to deliver effective and sustainable services.
- 20.7 Staff development workshops were delivered from January 2016 to introduce staff to the new management team and to build and share a new vision. These have been developed resulting in a programme of Staff Conferences which have continued through 2016.
- 20.8 The impact of so many rapid changes during 2015 meant that many staff had left the authority and a greater reliance was placed on agency and interim staff. Following the appointment of the new management team, a number of staff who had previously handed in their notice, were persuaded to stay.
- 20.9 A review and restructure of Children's Services was done which resulted in a proposal for a new delivery model in February/March 2016, which has been subject to consultation with staff and is now at the start of implementation planning.
- 20.10 The proposal reflected the increase in volume of work, tensions and pressures across the service and seeks to secure robust workflow and outcomes for children, young people and their families.
- 20.11 Good agency staff who have been working with the authority are being asked to consider taking on permanent roles and permanent recruitment activity is slowly starting to bear fruit. A recruitment campaign in November 2015 resulted in five new Assessed supported year in employment (ASYE) social workers starting in January 2016. Recruitment planning for the next ASYE cohort is underway with recruitment starting in 2016 for an early 2017 start.
- 20.12 We have also instigated an intensive recruitment campaign during the summer of 2016, aiming to recruit to 60 permanent social work posts 50 % have already been recruited to.

- 20.13 A refreshed Workforce Development Strategy in January 2016 set out the recruitment and retention activity that will be undertaken alongside key development opportunities for staff within Children’s Services.
- 20.14 The management team since January 2016 have developed workforce profile and caseload monitoring mechanisms and are clear about the need to recruit to a permanent workforce, reducing reliance on agency staff.
- 20.15 New focus has been given to the authority’s approach to key governance arrangements since the appointment of the senior management team in January 2016, in particular to performance management and to quality assurance and putting children at the heart of everything.
- 20.16 Key documents also required a refresh including the Quality Assurance Framework, Special guardianship policy, Corporate Parenting Strategy and Performance tools.
- 20.17 New performance dashboards had to be developed to assist in the monitoring of key performance in relation to looked after children and Safeguarding.
- 20.18 These dashboards are helping to drive up performance and identifying issues where the business processes in Mosaic are not yet secure. Key to a dashboard is the ability to click on individual numbers in relation to the performance of a team and for staff, managers and senior managers able to view the case records of the children to whom it relates. Reports are developed in ‘live-time’ so managers are able to use this daily to ensure that assessments and visits are undertaken. Data from the dashboard is then used in the context of a Performance Board to challenge performance and undertake remedial actions. A refreshed audit programme will improve our view of the quality of the work being completed.
- 20.19 The “Getting to Good” meeting was refreshed as a monthly Performance Board and streamlined to secure improvement actions and service development in a more timely way, including Service Managers producing monthly highlight reports following service specific performance boards that then inform the Performance Board about challenges and opportunities, mitigating actions taken, results and remedial actions still outstanding.
- 20.20 Our new management team has recognised issues in relation to consistent case and personal supervision within Children’s Social Care and work is being done to address this immediately, including training and development for managers and support from the Principal Social Worker and Quality Improvement Manager.

- 20.21 A new Performance and Quality Assurance Framework has been launched which will provide a structured approach to securing good performance and high quality services. Managers are clear about the Quality Assurance, Performance, Audit and Business Planning Cycle.
- 20.22 Professional challenge is starting to emerge as staff and partners become comfortable with the new management arrangements. This is encouraging and welcomed, particularly in multi-agency fora e.g. Reading LSCB.
- 20.23 Political Leadership has provided stability with the Lead Member for Children's Services, Councillor Gavin having been in place since May 2013. This role is taken very seriously within the authority and Councillor Gavin has been instrumental in promoting the voice of children and young people at a council level and in encouraging all councillors to complete safeguarding training, working with officers and children to develop the Pledge to children in care and presenting it to full council as a resolution, inviting all councillors to sign the Pledge. She also organised a training session for councillors as corporate parents and has presented to the managers of the organisation on their role as corporate parents using the Team Talk mechanism. Every officer of the Council has been challenged to think about how they can give the best start in life to our looked after children and this will be monitored through the Parenting Panel.
- 20.24 The LSCB Business Manager has been working towards the LSCB becoming more organised and well-known across the local authority and partner agencies. Good work has taken place to update the guidance on thresholds and these have been cascaded across all services, including running workshops. The CSE strategy has been launched, and with the CSE co-ordinator in post, the action plan has been progressed.
- 20.25 Commissioning arrangements are maturing within Reading and we are starting to improve the quality of provision through managing relationships with 100 providers, covering £12m spend, achieving £500k annualised savings/cost avoidance since Sept 2014 through challenging quality and challenging costs.
- 20.26 There is however limited experience of joint commissioning arrangements and market development which we are looking to focus on during 2016-17 particularly with the Transformation of Child and Adolescent Mental Health Services. We have forged greater joint commissioning with health in relation to youth counselling.
- 20.27 The Commissioning Service has led placement moves or challenged providers around the quality of over 30 individual placements and has carried out S11



Safeguarding Audit for all providers. It also initiated and co-ordinated Berkshire-wide cost analysis project for SEN FE placements.

20.28 We have set up systems on Mosaic that update e.g. Ofsted ratings automatically.

20.29 The individual cases referred for placement/cost negotiation/quality issues have doubled from 50 in 2014 to over 100 in 2015.

20.30 Further development and improvement work will be done by working alongside iMPower, who are coming in to work with the services in the summer of 2016. We also are investing in a programme of leadership development with the Virtual College of leadership for team and service managers as well as the Camden LA twinning programme that is seeking to expose managers to alternative and good models of service provision.

## 21. NEXT STEPS

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

21.2 As part of the continuing improvement journey, the following is being done to enable the council's objectives for children, young people and their families to be achieved:

- We need to ensure that the new directions set are embedded over the next few months and provide the quality of care to young people in our care, those on a child protection and children in need plans.
- We continue to develop our auditing arrangements across all services and act upon their findings by cascading the learning through training events and regular workshops.
- Management oversight needs to become embedded and consistently recorded on children and young people's files and middle managers particularly need to be enabled to strengthen their practice and delivery of supervision to secure timely and improved outcomes.
- That the voice of the child emerges strongly throughout our practice.

- That the core standards are fully understood and the key priorities are adhered to; these include the voice of the child, regular and reflective supervision, performance management, timeliness of our assessments, good analysis of our work and intervention with children and families that is outcome focussed.
- That we achieve stability in staffing, by recruiting good quality staff and retaining them and developing those currently in the Department to their full potential.
- It is essential that all staff have an understanding about our budgetary pressures and learn to live within the budgets allocated but continue to provide high quality services including access to out of borough provision that is cost effective and best value.
- Ensure that residential care is only considered when all their options have been exhausted.
- Secure the children's solutions panel oversight and influence of all high spend, care plans and families requiring intervention additional to that of a social work assessment
- Develop a joint agency panel to secure partnership funding and contribution to children's care packages when required.
- Development of the children's case management tool MOSAIC is crucial as it underpins all of the services functionality and currently is not yet enabling social workers to spend more time with children, young people and their families.
- Management Action to address these challenges has also included recognition that the current infrastructure in place is actively preventing the development of the workforce and their ability to deliver services in a timely and consistently effective way.
- The new Children's Services delivery model to be implemented from July 2016 following consultation and feedback from the staff has been developed to create an infrastructure for the service that will address the issues of concern currently challenging the service.
- This includes an increased workforce that can respond to the current levels of demand resulting in reduced caseloads that will enable increased timeliness and quality, increased managerial oversight and accountability and secure a specialist model of practice that will enable staff development and good quality practice.
- This model and its benefits have been well received and supported by the Council and its partners in safeguarding.
- This model was developed by the interim Head of Service during February 2016 and April 2016 alongside the staff and relevant partners. The current transition plan is securing the staffing , caseload transition process, recruitment of permanent staff and team locations to start implementation from July 2016. (Should we include the paper?)

- The Principal Social Worker has developed quickly a full induction programme that integrates the service and practice standards to underpin the workforce development and retention activity outlined in the newly implemented workforce strategy.

## 22. CONTRIBUTION TO STRATEGIC AIMS

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

‘Safeguarding and protecting those that are the most vulnerable’.

## 23. COMMUNITY ENGAGEMENT AND INFORMATION

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

## 24. EQUALITY IMPACT ASSESSMENT

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

## 25. LEGAL IMPLICATIONS

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

## 26. FINANCIAL IMPLICATIONS

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

## 27. BACKGROUND PAPERS

- Annual Fostering report attached.
- Childrens Workforce Development Strategy
- Childrens Social Care Delivery Model

27.1 None

**GLOSSARY:**

CSC - Children's Social Care

MASH - Multi-agency Safeguarding Hub

DfE - Department of Education

LSCB - Local Safeguarding Children's Board

VCS - Voluntary and Community Sector TVP

- Thames Valley Police

ICPC - Initial Child Protection Conference

UASC - Unaccompanied Asylum-Seeking Children

SN - Statistical Neighbour

FGC - Family Group Conference

MARAC - Multi-agency Risk Assessment Conference



Directorate of Children, Education and  
Early Help Services



# Fostering Service Annual Report

2015/16



**Reading**  
Borough Council

Working better with you

# FOSTERING ANNUAL REPORT 2015-2016

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### 1. Legislative and Policy Context

Reading Borough Council's Fostering Service is an integral part of the Directorate of Children, Education and Early Help Services. It operates within the legislative requirements of:

- The Children Act 1989
- The Children Act 2004
- The Children and Families Act 2014
- The Care Planning, Placement and Case Review Regulations 2010 and 2013 (Amendments)
- The Care Standards Act 2000, Regulations 2010 and accompanying National Minimum Standards for Fostering Services
- The Fostering Regulations and National Minimum Standards 2011 and 2013
- The Children (Private Arrangements for Fostering) Regulations 2005 and accompanying National Minimum Standards
- The Equality Act 2010
- The Disability Discrimination Act 1995 and 2005
- The Human Rights Act 1998 and Amendments
- The Children (Leaving Care) Act 2000
- Other relevant legislation and Department of Health guidance, circulars and letters.

Reading Borough Council's Fostering Service operates in accordance with the requirements and expectations of:

- The United Nations Convention on the Rights of the Child
- The United Kingdom National Standards for Foster Care 1999
- The Code of Practice on the Recruitment, Assessment, Approval, Training, Management and Support of Foster Carers 2005
- The Outcomes Framework of Every Child Matters: Change for Children
- The Children's and Young People's Plan
- Other relevant interagency local strategies and plans required by statute
- Reading Borough Council's internal policies, procedures and Corporate Plan 2014-2017

## 2. Introduction

2.1 This Annual Report will concentrate on the service activity from the 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016. It will incorporate updates for each function within the Fostering Service including action taken both to comply with the Fostering Services Regulations and National Minimum Standards 2011 and 2013, and improve the performance reported to Reading's Children's Services 'Performance Board'.

2.2 The Fostering Services Regulations and National Minimum Standards 2011 state that:

'The fostering service recruits, assesses and supports a range of foster carers to meet the needs of children they provide care for and is proactive in assessing the current and future needs of the children'

2.3 The Children Act 1989 states that:

'A general duty of a local authority is to secure sufficient accommodation for Looked After Children'

The Care Planning Placement and Care Review (England) Regulations 2010 reinforce this duty placed on local authorities to provide sufficient accommodation for looked after children. Under section 22(g) the responsible authority must take steps to ensure that they are able to provide sufficient accommodation within the authority's area to meet the needs of the looked after children.

The RBC Fostering Service's objectives are contained within the 2015/16 Statement of Purpose, namely:

- People who are vulnerable are cared for and protected; people are supported and protected when they need to be (as per the RBC Corporate Plan 2014-2017).
- Good quality public services are provided by staff working within a learning environment which supports continual improvement in terms of the effectiveness of practice (as per the RBC Corporate Plan 2014-2017).
- Deliver the Directorate Vision, LEAP; Listen to our children, young people and families. Enable families to make better choices to have a positive impact. Act quickly to deliver the right support and 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 and proportionate.
- Deliver the pledge to children in the care of Reading Borough Council. This pledge sets out the standard of care children and young people can expect from the council. The pledge details the support and guidance provided under the following broad headings:
  - ❖ Being Involved - Participation
  - ❖ Permanence
  - ❖ Your Education
  - ❖ Life Outside of School



## ❖ Transition to Independence

- Provide looked after children with a safe, stable, nurturing family environment which will promote their health, educational achievement and wellbeing, and which will assist them in coming to terms with their life experience and reaching their full potential.
- Provide different types of foster placements to meet the needs of the children being looked after, including temporary, permanent, respite and short breaks.
- To retain a skilled group of foster carers who are able to meet the needs of children who are looked after.
- To recruit and assess foster carers in a consistent and visible manner to engage the right quality and number of carers to meet the demands for placements.
- To meet the key aims of Reading Borough Council and the objectives of the Children and Young People's Plan.

2.4 The Ofsted Inspection of August 2013 gave the RBC fostering agency an overall rating of 'Adequate'. A number of key recommendations were made resulting in an action plan to improve the service.

## 3. Overall Fostering Service Performance

3.1 Performance monitoring systems have been embedded with monthly performance data being analysed by the management group. The data (as contained in the Appendix 1 and 2) is used to identify any patterns and themes and so inform the management of areas of strength and required development.

3.2 Performance against Four Performance Indicators:

### The Proportion of children and young people placed with 'in-house' Foster Carers.

At 31<sup>st</sup> March 2016 the proportion of Looked After Children and Young People placed with 'in-house' foster carers is 29%. With the inclusion of Family and Friends foster carers this figure increases to 40%. This falls significantly short of the target of 50% for March 2016 (the first milestone to reach 75% by September 2018 as established within the Sufficiency Strategy). The numbers placed with Independent Fostering Agency (IFA) placements increased to 41% of Looked After Children in comparison to 37% the same time last year.

3.3 The overall numbers of Looked After Children increased slightly from 209 to 220 during the year, with a high of 241 in December 2015. Underneath these fluctuations the percentage of Looked After Children by age at 31st March 2016 was as follows:

- 20% under 5 years of age
- 20% 5-9 years of age
- 39% 10-15 years of age
- 21% over 16 years of age

3.4 This meant that the demand for placements of older children/young people significantly increased over the year with the demand continuing to outstrip supply. This resulted in a number being placed in IFA's.

3.5 It is difficult to predict these patterns of placement demand but overall Children's Social Work teams report an increased trend for younger children to be placed with family and friends ("connected persons") under Special Guardianship Orders rather than remaining as Looked After Children.

### 3.6 The proportion of Looked After Children in Family Placements

Reading's performance in relation to the number of children in family placements increased between March 2015 and March 2016 (73% to 83%). The number of young people placed in residential care remains relatively low at 9%, a slight increase from last year (7%).

### 3.7 The proportion of new admissions to placements further than 20 miles from Reading

Performance related to the total number of children placed within 20 miles from their home has remained static at 67% of LAC from March 2015 to March 2016. 33% of Looked After Children were placed over 20 miles from their originating address by the end of March 2016, again the same figure as last year. The largest numbers of children being placed over 20 miles away are those in the 10 years plus age group (43%). This reflects the increased number of placements being sought for older children/young people.

### 3.8 The proportion of children with 3 or more placement moves

Reading's performance in relation to placement stability remained at a good level, increasing slightly from 8.7% to 9% of Reading's Looked After children experiencing 3 or more placements by year end. This figure has remained relatively static in relation to the previous year. Although some of these moves were for good reasons such as to achieve permanency, the ideal would be for them to do so with less prior moves. Use of systemic consultations with the Options Therapeutic Team to either directly provide interventions or "fast track" referrals to CAMHS has limited the number of placement breakdowns. This service is working towards the prevention of placement breakdowns, by providing therapeutic support to LAC and advice, guidance and training to foster carers.

## 4. Recruitment and Assessment of Foster Carers

4.1 This function is undertaken by a section of the fostering service which includes the following staff:-

Assistant Team Manager	1 FTE
Higher Specialist Social Worker	1.68 FTE
Social Worker	1.5 FTE
Permanency Social Workers (finding long term foster families)	2 FTE
Recruitment Officer (Fostering & Adoption)	1 FTE

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

4.3 The target for August 2015 to March 2016 was set at an increase of 24 fostering households (see Appendix 1). This target was revised to 18 fostering households to reflect the implementation date of the Looked After Children's Sufficiency Strategy and the need to recruit to an assessing Social Worker post.

4.4 Appendix 1 shows that 9 new "main" carers were approved (including those who could offer placements to teenagers and siblings). At the time of writing this report 3 further fostering households have been approved bring the total to 12. During the last financial year 21 assessments were commenced. Of these 7 were NFA'd (no further actioned) the reasons for which are detailed in Appendix 1. This represents static performance in comparison to 2014-2015 when 9 new fostering households were approved therefore the 'sufficiency target' of 24 fostering households was not achieved. During this period 5 sets of carers ceased fostering. The reasons recorded for those ceasing to foster on the appendix show that there good outcomes for children who achieved permanency through either a Special Guardianship or an Adoption Order. Two carers ceased fostering due to a change of career and one resigned for personal reasons. None of the resignations were as a result of poor support from the team. This is an area which is monitored monthly in performance meetings.

4.5 Appendix 2 demonstrates the high level of recruitment activity required to generate additional approved foster carers because of the filtering/self-determined withdrawal at each stage of the recruitment and assessment process i.e 129 initial enquiries were generated to produce 9 new fostering households.

4.6 Over the year 2015/2016 the Recruitment Team have worked hard to make use of social media, like Twitter and Facebook, developing Reading's own Fostering and Adoption account/profile. However, the main focus has been the development of a 'digital strategy' with an increased web based presence supported by a project plan (Appendix 3). It is anticipated that this will enable the Recruitment Team to engage with the market place in a flexible and responsive manner with a view to creating further efficiencies.

4.7 General advertising on the buses, newspapers and radio has been recognised by

enquirers which led them to contact the Local Authority about fostering. This is evidence of the importance of ‘drip feeding’ information to the pool of potential carers by means of continuous advertising/ marketing strategies.

- 4.8 The Team has been active in terms of recruitment stands and throughout the year has attended numerous community events within Reading. These have been well attended and served to raise awareness of fostering in Reading.
- 4.9 In October 2014 Reading launched a partnership arrangement with the ‘Home for Good’ project which aims to recruit 40 fostering households from the network of churches in the Reading area over a period of 3 years. The partnership includes the joint funding of a 0.5 social worker post to engage and recruit from this section of the community. The project has generated 7 enquiries and resulted in 2 applications to date. This initiative has reinforced the significance of the size of accommodation typically lived in by people who would otherwise be potential enquirers. This issue is therefore being taken forward as a priority area for service development.
- 4.10 In July 2013 “Assessment and Approval of Foster Carers” recommended a two stage process in the assessment of Foster Carers. The Recruitment and Assessment Team have chosen to implement the Stage 1 and Stage 2 processes concurrently with a view to efficient and effective progression of Foster Carer Assessments. The team has worked in partnership with Business Support to develop a Checks and References workflow that has been implemented in Mosaic to enable robust performance tracking and management. The Recruitment and Assessment Team are now piloting the completion of Stage 1 being undertaken by a dedicated worker who will respond to enquirers in the evenings and at weekends offering a flexible and speedy response reflecting the market demand in a competitive environment with Independent Fostering Agencies and surrounding Local Authorities operating in the area.
- 4.11 A system of electronic police (DBS) checks was officially implemented on 30<sup>th</sup> October 2015 in order to address the delay caused in completing Stage 1 assessments and employing staff. This has produced an improvement from an average of 8 months for returned checks to 3 months for prospective carers and better results for the employment of staff (e.g 2 days in one case). As this still did not meet the 2 month timeframe of Stage 1 assessments, benchmarking was undertaken with other Local Authorities and other online systems. The results achieved in Reading were in line with those elsewhere.
- 4.12 Initial enquiries are responded to promptly within timescales (3 days). From 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 of 129 initial enquires received 116 were responded to within 3 days. The current framework and structure of the Recruitment and Assessment Service is producing foster carers that are well informed and prepared for the role.

## 5. Support and Development of Foster Carers

- 5.1 This function is undertaken by a section of the team with the following staff dedicated to this activity:

### Support & Development Team

Assistant Team Manager	1 x 0.8 FTE
Assistant Team Manager	1 x 0.6 FTE
Higher Specialist SW	4 x 1 FTE
Social Workers	1 x 0.5 FTE
	3 x 1 FTE
Duty Social Worker	1 x 1 FTE

5.2 These workers provide the placement finding service in response to referrals from the children's social work teams as well as supervising and supporting approved RBC carers - ensuring that the latter continuously develop their skills and knowledge.

5.3 **Placement Finding Service**

The fostering duty system continues to provide a good level of continuity to Foster Carers, Children's Social Workers and Independent Fostering Agencies, resulting in better outcomes for children. We continue to use our system of a fulltime dedicated Duty Officer (qualified social worker) and a back up duty social worker with support from a duty manager; these roles are managed on a rota basis. This service continues to receive very positive feedback from all teams and professional partners and develops very effective working relationships with the Independent Fostering Agencies.

This service also arranges respite placements/babysitting/day care/transport etc to support RBC carers - this work is additional to the activity described below.

5.4 **Profile of Children Requiring Foster Placements:**

127 children moved into new fostering placements between 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 (some of them had more than one move in this period). This is a significant increase to the previous year (87). Placements are obtained with RBC, other Berkshire Local Authority or, if necessary and when authorised, with IFA carers. This does not reflect the additional placement search activity undertaken in response to emergency referrals which do not actually result in foster placements being used as the Children's Social Work Teams are able to find birth family/extended family alternatives. It does include referrals requiring changes of placement for existing Looked After Children as well as those for children who are just becoming looked after.



Gender	Number of Children referred+placed
Male	61
Female	66
Total children referred	127

Age range	Number of Children referred+placed
0 - 2	36
3 - 5	12
6 - 8	17
9 - 11	14
12 - 15	33
16 - 18	15
Total	127

Ethnicity	Number of Children referred+placed
Asian	5
Black African	10
Black British and Caribbean	2
Black Caribbean	2
Black Mixed	2
Black Other	1
Mixed Other	4
Mixed White & Asian	4
Mixed White & Bl African	3
Mixed White & Bl Caribbean	11
NOT STATED	1
Other Asian	1
Other Ethnic Group	11
Other White European	3
White British	67
Total	127

The tables above illustrate the continual challenge for the fostering team to recruit foster carers from a range of backgrounds and approval categories to address the numbers of LAC in IFA placements and match the demand in terms of age, cultural

background, length of placement required and needs of the individual children.

## 5.5 Foster Carer Profiles

On 31.3.16 there were 89 carers (households) in total on the register. Of these:

- 58 were short term foster carers
- 10 were long term foster carers
- 2 were supported lodgings carers
- 11 were Family and Friends foster carers
- 3 were respite carers
- 5 were short break overnight carers (see Short Break section below)
- 12 day carers/carers providing community based sessions etc. etc (not included in 89 carer households)

Of the “approved RBC foster carers” providing overnight placements on the register at 31.3.16 (i.e short term, long term, supported lodgings and respite carers).

The number of short and long terms carers has increased from 53 and 9 households respectively in March 2015 to 58 and 10 in 2016.

## 5.6 Support and Supervision for Foster Carers

Supervising Social Workers continue to provide supervision, support, ongoing training and professional development to foster carers to enable them to offer a range of skills and experience required to meet the diverse needs of Reading’s Looked After Children. The support is provided through a variety of methods e.g. individual supervision, support groups, and the development of peer mentoring and buddying. The buddying scheme is jointly run by a foster carer with an ATM. Similarly the mentoring scheme is being overseen by the ATM.

Foster carers also offer mutual support via Reading’s well-established Carers Link group. Committee members of this group each have a “ring round” list of foster carers to contact on a monthly basis to check how they are and offer support. There was a social event for foster carers earlier in the year with another planned for July 2016 to thank carers for all the work they do and recognise their contribution.

Foster carers are well paid and benefit from 14 days paid service break each year. The fee and levels structure is currently under review in order to better meet the needs of Reading children and reward foster carers more equitably.

One member of staff commenced maternity leave in November 2015 and a secondment arrangement was put in place as of January 2016 to cover this period of leave. The interim period was managed within the team. In February 2016 an agency social worker concluded their contract on the appointment of a permanent social worker and a handover was facilitated. Unfortunately this new member of staff has had extensive sick leave during the year and this has led to pressure on the rest of the staff group, who have covered the supervision of her foster carers temporarily. Currently there is one agency social worker covering the work of the full time duty worker, who has been on long term sick leave. The agency worker is someone who previously worked for the fostering team and knows many Reading foster carers. This high level of stability in the team has had a positive impact on foster carers, and a foster carer survey in late 2015 reported that the majority of foster carers felt that the level and quality of support had improved over the year.

Supervising Social Workers are being encouraged through staff supervision and appraisal to prioritise making good quality relationships with the children in placement as added support to the foster carer and to ensure the child has access to caring consistent adults.

#### 5.7 Individual Supervision

All Foster Carers have an allocated Supervising Social Worker and receive regular supervision every 4-6 weeks, fortnightly if a newly approved foster carer. The purpose of foster carer supervision is to ensure that all professional practices and procedures (including appropriate recording) are being followed in addition to identifying any issues arising from the placement at an early stage

The stability of Assistant Team Managers has meant that during the year to March 2016, Supervising Social Workers were all receiving regular four weekly supervision.

#### 5.8 Foster Carer Access To Children's Social Care Managers

The Fostering Team Manager, Service Manager, Head of Service and lead councillor have attended coffee mornings organised by foster carers when requested. Foster carers are able to raise any pertinent issues at these sessions.

The Carers Link committee also have a regular bi-monthly meeting with the fostering management team up to Service Manager and Head of Service. Foster carers are also regularly invited to attend working groups when processes and service improvements are being considered.

#### 5.9 Peer Support Group Meetings

There is a group of baby carers who meet on a regular basis to share their experience of caring for babies and to discuss training needs. The group has been organised by foster carers and is attended by Supervising Social Workers and guest speakers as appropriate. An additional group of carers for teenagers meets to share their experiences and discuss the needs of teenagers.

In addition Reading Carers Link (RCL), which is supported by an annual grant from Reading Borough Council, has organised social activities throughout the year.

#### 5.10 Children who foster

The children who foster group - "Foster Squad" has continued to meet monthly and is building an established membership. Group activities over the last year included learning/training as well as fun/social activities. There have been "information" sessions including Cultural awareness, MAKETON, Moving Children On plus fun activities including street dance, a pizza party and trip to a theme park.

#### 5.11 Telephone Out of Hours (OOH's) Support Line for RBC Carers (provided by RBC Supervising Social Workers)

The Out of Hours support line has been running for 4 years and was recently re-launched clarifying its role and how it fits in with Reading's EDT service. RBC foster carers have been able to access the service from 18.00 - 23.00 on Mondays to Fridays, and from



09.00 - 23.00 on Saturdays, Sundays and Bank Holidays. On occasions when placements have been made late in the day, the OOH's worker is asked to make the phone call to the carer in question to check all is well and that the child arrived safely. The support line, surprisingly, is not hugely utilised and this may be a reflection of the fact that foster carers feel supported during the day and are confident that problems will be addressed with their own social worker promptly on the next business day.

#### 5.12 Training and Development

We have continued to use a range of trainers either from internal/external sources, and have continued to provide an extensive range of training in line with the needs of foster carers and linked to National Minimum Standards. Feedback from foster carers has generally been positive but we have responded to the few instances of negative feedback by cancelling and identifying alternatives when rescheduling.

All carers are supported to achieve the Training, Support and Development Standards. Those who require additional time or support are provided with additional support by their allocated Supervising Social Worker to ensure they are able to achieve completion.

During the last year we have introduced the opportunity for all those applicants in assessment stage to book themselves onto the core mandatory training so that they feel better equipped for their new role right from the start of their fostering career following approval.

We have also run two rounds of KEEP Safe training for our teenage foster carers, which have proved extremely successful. Feedback from carers is that the 20 week ongoing, closed group format is helpful and this type of course is also being considered for carers of younger children going forward.

#### 5.13 Professional Meetings

SSWs are being encouraged through supervision and appraisal to arrange regular joint meetings with the child's social worker at least 4 times a year in order to maintain stability and help the child feel that the adults caring for them are working together. The Supervising Social Workers also attend statutory Looked After Children's Reviews, Placement Planning/Agreement Meetings and any other professional meeting deemed necessary.

#### 5.14 Complaints

During the period of this annual report there have been 5 complaints, all by foster carers. Two were resolved informally, two were upheld and one was partially upheld. For all complaints actions plans are established.

#### 5.15 Allegations

There have been 13 allegations against foster carers from 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016 where the Local Authority Designated Officer (LADO) has been informed and subsequently a strategy meeting and/or a Joint Evaluation Meeting convened. Nine resulted in Action Plans, and 2 were unfounded and 2 were ongoing.

#### 5.16 Compliments

There have been 4 recorded compliments regarding Supervising Social Workers and the positive difference they have made to the children in care, particularly in enabling them to make successful transitions to their permanent families. There have also been a

number of compliments from foster carers regarding the support and guidance they have received from their Supervising Social Workers, the Duty Social Worker and Assistant Team Manager, which reflects the improved stability of the staff team and consistent management.

## **6. Family and Friends Foster Carers & Special Guardianship Carers**

- 6.1 The group of workers supporting Family and Friends Foster Carers & Special Guardianship Carers consists of:

## Family and Friends Section:

Assistant Team Manager	1 x 1 FTE (0.8 perm and 0.2 temp)
Social Workers	3 x 1 FTE
	1 x 0.8 FTE
	1 x 0.67 FTE
	1 x 0.5 FTE

- 6.2 It is well evidenced that children placed within their own family enjoy more placement stability and are more likely to attain better outcomes. Reading Borough Council always strives to keep children with their birth family network wherever possible and safe to do so.
- 6.3 The core business of this group of workers is to carry out assessments of potential family or friends carers (“connected persons”) from referrals received from children’s social workers. These assessments are complex pieces of work, as one has to achieve the balance between reinforcing their identity by keeping a child within their extended family and the robust requirements as laid down by Fostering Regulations and National Minimum Standards 2011. Workers ensure that ongoing support and training requirements for their specific needs, are met for these carers.
- 6.4 These workers also complete most of the Special Guardianship Order (SGO) and Child Arrangement Order (previously Residence Order) assessments in line with court requirements and deadlines which have been significantly shorter to reflect the objectives of the Family Justice Review. The Family Justice Review has resulted in a significant increase in the team’s workload, as all possible family members or connected persons need to be considered, and if appropriate assessed, before the Courts will consider a permanent placement outside the family network for a child. This has resulted, in some cases, in multiple assessments per family.
- 6.5 All Private Fostering arrangements are also assessed and supported by the Family and Friends staff. A separate annual report is provided regarding this area of activity.

This year the section’s work has included:

- 82 Family & Friends Assessments

This has resulted in:

- 4 newly approved Family & Friends foster carers
- 4 carers waiting to go to fostering panel
- 21 carers having SGO’s granted (28 children)
- 21 carers were ruled out or withdrew
- 8 cases where child(ren) returned to parents or other family members
- 1 carer has opted to apply to adopt
- 23 are ongoing cases or awaiting outcomes such as court hearings

- 29 carers have been temporarily approved as Family and Friend’s foster carers under Regulations 24/25

Of these:

12 had SGOs awarded (included in the number above)  
4 were taken to panel and approved and 1 went on to have SGO awarded  
5 carers withdrew  
3 cases where child returned home  
1 case where children were placed in LA care  
4 carers are ongoing Reg 24/25 arrangements

- 9 new Private Fostering referrals were received during this year with 1 ongoing from the previous year. Of these 7 arrangements ended and there were 3 ongoing arrangements as of end of March 2016.
- When the Family and Friends section has had previous involvement with the prospective carer, they will undertake the viability assessment. In other cases this is undertaken by the Child's Social Worker and transfers to the Family and Friends worker for the subsequent, substantive assessment.
- 3 families were supported to manage or apply for Child Arrangement Orders. This support has usually been in relation to finances, but in one case the Higher Specialist Social Worker was able to arrange for a carer to have legal advice and support on a pro-bono basis as required following the death of a partner
- The workers have provided post order support to 43 SGO carers, including support with family contact and mediation.

- 6.6 The Family and Friends workers continue to run a Family and Friends Carers Group on a fortnightly basis. The group attendance increased in this year to an average of 10-12 attendees and the group's focus has continued to provide support and to deliver relevant training sessions covering the National Minimum Standards.
- 6.7 Each worker in the section is allocated to a specific children's team, to provide advice and support about various matters regarding family and friends work and to update the children's teams on news and changes within family and friends work. Due to significant staff turnover in the children's teams it has continued to be necessary to plan attendance of all the team meetings (next scheduled between June and September)..
- 6.8 Positive feedback has been received from the Joint Legal Team regarding the worker's practice, and the quality/robustness of court statements and assessments filed. Some children's guardians have given feedback about the good quality of support provided to Reading SGO carers.

- 6.9 A thorough review of all the SGO allowances currently in place has been undertaken. A new SGO Policy & Procedure has also just been finalised in order to underpin consistent, high quality service delivery.

In summary placements with family members continue to be considered best practice options within Care Planning Regulations. Nonetheless whilst placements with friends and family are seen as one of the most appropriate placement choices, they can also be vulnerable placements which require a high level of targeted support to maintain placement stability.

## 7. KEEP Safe and Options Therapeutic Team formerly "Directions" (Multidimensional Treatment Foster Care)

- 7.1 The new Options Therapeutic team was launched in September 2015, after a review and staff consultation in relation to the Multi-dimensional Treatment Foster Care service. The new service was designed to deliver the KEESafe training programme for Foster carers and a therapeutic service for Reading's Looked after children. This service was developed to ensure that placements of looked after children are supported and enhanced to ensure that placements remain stable throughout the child and young person's journey of care.

### 7.2 KEEP Safe Programme

We are currently at the beginning of the third KEEP Safe group for Reading foster Carer's who have young people aged 12-17 years, placed with them. All groups have been well attended with a mix of new and experienced carers (foster carers and Kinship/Family and Friends foster carers). KEEP is a positive parenting programme for carers to improve skills and resilience when looking after challenging children. The programme is an evidence based programme that emerged as a result of work undertaken at the Oregon Social Learning Centre. The programme is supported by the National Implementation Service with the latter providing a weekly basis. This is to ensure fidelity to the programme and to measure outcome success for the cares undertaking the programme. The lead facilitator for KEEP is undergoing the accreditation process and will be an accredited trainer by the summer 2106, with the Co-facilitator currently also being assessed.

At the time of writing Reading had 52 looked after children within this age range who were looked after by in-house foster carers, family and friends carers and agency foster carers. This programme is enabling a large number of Reading Foster carers to be trained to a high standard and will in turn add to placement security for the young person.

The KEEP safe team structure as follows:

Programme Manager 0.25 FTE

Lead Facilitator 0.5FTE

Co-Facilitator 0.25 FTE.

The National Implementation Service provides summary reports from the pre, post and 6 monthly questionnaires, that the Foster carers fill out. We currently only have a summary report of the first KEEP group from 2015. The KEEP summary looks at SDQ scores, Parenting scale and Foster carer Ratings. From the data analysed in relation to the SDQ all scores have improved from the abnormal and borderline range to being in the normal range. This is mirroring the trend that the National Implementation Service hopes to see.

In regards to parenting scale you would expect to see a reduction in the mean scores as carer's parenting efficacy improves throughout the course. In all but one category the pre intervention statistics were in the abnormal range. Post intervention all areas of the parenting score had moved to the normal range, this shows that there had been an improvement in the carers parenting efficacy throughout the course.

And finally the Foster Carer Rating score shows how the foster carers felt in areas such as support, facilitation, learning and group. All score collected from this cohort demonstrated that the facilitators met adherence ratings on the model across all aspects. The scores achieved were statistically significant and provide evidence that all carers felt supported, listened to and that they were able to learn to model from the facilitators.

Qualitative feedback collected at the end of the group from the carers in the form of post it notes included

- ❖ “realistic and practical tips”
- ❖ “support through difficult times”
- ❖ “good to share and listen to other's experience”
- ❖ “great for building support network”
- ❖ And much more.

### 7.3 Options Therapeutic Team

The Options therapeutic team has been set up to provide Reading looked after children, specific and effective support to address their emotional, social, therapeutic and mental health needs. The workers aim to:

- Promote the emotional and mental health of looked after children and young people who are looked after, or who were looked after but are now in permanent placements, to ensure they achieve their potential.
- Enable children and young people to address their family and care experiences and achieve positive outcomes, by providing therapeutic support when needed.
- Identify those children and young people who require a specialist CAMHS service and ensure appropriate referrals are made.
- Ensure specialist support is provided to assist social workers, foster carers, adopters and other professionals working in the child's network in order to meet the looked after child/young persons identified needs.

The services offered include:

- Psychological assessment of looks after children and young people.
- Individual therapy for a child or young person
- Non-verbal creative therapy
- Family therapy with birth, fostering or adoptive families
- Systemic consultations to professionals working with a complex child or Family.
- Direct work, with children and young people in the community, to enable them to develop positive strategies to manage their emotional and mental health.
- Specialist advice and support to birth families, foster carers, adoptive

parents and other permanent carers of previously looked after children and young people.

- Signposting and assisting with appropriate referral of children and young people with complex needs to other appropriate mental health and therapeutic services, based in Health and other agencies ( either locally or to support distant placements).
- Specialist training to Social workers, other professionals, foster carers and adopters to relevant issues.

#### 7.4 Service delivery

The aim of the service is to provide therapeutic services at appropriate points in the child or young person's journey, when these services are needed. Not all looked after children or young people will need to access these services, but when a need is identified, the service aims to respond in a timely manner, depending on demand. Some children and young people, with complex needs, are likely to need the support of this service at key points during their journey through care. In many cases, the work required will be directly with the professional network working with a child or family, or the foster carers or adoptive parents, rather than direct work with the child or young person.

The Options Therapeutic team structure:

Programme Manager 0.25 FTE

Clinical Psychologist 0.5 FTE

Systemic Therapist 0.5FTE

Creative 0.5 FTE

Skills Coach 0.5 FTE

#### 7.5 Current service provision

Since September 2015 the Options therapeutic team have had 36 referrals relating to 55 children and young people. This number does not include 8 children and families that the team are continuing to work with. At the point of writing the team were working with 12 children and young people in individual therapy, 7 foster carers, 3 Special Guardians and providing supportive work to 3 Children's social workers.

They had a waiting list with potentially 4 young people who have been identified for individual work, and a further 5 sets of carers that have asked for additional support. On a weekly basis they were receiving between 1-4 referrals and offering twice weekly consultations. As a therapeutic team they also offer phone support to other professionals, sign posting to other agencies and reflective spaces to talk through complex cases.

#### 7.6 Options feedback

Options feedback is mostly qualitative in the form of thank you cards and written feedback. As a team we looked at several outcome measures that we could use with the clients. After much deliberation we decided that, if appropriate the practitioners would use a measure called score 15 which asks for assessment before during and after interventions. The score 15 assessments are not being evaluated until the practitioner has closed the case, this is so that the whole journey of the child, young person or carer can be tracked.

We have also just recently started using evaluation forms with the carers, children, young people and social workers. These have been designed to get feedback on the service and are based on questions about the practitioners and the interventions received. Again this data is qualitative in it's nature, so statistical significance will be

difficult to ascertain. The feedback so far has been good with most children filling out the form during the end session with the practitioner. All of the children and young people asked have stated that they found the practitioners easy to talk to, that their worries were taken seriously and that they found the help received to be good.

## **8. Short Breaks Scheme**

- 8.1 The scheme provides a short break service which includes community based, day care or overnight care. The primary function of the short breaks service is to support families looking after children with disabilities and to enhance the life experience of these children by offering them social opportunities with volunteer families and carers. The policies, procedures and practices of the service fully acknowledge that these children remain the responsibility of their parents and that parental satisfaction is our key performance indicator, (NI54).
- 8.2 The workers also provide a fostering service involving long term placements for disabled children which reflects the expertise of the workers in relation to the needs of children with disabilities. The policies and procedures of the fostering service are followed.
- 8.3 In addition the Reading Short Breaks Scheme operates in accordance with the requirements and expectations of:
  - Short Breaks statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks.
  - Aiming High for Disabled Children.
  - The criteria for eligibility to receive a service from the Children and Young People's Disability Team (CYPDT) Team and defined within the Department of Health's Assessment Framework.
  - The Social Model of Disability which recognises that disabled people are disabled not by their impairment, but by social factors and attitudes that create barriers and deny opportunities to disabled people. These factors include prejudicial attitudes and institutional discrimination faced by disabled people.



## Legislation

The Short Breaks Scheme continues to work alongside other services for children with disabilities and although the initiative of Aiming High for Disabled Children has now concluded we still work within its framework to achieve the five core offer standards:

- Good provision of information
- Transparency in how the available levels of support are determined
- Integrated assessment
- Participation of disabled children and their families in local services
- Accessible feedback and complaints procedures

The service continues to work to the Training, Support and Development (formerly CWDC) Standards framework for both Short Breaks and Fostering. Although community based carers are not included within the regulations these standards are applied to them as best practice. Carers at all levels are also offered additional training opportunities through the Short Breaks Workforce Training Programme.

### Activity and Statistics

#### Carers:

At March 2016 the team supported 23 carers:

5	Foster carers
5	Overnight carers
12	Day carers
1	Community based carers

#### During the year:

1	foster carers were approved
2	overnight carers resigned
0	day carers resigned
0	Community based carers resigned

#### Children:

At the beginning of the year covered by this report a total of 35 children received services from the team:

8	Fostering placements
13	Overnight placements
6	Day care placements
8	Community based placements

By March 2016 this number had changed to:

23	Fostering placements (1 as supported lodgings)
7	Overnight placements
10	Day care placements
4	Community based placements

In addition approximately 10 children were placed in emergencies with short-breaks carers.

This level of provision needs to meet the demand managed by the panel which receives all referrals for services for children with disabilities.

## 9 Permanency Fostering

### 9.1 The staffing was as follows:

Assistant Team Manager	1 x 1 FTE
Social Workers:	1 x 1 FTE (on sick leave for 3 months)
	1 x 0.8 FTE
	1 x 0.8 FTE

Recognising the demand and number of referrals for long term foster placements/matches, the resources were increased to ensure permanency for Reading children can be achieved in a timely manner.

The workers have actively been involved with 57 children whose care plan is long term fostering. 12 children were matched with their long term foster carers. 7 of these were with Independent Fostering Agency carers, 5 were matched with RBC carers. 4 of the 12 children required family finding and moved into their long term placement. 1 young person moved from a residential setting into her long term foster placement. All 12 placements have been stable to date with appropriate considered support plans.

At the time of writing this report 45 children remain active, 33 of those are likely to be matched with their current Independent Fostering Agency carers, 5 with RBC carers and 7 require family finding. The permanency process was reviewed during 2015-16 in order to avoid delay for children. It is anticipated that this document will be available on TriX to all social workers and IRO's by the end of June 2016. As a result of this process, the team are planning to present 20 further matches by the end of July 2016 and are confident that the new agreed permanency process will prevent unnecessary delay for children requiring permanency.

## 10. Foster Panel

- 10.1 The Foster Panel sits twice a month and its primary legal function is to make recommendations about the approval of foster carers, whether they are general foster carers or family and friends (connected persons) and to recommend any terms of approval. The panel also makes recommendations about the approval of carers providing support to its general foster carers, Short Breaks for disabled children, Supported Lodgings and Staying Put arrangements.
- 10.2 If the agency decides, within stage two of the assessment process, that an applicant is unlikely to be suitable to foster and they do not wish to withdraw, the assessing social worker will present a Brief Report to the panel, asking it to make a recommendation to the agency decision maker.
- 10.3 Standards of Care reviews are presented to panel. Terminations of approval are referred to panel for it to make a recommendation to the Agency Decision Maker for a Qualifying Determination to be made. The panel is also notified of resignations.
- 10.4 In addition, the Reading Panel is presented with all First Annual Reviews of foster carers, ongoing Annual Reviews, at least every three years and Annual Reviews where there has been a significant event or change of circumstances. The panel advises regarding the suitability and terms of continuing approval of the foster carers.
- 10.5 A significant area of the panel's work involves consideration of matches for children with permanent foster carers. The panel provides independent scrutiny, offers advice and makes recommendations regarding the suitability of the match and the long term support needs of the permanent family.

- 10.6 The foster panel is chaired by one of two Independent Chairs. In addition, there are two Vice Chairs who are able to stand in, as required.
- 10.7 The Authority keeps a central list of panel members, including 3 social work representatives who have at least three years post qualifying experience, in line with the regulatory requirement. There are 10 independent members, who have backgrounds in education, social work, foster care and direct experience of the care system. An elected member, who is also the lead for Corporate Parenting, also sits on the panel. The panel has access to a Panel Adviser who quality assures the paperwork prior to panel and advises the panel on professional issues as they arise. There is a Medical Adviser and access to legal advice as required. A Panel Coordinator arranges administrative support for the panel and provides minutes of the meeting to the Agency Decision Maker, panel members and the appropriate professionals.
- 10.8 In 2015-16, 1 member resigned and 1 new panel member was appointed. A new Panel Adviser came into the role in January 2016. During the period of this report, there were 21 panel sittings. The panel dealt with 10 applicants of which 9 cases received ADM approval within the year and 6 updated foster carer assessments.
- 10.9 The Panel has dealt with 33 Foster Carer Annual Reviews. Fifteen of these Annual Reviews were First Reviews and changes of approval. 11 permanent matches were considered and 5 new Family and Friend foster carers were recommended for approval. There were also 5 updates to panel as per panel's recommendation on previous presentations, mainly to check the progress of particular issues.
- 10.10 There were no Standards of Care Reviews presented during this period. There were 8 resignations from foster carers reported, mainly due to relocating to other parts of the country and changes in their personal circumstances.
- 10.11 The Foster Panel seeks feedback from foster carers who attend panel as part of the approval process or as part of the Annual Review process. The feedback is collated by the Panel Coordinator into a quarterly report and presented to the panel business meeting.
- 10.12 Written feedback is also sought from presenting social workers to the foster panel, following each panel meeting and is pulled together and reported in the same way.
- 10.13 The panel is asked to evaluate the quality of each presentation after it has taken place and the feedback is captured in a written feedback form provided to the social worker and their manager.
- 10.14 Panel members provide feedback to the agency through their annual reviews and Panel Chairs provide feedback in their reviews and to panel business meetings.

## 11. Reading Carers Link (RCL)

- 11.1 Reading Carers Link (RCL) is a registered charity, constituted of Reading Borough Council Foster Carers. All RBC Foster Carers are automatically members when they join RBC as a Foster Carer. The RCL committee works to develop services for supporting foster carers and works in partnership with RBC. RCL members have been involved in RBC Fostering Recruitment Campaigns, preparation group training delivery and members attend the RBC Corporate Parenting Panel with members and officers. They offer peer group assistance and representation regarding the issues experienced by foster carers and proactively work with RBC staff to improve the fostering service.

Work undertaken last year was as follows:

### 11.2 Support to carers

- Provision of phone line ring round on a regular basis (monthly when possible) and out of hours service, including using a solution focused approach to help support carers further and asking for feedback to help judge what they are already doing well and where further changes can be made.
- Involvement in the induction of new foster carers when invited which has included both attendance at RBC led preparation groups and induction days, where carers have given information on the various RCL supports available to them.
- Offered a buddy process for potential foster care applicants and providing an experienced carer to act as a buddy to new carers for one year. This is monitored by RBC and RCL representatives.
- Continued provision of a mentoring process, whereby any carer can meet with a peer mentor to help develop specific skills and knowledge relevant to fostering, for example a specific age group or specific development need, such as record keeping.
- RCL monthly general support groups have continued, but based on carers feedback new speakers have been added to the agenda and all topics are based on suggestions given by carers. These include Workshops on Teenager and sleep routines.

A crèche is provided to allow Carers of younger children to attend.

- The monthly baby group has also continued this year, with ongoing success, again basing content on direct input from carers.
- The monthly support group for teenage carers has been established and is developing, and is based on active involvement.
- Continued liaison with RBC and provide input to RBC for any training areas which we believe are not fully represented in the training calendar.

### 11.3 Communication and Voice

- A basic website which all carers can access via a secure log-in has been developed.
- Provide a regular bi-monthly newsletter (LINK) which offers six issues per year and is sent by post to all Foster Carers. Feedback has been good.
- Conducted an annual survey at the TGI dinner and received an excellent response rate. Feedback was generally very good and action was taken on those areas where specific suggestions were given.
- Continued support to individual carers and generally supporting carers to make and take their own decisions and signposting them to relevant information.
- Representation of RCL and carers at RBC management meetings (Joint Liaison Meeting) to escalate concerns to RBC in line with escalation process and ensure delivery of the outcomes agreed in the RBC Service Level Agreement.
- Input to panels: Corporate Parenting Panel representation and active part in Task and Finish Group.
- Arranged Coffee Mornings for RBC staff to meet Foster Carers and this enables Carers to ask questions and get face to face answers.
- Involvement in development and implementation of the new Foster Carers Fees and Level workshops provided by RBC.

- Group meetings ran monthly for Baby and Teenage Foster Carers. The Teenage carer support group has started to offer workshops specific to the needs of the teenage carers.
- Actively promoted Mo-Mo (the self-advocacy app that helps young people express their views and get involved in decision making). This was achieved via the Link magazine and through discussions with carers.
- Actively promoted the Children's Pledge/Charter via the Link magazine and discussions with carers.
- Promoted the use and understanding of The Fostering Network by inviting one of their representatives to one of the general support groups.
- Provided information and advice on Tax Returns via a support group and a publication in the Link magazine.
- Promoted Fostering Recruitment events in the LINK.
- Worked with RBC to develop the Children who Foster Group. It now has monthly groups with training, support and social activities specifically for these children. It is now called the Foster Squad. Groups are promoted in the Link magazine.
- Supported and promoted Children in Care Council events via discussions and Link magazine.
- Shared fostering team news via the Link eg. Staff changes.
- Promoted the Celebration of Achievement Event in the Link.
- Promoted the Destiny Project events and youth club via the Link.

#### 11.4 Events

- At TGI Foster Carers Annual social event useful feedback was received via questionnaires which was passed onto RBC. Turnout was excellent and feedback on the event good.
- Events specific for age groups have been organized and attended well, e.g a trip to the seaside, Bubble Football and new Car Seat Regulations.
- Planning and development of future events that allow for networking of carers and their families. Obtaining feedback from carers to develop these.

## 12. Improvement Plans

12.1 The following areas of work have been incorporated in plans to improve and update service delivery:

- Review the Sufficiency Strategy and recruitment plan in order to establish challenging targets to increase the numbers of approved Reading Borough Council Foster Carers and target those able to provide the most appropriate placements for BME Looked After Children, teenagers, sibling groups and those requiring permanency.
- Implement a service structure and development review to enable delivery on service priorities and establish efficiencies.
- Implement project plan to deliver a ‘digital strategy’ in the recruitment and increase of foster carers.
- Evaluation and progression of partnership working with local faith groups via funding arrangements for the Home For Good Project and access to their respective websites.
- Evaluation of dedicated Stage 1 practitioner responding to initial enquiries with great flexibility.
- Deliver training to Supervising Social Workers on marketing and recruitment skills when attending recruitment events.
- Review of the payment scheme for Foster Carer Fees via a working group and formal consultation process.
- Involvement of Foster Carers in working groups relating to the review of Foster Carer Fees.
- Further promotion of “Mo-Mo” to broaden participation and feedback from Looked After Children.
- Further progression of joint working arrangements with Reading Carer’s Link.
- An ongoing schedule for updating sections of the Foster Carer Handbook
- Further development of the targeted training for Foster Carers including the delivery of attachment and trauma training to compliment the KEEPSafe programme.
- Evaluation of the evidence based KEEPSafe model of training for Foster Carers.
- Evaluation of the multi-disciplinary Options Looked After Children’s Therapeutic Service (based in the Fostering Service, working in conjunction with CAMHS).
- Develop a Fostering Dashboard support by Mosaic data to facilitate the monitoring undertaken of performance and quality of service delivery.
- Ongoing development of Mosaic, in order to capture all the required data from Children’s Social Work and Family Placement teams in one place, maintain the data centrally and provide the performance reports routinely.

## 13. Conclusion

- 13.1 Increasing the numbers of Reading Borough Council Foster Carers available to offer main placements to our Looked After Children remained one of the top priorities for the new Directorate of Children, Education and Early Help Services. This represents a significant challenge in terms of recruitment and retention of both staff (without whom the service cannot be delivered) and foster carers. Progress has been made in establishing a web based presence but more is needed without delay in order that RBC can be really successful in the current competitive climate. In addition a project plan has been developed to establish a 'digital strategy' that will enable the team to engage with enquiries and applicants via the medium of technology and create efficiencies in service delivery.
- 13.3 We do now have good information regarding emerging issues for recruitment, breaking performance down to results achieved for carers with different approval categories. In addition all relevant staff are aware of the progress made with each assessment of new carers via a recently adopted tracking tool. Strategies employed are continually reviewed in light of this information. There have been significant achievements within this year in terms of maintaining the consistency of response to the initial enquiries made by potential carers, the timeliness and quality of foster carer assessments and an appreciation of the performance required at each stage in order to achieve the overall objectives of increasing both the numbers, diversity and quality of placements.
- 13.4 Equally a robust suite of strategies are in place to support the retention of carers with good communication via Reading Carer's Link; annual reviews undertaken by a Family Placement Independent Reviewing Officer which also obtain feedback from carers, birth families and children; learning from complaints; active engagement between Children's Social Workers, Fostering Supervising Social Workers and Foster Carers through working groups; manager attendance of foster carer coffee mornings; high quality training; direct work and consultation delivered by the Options therapeutic team to increase the carers' level of skill/confidence/sense of achievement and quality assurance of work via audits.

**APPENDIX 1 - LAC SUFFICIENCY TARGET REPORT 2015-2016**

2014-2015	Apr	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Resignation & Termination of Approval	1 C&A. C	0	3 L. B-W GT & IW M.C	0	0	0	1 M.S	0	0	0	0	0	4
Applications for Approval/ Sufficiency Target	0	0	1	1	0 (2/6 mileston e target)	0	2	1	1	0	3	1	10
Short term Target 12			J&M. A				D&J.L	J&G. M			E&J. M		4
Long term													
Supported Lodgings Target 7													
Short breaks (day) Target 2/3											S.H		1
Short breaks (overnight) Target 2/3													
Parent & baby Target 3													
Short term & long term Target 3							D&R.S		L&W.W				2
Respite				K&S.W							L.M	E&J. S	3



**APPENDIX 2 - Fostering Performance - Activity and Outcome 2015-2016**

Fostering  
Performance-  
Activity and  
Outcome 2015-  
2016

Performance Indicator	Completed within required timescales	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of initial enquiries received		11	6	15	11	9	12	10	10	5	16	11	13	129
Initial enquires responded to within	3 days	10	6	15	11	9	7	8	9	5	15	9	12	116
Number of Initial visits		5	2	5	3	2	0	3	1	3	2	2	0	28
Number of initial visits arranged within	8-13 days	1	2	1	3	3	0	0	0	0	2	1	0	13
Number of applications received		3	5	0	1	2	3	1	0	0	0	0	2	17
Number of current assessments		6	11	11	11	13	16	14	13	13	11	7	6	11
Number of current assessments Stage 1		3	6	4	4	4	7	3	4	4	2	1	2	2
How many of these have exceeded a timescale of 2 months		0	0	0	2	1	1	1	3	3	2	1	1	2
Number of assessments Stage 1 and 2 concurrently		0	2	7	6	6	6	8	9	8	3	3	4	3
How many of these are within 6 months		0	2	7	6	6	5	7	8	7	3	2	3	3
Number of current assessments Stage 2		3	3	0	1	3	2	0	0	0	6	3	0	6
How many of these are in 1st 6 months of assessment.		3	1	0	1	2	2	0	0	0	1	0	3	1

Number of assessments NFA	0
Number of assessments exceeding 6 months	19
Number of New Approvals to Foster Panel	9

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
1	📅	Kick Off/Scoping Meeting	1 day	Tue 24/05/16	Tue 24/05/16	GS, KBA, RW
2	📅	Forms Redesign/Forms Process	30 days?	Tue 07/06/16	Mon 18/07/16	
3	📅	Mapping	1 day	Tue 07/06/16	Tue 07/06/16	RW, GS
4	📅	Applications Form	1 day?	Tue 14/06/16	Tue 14/06/16	GS, RW
5	📅	NSPOC Form	1 day?	Tue 28/06/16	Tue 28/06/16	GS, RW
6	📅	Employer Reference Check	1 day?	Tue 28/06/16	Tue 28/06/16	GS, RW
7	📅	Ex-Partner Reference	1 day?	Wed 29/06/16	Wed 29/06/16	GS, RW
8	📅	Adult Children Reference	1 day?	Tue 12/07/16	Tue 12/07/16	GS, RW
9	📅	Medical Form	1 day?	Wed 13/07/16	Wed 13/07/16	GS, RW
10	📅	Previous Work with Children	1 day?	Mon 18/07/16	Mon 18/07/16	GS, RW
11	📅	Forms Build In Firmster	25 days	Mon 27/06/16	Fri 29/07/16	
12	📅	UAT	30 days	Mon 11/07/16	Fri 19/08/16	ALL
13	📅	Website Review/Redesign	58 days	Mon 13/06/16	Wed 31/08/16	
14	📅	Review/refresh Information	25 days	Mon 13/06/16	Fri 15/07/16	KBA, JA, RW
15	📅	Add Interactive Content	10 days	Mon 18/07/16	Fri 29/07/16	KBA, RW, Web Tea
16	📅	UAT/Review/Update	23 days	Mon 01/08/16	Wed 31/08/16	ALL
17	📅	GO LIVE/RELAUNCH	20 days	Mon 03/10/16	Fri 28/10/16	
18	📅	Press Release	1 day?	Mon 03/10/16	Mon 03/10/16	
19	📅	Community Events/Open Days?	15 days	Mon 10/10/16	Fri 28/10/16	
20	📅	Task				
21	📅	Split				

Project: Fostering Digital Implemen  
Date: Wed 01/06/16

Task: External Milestone

Manual Summary Rollup

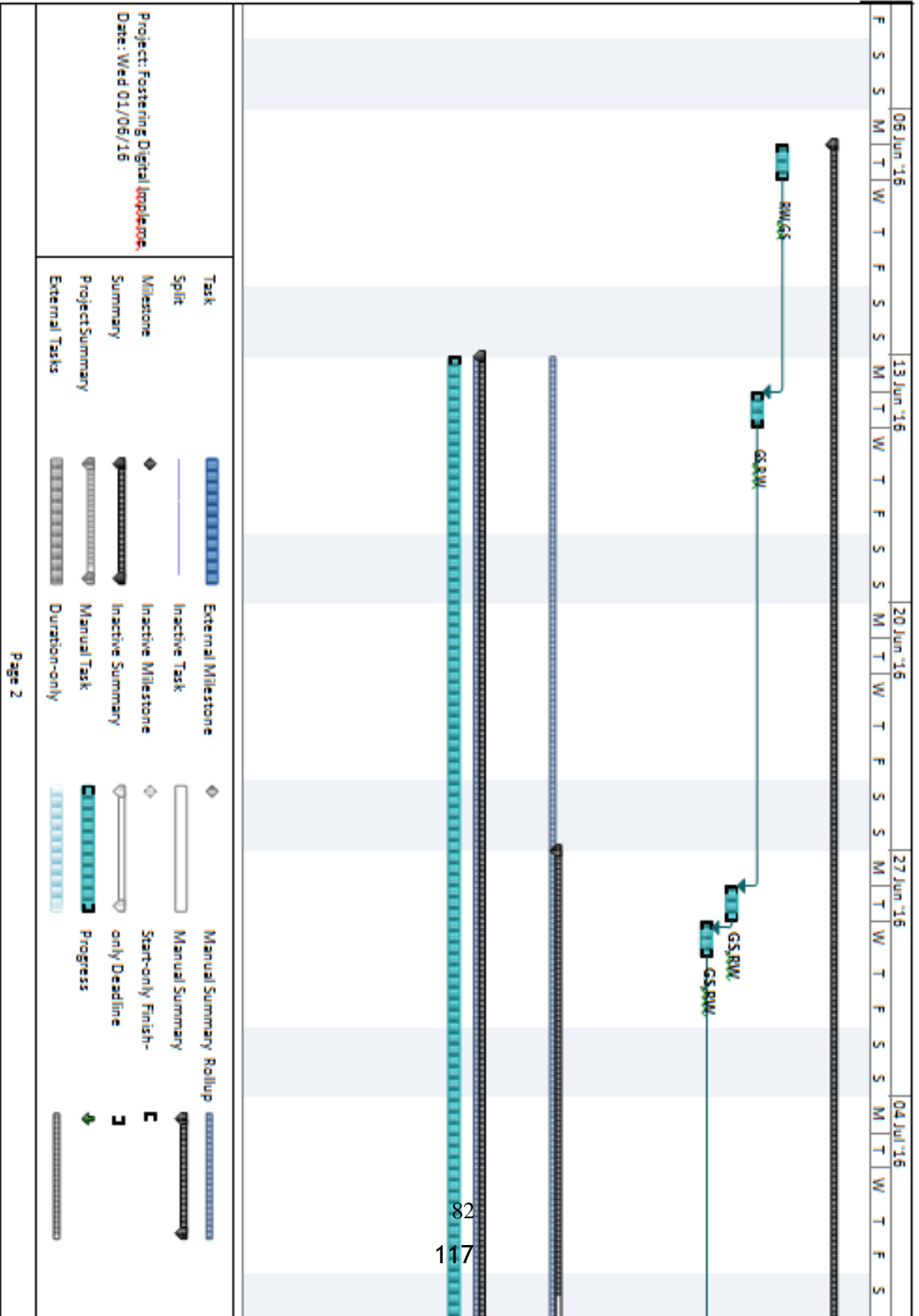
Manual Summary

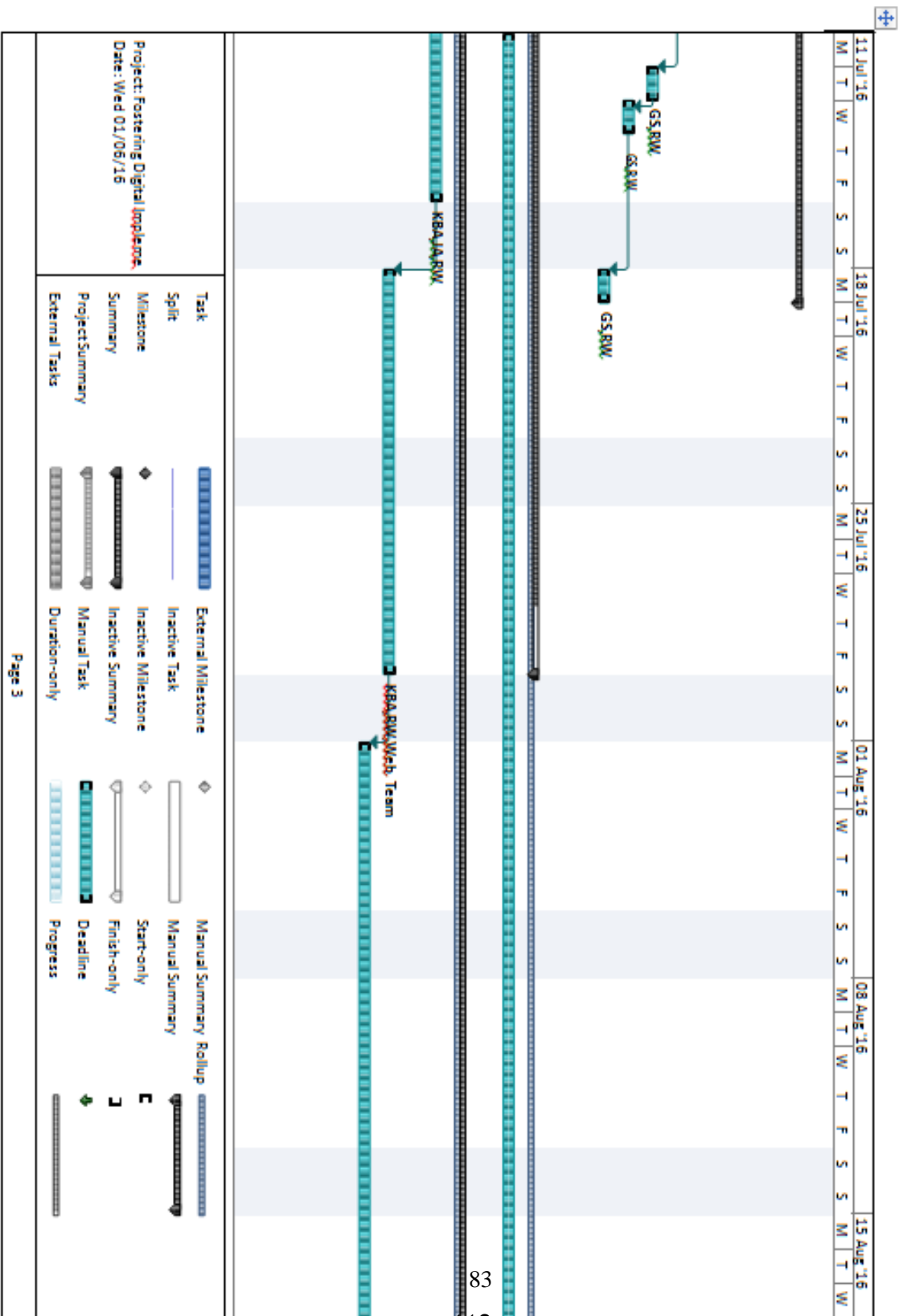
Start-only

Finish-only

Deadline

Progress





		22 Aug '16			29 Aug '16			05 Sep '16			12 Sep '16			19 Sep '16									
T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
<b>Task</b> Split Milestone Summary ProjectSummary External Tasks																							
Project: Fostering Digital Inequality Date: Wed 01/06/16																							

26 Sep '16							03 Oct '16							10 Oct '16							17 Oct '16							24 Oct '16							31 Oct '16						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T				
<b>Project: Fostering Digital Implants</b> Date: Wed 01/06/16																																									
<b>Task</b> Split Milestone Summary ProjectSummary External Tasks														<b>External Milestone</b> Inactive Task Inactive Milestone Inactive Summary Manual Task Duration-only														<b>Manual Summary</b> Rollup Manual Summary Start-only Finish-only Deadline Progress													

## READING BOROUGH COUNCIL

### REPORT OF DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	10
TITLE:	CORPORATE PARENTING STRATEGY 2016-17		
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 present the refreshed Corporate Parenting Strategy to the Adult Children and Education Committee.
- 1.2 The Parenting Panel commissioned the refresh of the strategy in January 2016 and draft versions have been presented to each of their meetings since, including a final draft presented on the 22<sup>nd</sup> June.
- 1.3 Consultation has been undertaken with children in care, with care leavers and with foster carers to establish what we need to do differently in order to improve their experience of being in the care of the local authority.
- 1.4 The strategy comprises three sections. The first containing the national and local context and needs assessment including findings from consultation with children and young people; the second outlines the key priorities and strategic objectives - what the local authority intends to do to meet the needs of looked after children and care leavers; the third sets out how Reading Borough Council intends to deliver the plan. The draft strategy is attached at Appendix A.

- 1.5 Central to the strategy is the pledge to children and young people in care. This pledge was signed up to by all of the councillors and it is important for our children and young people to see how we intend to support them. The Care Leavers' Charter was also developed by children and young people and this is also part of the strategy. A version of the Pledge has also been created in 'Widget' format to assist in sharing it with children and young people who use that form of communication.
- 1.6 On 8th February the Head of Transformation and Governance and the Head of Safeguarding and Looked After Children met with the Children in Care Council (YDYC) to talk to them about the development of the strategy and to ask them how they would judge the council on the delivery of the objectives.
- 1.7 A children and young person's version of the strategy is to be produced alongside YDYC to share with all children in care.
- 1.8 On the 14th March, the Head of Safeguarding and Looked After Children met with a group of foster carers and discussed the strategy with them and talked about how they might help in the delivery of the strategy. All of these comments have been included in the strategy under each of the objectives. This was a really useful exercise and it was a positive experience to see how enthusiastic our foster carers are for new and innovative ways to deliver services.
- 1.9 On 26th February the Head of Transformation and Governance met with the Unit Manager at Cressingham and Pinecroft to develop the pledge and the Care Leavers' charter in Widget format and how this may be consulted on with children and young people with learning disabilities. A draft of the Widget version of the pledge was produced in the middle of March and the Unit manager has undertaken to use this in the pack given to young people when they arrive at the units. In the consultation group run by the Unit Manager the young people will discuss the pledge and their comments will be incorporated into the strategy.
- 1.10 In the meantime, corporately colleagues have been enthused with supporting our children in care and are looking to take their responsibilities very seriously. Many of the services have stated that they want to offer opportunities to children and young people to undertake work experience or apprenticeships which will be followed up over the next few months.
- 1.11 Monitoring of the delivery of the strategy will be through an Operational Group of officers who will take responsibility for the delivery of each of the strategic objectives and who will report back to the Parenting Panel. Parenting Panel will align its workplan with the strategic objectives and will hold officers and partners to account for the delivery of the strategy.



## 2. RECOMMENDED ACTION

- 2.1 It is recommended that the Committee agrees the refreshed Corporate Parenting Strategy.
- 2.2 It is recommended that the strategy is refreshed annually

## 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 will test the delivery of the actions in the Corporate Parenting Strategy through audit processes and through the Quality Assurance Board.

## 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.

# COPORATE PARENTING PANEL REPORT



DATE OF MEETING:

22<sup>nd</sup> June 2016

WHAT IS THE NAME OF THIS REPORT:

Corporate Parenting Strategy 2016-17

OWNER OF REPORT:

Katherine Peddie

WHAT IS THIS REPORT TELLING YOU:

This report says how we are going to support young people who are taken into care. It also says how we will help families where the plan is for children to return home and where that isn't possible, how we will make sure that young people have somewhere to live with people who care for them; how we will make sure we help them to do their best at school, and how we will do our best to make sure that they have healthy, active lives.

As well as the Parenting Panel, officers from around the council will meet together regularly to make sure we deliver the action plan in the document.

WHAT DIFFERENCE WILL THIS MAKE?:

Young people will notice that we are trying to recruit permanent Social Workers who will have more time to see them and to get to know them better.

Young people will be more involved in plans about their future and education, and will be more encouraged to take part in fun activities that can help the council to improve the services they deliver.

We are trying to recruit more carers who live locally to Reading to make sure that young people can keep their links with their families and friends rather than living far away.

ANY SPECIFIC QUESTIONS FOR YDYC RELATED TO THIS REPORT:

*Please tell us how you think this will affect you*

*Please tell us if there is anything else that you think we should include in our plan.*

FEEDBACK & COMMENTS FROM YDYC:

*We like this - when recruiting new carers it's important that they know they should keep their promises to us.*

*It's important that the leaving care process is considered as part of this - there needs to be more support - better emotional and physical support is important. For example, a sleepover at the new place we are going to be moving to would really help. Also, please make sure they don't put lots of delays into us moving out, so that we can just focus on one date.*

*We don't think the pledge is all happening at the moment, so some more work is needed. We don't all always feel listened to for example (but some of us do, so not across the board)*

# Reading Borough Council Corporate Parenting Strategy 2016 - 2017

**July 2016**

**Author: Katherine Peddie**  
**Head of Transformation and Governance**

**Contact: Satinder Gautam**  
**Head of Safeguarding and Long Term Teams**

**Version Final v1 – July 2016**

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## Foreword

Children and young people deserve the best start in life, yet, all too sadly some children's experiences includes abuse, neglect and other trauma which leads to them coming into the care of the local authority.

In Reading Borough Council we believe passionately in supporting our children and young people in care and our care leavers. All councillors are committed to being good 'Corporate Parents' to our young people and have signed up to the 'Pledge' promising to do our very best for our young people. This is a promise we take very seriously and one which is shared by our partners in health, education, police and the voluntary sector who join us at the Parenting Panel.

This commitment includes making sure we find carers who can look after children and young people, offering stable, loving homes, who can promote their best interests and who can help them achieve good educational outcomes, leading to good employment opportunities.

This strategy sets out how we will promote the health and wellbeing of children and young people and how we will be 'pushy parents' for them, making sure that they get the best chances we can offer.

It includes comments from some of our young people in care reflecting their experiences and from our foster carers. Some of these comments made us think hard about how we want to improve the services we offer so that children are fully supported and so that they never feel let down by us.

All of us should ask 'Would I accept this for my own child?' if the answer is 'No', then we should do whatever is in our power to make sure that they get what they need.

**Councillor Jan Gavin**  
Lead Member for Children's Services

**Councillor Deborah Edwards**  
Chair of the Parenting Panel

**Councillor Tony Jones**  
Lead Member for Education

**Helen McMullen**  
Director of Children,  
Education and Early Help

## Section One – Introduction and Context

### Introduction

Children considered ‘looked after’ can be either accommodated under a voluntary agreement with their parent under Section 20 of The Children Act 1989, or looked after due to a legal care order under Section 31 or 38 of the Children Act 1989.

We work closely with families to maintain children within their home environment where it is safe and appropriate to do so but where these issues cannot be resolved easily, children may be brought into the care of the Council in accordance with the legislation of the Children Act 1989.

Where children and young people are looked after by the local authority as opposed to at home by their parents, the local authority have the responsibility to keep them safe, make sure their experiences in care are positive and improve their chances for the future as any good parent would do for their child. This is known as ‘Corporate Parenting’

“Corporate parenting” is for all children not living at home with their family either due to a court order or voluntary agreement with their parents. It is the collective responsibility of the council, elected members, employees, and partner agencies, to provide the best possible care and safeguarding for the children who are looked after by the council. A child in the care of the council looks to the whole council to be the best parent it can be to that child. Every member and employee of the council has the statutory responsibility to act for that child in the same way that a good parent would act for and for their child.

Children with disabilities are sometimes an exception to this. Whilst there may be a very small number of children with disabilities who cannot live at home because of abuse or neglect, there are some for whom we provide long term residential placements or short breaks who are not necessarily considered to be ‘looked after’. Many of these children including some children in 52 week residential placements<sup>1</sup> are considered to be looked after under the provisions of s20 of the Children Act 1989 which is to say that their parents have made a voluntary agreement with us to provide this type of care and they retain all of their parental responsibility rights. This strategy sets out our intentions corporately to ensure their best interests are met alongside their parents / carers whilst they are in receipt of services.

As Corporate Parents, we want the best for all children who are in care, giving them the opportunities that every good parent would want for their child. We take our legal and moral responsibilities seriously to ensure that children in our care experience happy, healthy and fulfilling lives and we are committed to providing a safe environment for children to grow up, learn and play. Children will have a suitably qualified social worker who will advocate for them and ensure their welfare and development and whether their placement is in Reading or elsewhere, we want to make sure that all children have the same opportunities.

Councillors have a lead role in ensuring that their Council acts as an effective corporate parent for every infant, child and young person in care, actively supporting standards of care and

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<sup>1</sup> 52 week placements are not automatically deemed looked after although some parents see the benefits for the child in being looked after under s20 (a voluntary agreement in which the local authority shares responsibility for the wellbeing of the child with parents). Children in 38 week placements are also capable of being looked after for the same reasons as it can provide the child with significant benefits and the placement enhanced scrutiny.



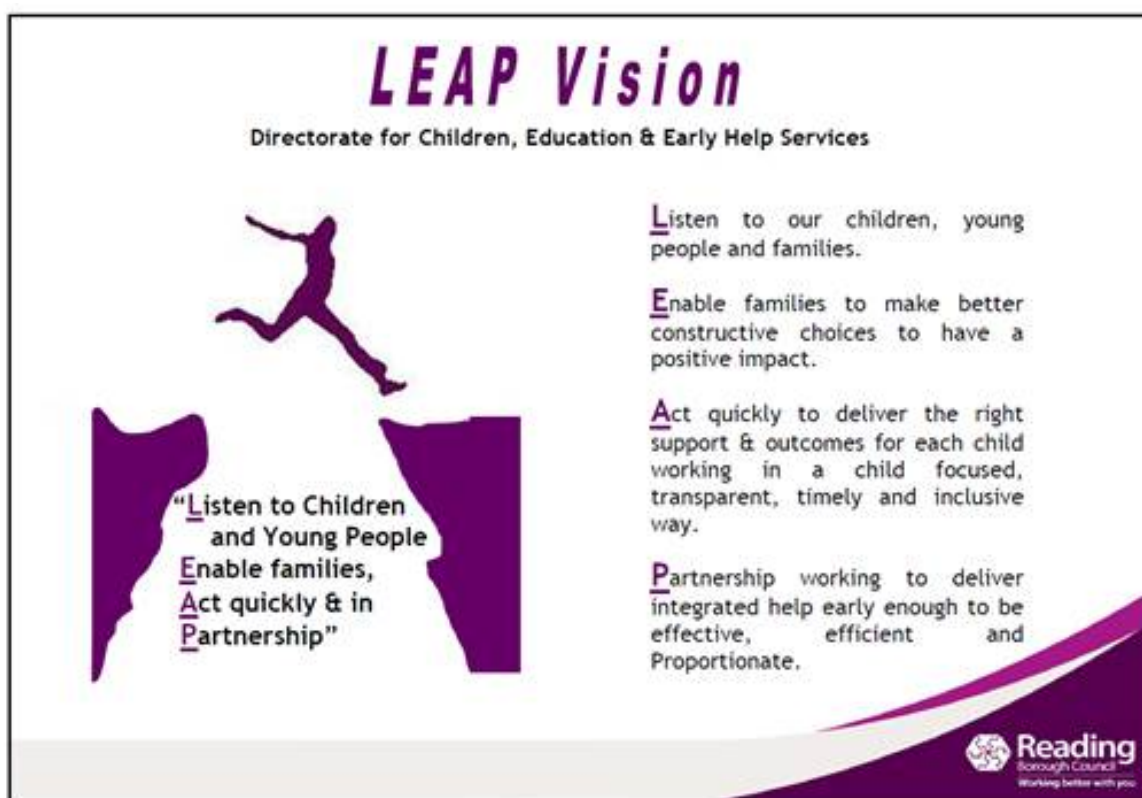
seeking the high quality outcomes that every good parent would want for their child. Reading Borough councillors are committed to ensuring that decisions are made in the best possible interests of families living and working in their area.

This strategy outlines the intentions of Reading Borough Council in helping families to remain together wherever possible, and how it will support children where they are admitted to care and beyond. This document applies to children and young people on the edge of care, children in care, including children in short break overnight accommodation, children in 52 week residential placements, unaccompanied asylum seeking children and young people, care leavers and those who were looked after prior to an adoption or Special Guardianship Order. We will provide children with as much stability as possible with every effort made to minimise changes of placement.

A number of strategic documents are all linked together under this strategy. It is structured in three sections: the first setting out the national and local context; the second establishing the priorities and objectives; and the third describing the governance arrangements for the implementation and monitoring of the strategy over its three year life.

## Vision

Our vision for Children's Services is encapsulated in the diagram below:



Our vision is supported by 7 key objectives in delivering services to children and young people in care and leaving care:

**Objective 1:** Supporting families to stay together where it is safe to do so by managing risk and children on the edge of care

**Objective 2:** Delivery of sufficient good quality and affordable placements and permanence options for children who come into our care

**Objective 3:** Ensuring all looked after children achieve their full potential in education, employment and training

**Objective 4:** Improving the physical, emotional and mental wellbeing of our looked after children and keeping them safe

**Objective 5:** Listening to and acting on the views of looked after children and young people

**Objective 6:** Supporting and navigating our young people through the transition to adulthood and independence within their local communities wherever possible

**Objective 7:** Encouraging the full engagement of the council departments in their Corporate Parenting responsibilities

Our Pledge shows our commitment to children in care and establishes a firm promise to them of the way we will work with them and how we will ensure that each young person is at the heart of all we do. It was developed jointly between the Children in Care Council and the Corporate Parenting Panel and has been signed up to by our Director of Children's Services and the Lead Member for Children's Services as well as all of our Councillors. It is shared with all children and young people when they become looked after, and is included in the 'LAC pack', a pack of information for all looked after children and young people.

We pledge to:

- **Keep you SAFE:** we will help you to stay safe, and be there for you when you need us
- **Treat you with RESPECT:** we will treat you in a friendly and respectful way
- **Try NOT TO CHANGE your social worker:** we won't change your social worker unless we really have to, and when we do, we will tell you why.
- **Help you to enjoy SCHOOL:** we will help you to have fun and achieve great things, both in school and in other activities.
- **Give you a HOME you like:** we will give you somewhere to live where you will feel safe and cared about
- **Help you to be HEALTHY:** we will help you live a healthy life, both physically and mentally.
- **Make sure we LISTEN to you:** we will give you and help you deal with your problems
- **Where we can, help you have CONTACT with people who are important to you:** where possible we will help you to see your family and other people important to you
- **Help you to have FUN and SUCCEED:** we will support you as you get older to successfully leave care, become adults and live on your own.

The Pledge was produced in three different formats, one for children under the age of 11, one for young people 11+ and a version in Widget (see Appendix 1)

## Legislative Framework

The Children Act 1989 places a duty on local authorities to protect children from harm. The welfare of the child and safeguarding and promoting this welfare is paramount. Duties are conferred on the NHS as well as housing and education services to assist children and young people's social care services to fulfil their functions under the Act – providing help, support and services as part of the corporate parenting responsibilities. The Children Act 2004 emphasises the role of collaborative service agreements in achieving the right services for children and young people. Key legislation and guidance governing the provision of children and young people's services are detailed in Appendix 1.

The legislative framework sets high expectations for Councils and their partners to improve outcomes for Looked after Children and young people through ensuring placement choice, stability, excellent education and dedicated health services. A raft of new regulations and statutory guidance has been published to underpin this policy direction to support local authorities and other agencies to deliver improved outcomes for children entering the care system.

The Care Planning and Case Review Regulations, SEND reforms and The Children Act 1989 Guidance: Planning transition to adulthood for care leavers gives local authorities a clear framework by which to ensure that:

- Children are placed at the centre of the work;
- We undertake consistently effective care planning;
- A child or young person is provided with accommodation which meets his/her needs; and
- An effective review is conducted of the child's case within the specified timescales.

These responsibilities are designed to support the local authority in its primary duty set out in section 22(3) of the 1989 Act to safeguard and promote the welfare of the looked after child and to act as good corporate parents to enable each looked after child to achieve his/her full potential in life. They also aim to improve the care and support provided to care leavers. This statutory guidance outlines all of our responsibilities and underpins all of our work in promoting good outcomes for children who are looked after.

#### **Children and Families Act 2014**

Much of the Government's focus has been on the education system as a whole and for children in care, there are enhanced requirements to ensure that they have access to good to outstanding education and that they are supported by the appointment of a nominated person within each local authority who is accountable for their educational attainment (Children and Families Act 2014).

The Children and Families Act 2014 provides for new statutory assessment and planning arrangements for children and young people with special educational needs (SEN) and creates a new 'birth to 25 years' Education Health and Care Plan (EHC). Those requiring a statutory plan to secure the relevant provision to meet their special educational needs should be issued with an EHC plan. This Act offers families personal budgets so that they have more control over the type of support they get. Where eligible for Adult Services, once the young person is over 18, the 'care' element of the EHC will be provided for by Adult Services under the Care Act.

The Children and Families Act 2014 and the associated regulatory changes have increased focussed service provision on the permanence and stability of placements for Looked after Children and this will form a central premise of policy direction over the life of this strategy.

The Children and Families Act also improves cooperation between all the services that support children with special educational needs and their families. This requires local authorities to involve children, young people and parents in reviewing and developing care for those with special educational needs. Local authorities will also need to publish information about what relevant support can be offered locally.

## **Care Act 2014**

The Care Act 2014 legislates for the transition between children and Adult Services, including the assessment of carers when the child turns 18 to ensure a smooth transition between Children and Adult Services.

The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within and between local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.

## **Adoption reforms**

The Government introduced reforms to adoption to minimise the delay in placing children for adoption by reducing the timescales for assessing prospective adopters.

Regulations provide that an adoptive placement must be identified and approved within 6 months of the decision to place a child for adoption unless it is a baby under 6 months old where the birth parent has requested that the child is placed for adoption, in which case the timescale is 3 months. The Government has provided additional funding for local authorities to deliver adoption support services to adoptive families to ensure that the placement is supported to succeed.

## **Where this strategy fits in the Corporate Context**

This document is the overarching strategy and action plan for Looked after Children and Care Leavers, which draws on the evidence and priorities from implementing and monitoring a number of strategies in Children's Services. A full list of these is included in the appendices.

The Corporate Parenting Strategy links with the Corporate Plan by responding to the needs of vulnerable people, but by ensuring that our corporate partners understand their responsibilities in relation to being 'Corporate Parents' we will ensure that our children and young people do not become the 'troubled families' of tomorrow, developing a sustainable vision for supporting our communities.

## **Partnership Context**

Much of the work we do requires us to work closely with external partners, so whilst having a "Corporate" intention, it is of vital importance that we have strong partnership arrangements with key agencies in order to deliver seamless services to children and young people and their families and that they work with us to deliver this strategy. The Corporate Parenting Strategy, whilst 'owned' by the Local Authority, is a vision that is also agreed by our partners to ensure that all children have consistent and good quality services, particularly for those who are most vulnerable.

## **Inspection Framework**

The legislation has been underpinned and strengthened through the Ofsted inspection framework and the Ofsted publications on the research conducted by the Children's Rights Director for England. These helpful documents clarify the high expectations and emerging best practice for councils, as well as encompassing the views of children and young people in care.

## National Context

- The number of looked after children has increased steadily over the past seven years and it is now higher than at any point since 1985.
- There were 69,540 looked after children at 31 March 2015, an increase of 1% compared to 31 March 2014 and an increase of 6% compared to 31 March 2011.
- The percentage of children starting to be looked after aged 10 to 15 has decreased from 31% in 2011 to 29% in 2015 but the number and percentage of children starting to be looked after aged 16 and over has increased steadily each year since 2011. In 2015, 16% of children starting to be looked after were aged 16 and over, compared with 12% in 2011.
- 19% of those starting to be looked after in 2015 were babies aged under 1: the same proportion as in 2011.
- The majority of children looked after are placed with foster carers. In 2015 the number of children in foster care continued to rise; of the 69,540 children looked after at 31 March, 52,050 (75%) were cared for in a foster placement.
- Whilst the reasons why children start to be looked after have remained relatively stable since 2011, the percentage starting to be looked after due to family dysfunction has increased slightly (16% of children in 2015 compared with 14% in 2011). The majority of looked after children – 61% in 2015 - are looked after by the state due to abuse or neglect.
- At 31 March 2015, 42,030 (60%) children were looked after under a care order (either an interim or full care order), a 5% increase compared to 2014 and an 8% increase since 2011.
- A further 19,850 (29%) children were looked after under a voluntary agreement under Section 20 of the Children Act 1989 - this number and percentage has increased steadily since 2013.
- However, there has been a drop in the number of children looked after with a placement order at 31 March 2015, from 9,580 (14% of looked after children) in 2014 to 7,320 (11%) in 2015. This is in line with quarterly adoptions data collected by the Adoption Leadership Board, which has indicated that since Quarter 2 2013-14, numbers of Adoption Decision Maker decisions for adoption and numbers of adoption placement orders granted have decreased. The National Adoption Leadership Board has linked this trend to the impact of two relevant court judgments, known as Re B and Re B-S.
- Of all children looked after at 31 March 2015, 67% (46,690) had one placement during the year, 23% had two placements and 10% had three or more placements. There has been a slight change in methodology this year, whereby a child going missing from his/her agreed placement is no longer counted as a separate placement in 2015. Whilst this means the figures for 2015 are not strictly comparable with earlier years, the percentages with 1, 2, 3 or more placements have changed relatively little compared with previous years, suggesting the impact of the methodology change is minimal

- **Source: Department for Education:**

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption> )

## Local Context

- There were 220 looked-after children at 31 March 2016<sup>[1]</sup>
- 49 children were placed under a voluntary agreement under s20 of the Children Act 1989, 54 on interim care orders and 86 on full care orders in 2015-2016.
- 157 children were looked after due to abuse or neglect at 31 March 2016
- 27 children who were looked after had a disability at 31 March 2016
- 100 children who were looked after 12 have an EHCP, 45 have school support and 43 have a statement of special educational needs (all of which are in the process of being converted to an EHCP);
- There were more males (116) than females (104) who are looked after at 31 March 2016, and this has been a long-standing trend nationally.
- There were 124 children who started to be looked after during the year ending 31 March 2016
- There were 123 children who ceased to be looked after during the year ending 31 March 2016.
- Of children looked after at 31 March 2016, 185 were cared for in a foster placement. This represents 82.7% of all children looked after at 31 March 2016, including Friends and Family foster placements but excluding adoption
- There were 25 looked-after children adopted during the year ending 31 March 2016 and 13 placed for adoption.
- Less than 5 young people ceased to be looked after children due to being sentenced to custody in 2015-2016
- 22 children ceased to be looked after because they became subject to a Special Guardianship Order in 2015-2016
- 32 children returned home to their family after a period of being looked after in 2015-2016 32 in total:-
- 11 children left care to live with parents, relatives, or other person with no parental responsibility.
- 15 children returned home to live with parents, relatives, or other person with parental responsibility as part of the care planning process (not under a Residence Order or Special Guardianship Order)
- 6 children returned home to live with parents, relatives, or other person with parental responsibility which was not part of the current care planning process (not under a Residence Order or Special Guardianship Order)

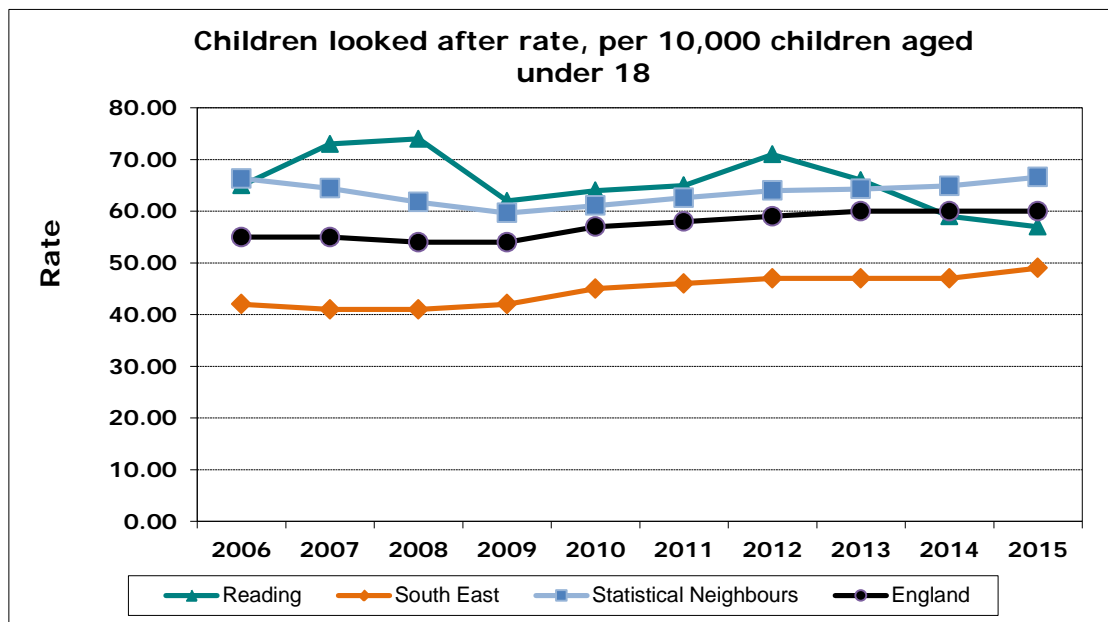
***(Source: Reading Borough Council Performance Data 31/03/2016)***

### **Number of Looked After Children**

There has been a rise in the number of children looked after since January 2015 from 202 to 220 at the end of March 2016, however this remains in line with statistical and national average numbers per 10,000 population

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<sup>[1]</sup> Current data is shown for Reading Borough although there may be more or less looked after children at any point during the year



*Source: Local Authority Interactive Tool (LAIT)  
Department for Education 11/03/16*

**Age and gender of looked after children in Reading Borough**

<b>Age at 31 March</b>			
<b>Boys</b>		<b>Girls</b>	
Under 1	11	Under 1	10
1 – 4:	13	1 – 4:	11
5 – 9:	24	5 – 9:	19
10 – 15:	46	10 – 15:	39
16 – 17:	22	16 – 17:	25
18 & over and placed in a community home:		18 & over and placed in a community home:	
<b>Total boys:</b>	<b>116</b>	<b>Total girls:</b>	<b>104</b>

*Source: Reading Borough Council Children's Performance Team 31/03/2016*

## Placement type

Type of placement		Number of children
Foster placement with relative or friend	Inside local authority	<b>13</b>
	Outside local authority	<b>10</b>
Placement with other foster carers:	Inside local authority	<b>48</b>
	Outside local authority	<b>114</b>
Secure unit		-
Homes and hostels		-
Hostels and other supportive residential placements		-
Residential schools		<b>Less than 5</b>
Other residential settings		<b>16</b>
Placed for adoption (including placed with former foster carer)		<b>7</b>
Placed with own parents		<b>Less than 5</b>
In lodgings, residential employment or living independently		<b>6</b>
Absent from agreed placement		-
Other placement		<b>Less than 5</b>

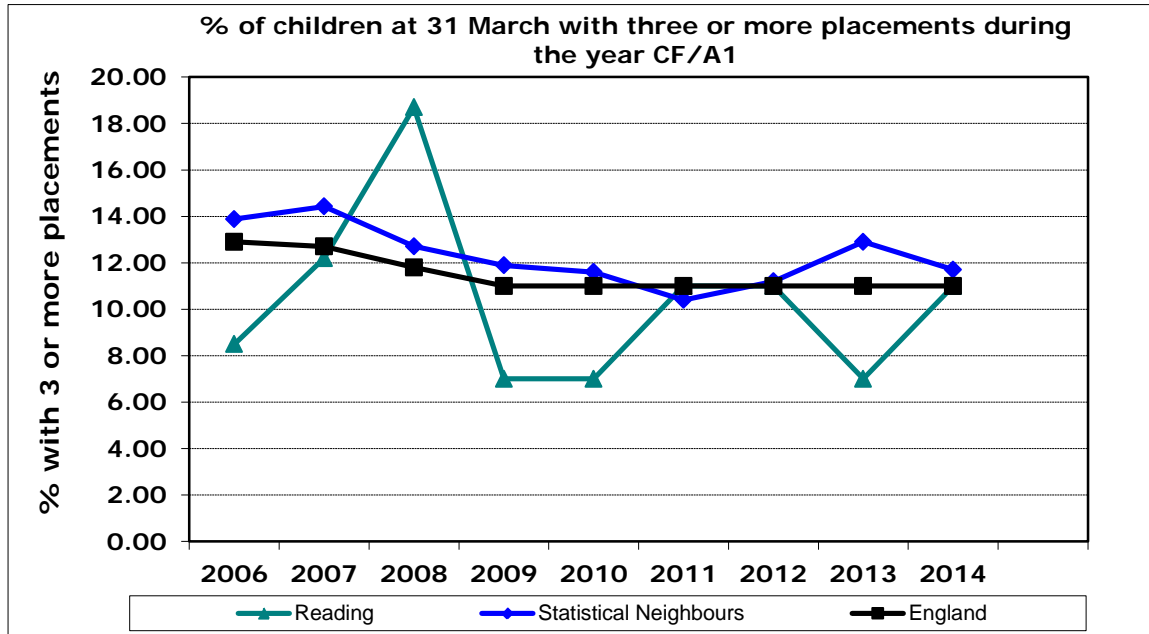
*(Source: Reading Borough Council Children's Performance Team 31/03/2016)*

Placement stability is key to improving the outcomes for looked after children and improving educational attainment. Indicators of placement stability have generally been good in Reading Borough and less than our statistical neighbours, however it remains a priority for us to ensure that children, wherever they are placed have a sense of stability.

Those children and young people experiencing multiple moves tended to be those over 11 years. We monitor more closely those children who have had one or two moves, and where the reasons may be due to placement breakdown, put additional support into the placement to minimise the risk of a further move. For some children, moves may be at the direction of the Court as part of care proceedings.



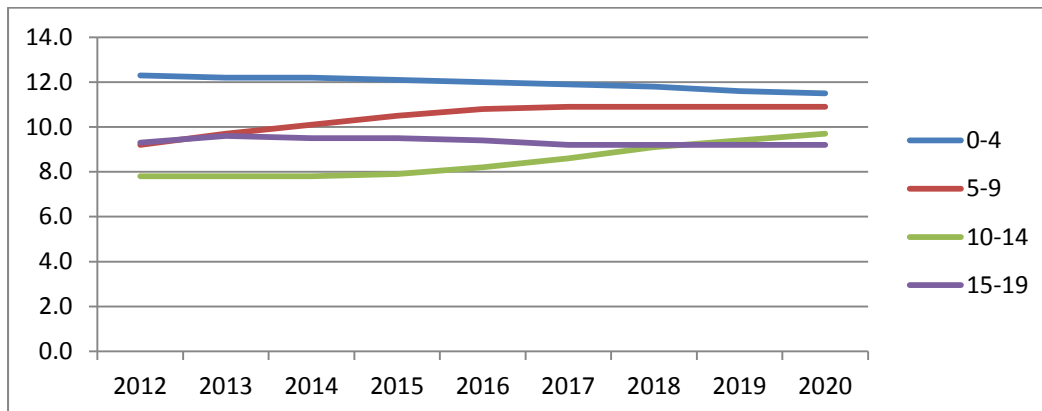
## Placement stability



*(Source: Local Authority Interactive Tool (LAIT) Department for Education 11/03/16)*

## Projected population

It is projected that an additional 1,300 children (16.6%) will be living in Reading Borough by 2020<sup>2</sup>. The main drivers of the rising population are a high fertility rate and birth rate and inward migration. There are significantly more births in Reading Borough than the national average. Based upon evidence of an increasing population within Reading Borough and taking into account the national trends in vulnerable families requiring support we recognise that we will need to plan for a growth in the number of children who will require preventative services, and possibly who will come into the care system.



*(Source: Reading Borough Council JSNA March 2016)*

<sup>2</sup> Reading Borough JSNA March 2016

## Key achievements

### Service Development:

- Restructure to establish smaller social work teams with clearly defined accountabilities for casework and supervision
- Provided safe management spans of control (6:1)
- Creation of a specific team for Looked after children, Care Leavers and Court Work to ensure expertise is developed and consolidated rather than diluted across a number of teams.
- Improved outcomes for children through improved standards of social work practice evidenced in case audit outcomes.
- Improved performance against key performance indicators.
- Managed change and risks in the service amidst service reconfiguration.
- We have a Virtual School who provide support to children in care to help maintain and improve their educational achievement.
- There is a clear commitment to co-production in service design and delivery with parents of children with SEN and/or disabilities.
- There is a commitment to joint annual reviews of children with SEN and/or disabilities across the directorate.

### Quality Improvements and Performance:

- Embedding robust performance quality;
- Positive feedback from Court and Counsels;
- Marked improvement on key performance indicators such as health assessments.
- All children in care have a consistent, named Independent Reviewing Officer, who provides ongoing monitoring and review of their care plan.
- We are establishing a cross-directorate approach to participation
- Complaints about children's services are routinely analysed and emerging themes and issues are reported to relevant teams through the Senior Management Team to enable learning from these to improve practice.

### Demand and Resource Management:

- Driving greater value for money efficiencies through robust re-tendering of a number of key services: supervised contact and Residential Placements.
- Achieving significant reduction of locum social workers by increasing the number of permanent social workers to 80% by the end of September 2016.

## Future challenges

A number of key challenges exist for local authorities in meeting the national policy context and we have positioned ourselves to meet the challenges of the Children and Families Act by restructuring our teams to respond to family justice reforms and to changes in relation to adoption and SEND

Reading Borough Council has recognised the need to restructure its Children's Social Care teams to create a specific team managing Looked after children and care leavers. The rationale for this change included:

- Greater collaboration amongst closely related specialist teams that place the interest of looked after children and care leavers firmly at the centre of service delivery;
- Greater consistency in care planning and management oversight;
- Greater grip on strategic directions and on day to day operations;
- More effective systemic response to both external and internal drivers for change and innovation;
- More efficient deployment of limited resource;
- Greater and clearer accountability.

The common issues often associated with children in care are their increased levels of vulnerability, low self-esteem and poor self-image. Young people who run away are often recognised as being much more at risk of being targeted as a victim of sexual exploitation. Vulnerability is identified and targeted by the abusers, whether the young person is living with their family, looked after away from home or they have run away. The young persons may not see themselves as victims and may claim to be acting voluntarily. In reality this is not voluntary or consenting behaviour.

The particular risks and levels of vulnerability (including SEN needs) associated with looked after children are identified in the Child Sexual Exploitation Strategy and Missing Children Strategy which reports to the LSCB as well as the Corporate Parenting Panel.

As needs of children and families are identified, it will be necessary to identify appropriate services that can meet those needs, some of which may be fairly specialist. It is the role of commissioners to identify emerging trends and to encourage the market to deliver services locally that meet those identified needs, alternatively, to identify appropriate spot-purchasing arrangements.

Being a small unitary authority, one of the key challenges is in developing the market and the provision of locally provided services and placement options. To meet this challenge, we are already working with our neighbouring authorities on joint delivery of services and initiatives to keep our young people safe.

We know that in the vast majority of cases, children's needs are best met within a stable family environment so it is important to ensure that we have sufficient foster carer placements available to our meet the needs of our children in care. Increasing the number of in-house foster carers is a challenge that we are dedicated to meeting and our strategy for doing this is outlined in the Fostering Recruitment Strategy and the Sufficiency Strategy.

The stability of these placements and minimisation of stress factors is equally important for ensuring better outcomes for children in terms of education, health and their social needs and preparation for adulthood.

Our Virtual School plays a key role in delivering support to Looked after children to attain good educational outcomes. It is vital that teams understand the role that the Virtual School can play in promoting continuity and in ensuring that where there are emergency placement moves that education will not be adversely affected.

We are working closely with Housing colleagues to address the housing and accommodation needs of Care Leavers so that any difficulties may be resolved swiftly.

Health outcomes<sup>3</sup> for looked after children in Reading Borough have shown some improvement during 2016 with over 90% of medicals being undertaken within timescales. Dental checks remain a challenge although the trajectory shows that the percentage of children receiving a dental check is improving.. We are working closely with colleagues in Health to ensure that all children receive their health assessments, including those who are in placements outside of our local authority.

The completion of Strengths and Difficulties questionnaires (SDQs) remains a challenge and our aim is for a 100% completion rate. The average score<sup>4</sup> for 2015/16 is 16.6. A new Pathway for support is being designed which includes:

- The SDQ score being part of the PEP review (as well as the Annual Health review)
- ANY 'high' scores mean the social worker comes to a new 'Clinical Consultation Group' for a brief discussion and decision on further mental health assessments being undertaken by a psychologist or Primary Mental Health Worker, and suggestions for interventions. These services will then liaise with the school to ensure appropriate interventions / support is in place in the school.
- This will clarify whether there needs to be further escalation to CAMHS, and provide early intervention.

## **What do our Children in Care say?**

We undertake regular consultation with our children in care, including children with SEND who attend our residential and short stay units, and particularly with the Children in Care Council (Your Destiny Your Choice – YDYC). This group represents the interests of all looked after children and care leavers and regularly presents issues to the Corporate Parenting Panel. Their feedback and views throughout the course of the last year have been central to the development of this strategy and we have incorporated those views and comments throughout the document.

The Pledge was developed in Widget form to facilitate consultation with children and young people who use that particular form of communication (see Appendix 1).

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<sup>3</sup> Data source: SFR50\_2013 LA Table, Department for Education

<sup>4</sup> Scores are banded in the following way: a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern.

However, we are concerned that we have very low numbers of children involved in the YDYC group. Independent Reviewing Officers are asking children within their LAC reviews how we can encourage them to participate and to sustain that participation. Those who have been involved in YDYC have provided feedback to this strategy.

The Looked After Children Survey is to be reinstated in 2016 to regularly gather feedback from children and young people and to ensure that there is systematic feedback in relation to service delivery.

The MoMo app is used by Independent Reviewing Officers (IROs) to engage children and young people in feeding back on their individual circumstances. An increasing number of children are being encouraged to use the app as a way of participating in their reviews. The 'voice of the child' is central to all looked after children reviews and as well as using the app, children and young people are encouraged to say what their wishes and feelings are through the use of tools following the 'Signs of Safety' methodology. IROs write to children following their reviews to tell them formally what was discussed and what will happen next for them. This is done using language that children and young people can understand. Where necessary, children with communication difficulties are supported to say how they feel using specialised communication methods (for example Widget).

A number of our children and young people have undertaken training to chair their own reviews and to have the confidence to challenge adults involved in planning their care.

One of the key areas of concern for our children in care is knowing what they are entitled to both in terms of support and opportunities. This issue has been a topic of debate nationally. Work has been undertaken to explain their entitlements in a meaningful way and is key to objective 6, 'Supporting and navigating our young people through the transition to adulthood'.

***"The majority of kids in care feel that their treatment, while some may not say it, could be improved and can often find themselves struggling"***

*(YDYC Open letter to Reading Borough Council 13 October 2015)*

*'I was listened to and my views were heard and understood'*

*'Social worker left without giving proper reason'*

*'I don't want any social workers visiting'*

*'I do not want any contact workers supervising my contact'*

*'I would like everyone to stop bringing up the past and let me get on with the future'*

*'That I got to choose how often I want contact'*

*'I felt it went well because I got my point across'*

*Comments from Looked After Children in their Reviews 2015 - 2016*

## Section Two: Priorities & Strategic Objectives

Reading Borough Council has carefully considered how it stands in relation to looked after children and what the future direction will be. Given the context of the demographics and the partnership working, the key emphasis will be on ensuring that children where possible and where it is safe to do so, children will remain in their birth families. Where this is not possible, it will endeavour to provide sufficient, high quality placements locally to meet their needs.

The number of children looked after by Reading Borough Council should not be any higher than the regional or national average or higher than our statistical neighbours, particularly given the local demographic context of the area. Wherever possible, and where it is consistent with the best interests of the child, we will look at placement with family and friends carers or SGO placements as the preferred option. Where this is not possible, we will look towards minimising the time a child spends in the care of the local authority, and where this is not possible looking at achieving early permanence for the child.

In practice, this tiered approach will require early, evidence-based decision-making which will be focussed on the needs of the child and will require consistent application and practice both internally and with a consistent message to partners.

Our Early Help services are structured in a way to already minimise the number of families requiring referral through to Children's Social Care. Intensive intervention using evidence-based approaches supports families who would otherwise access specialist services through Social Care.

Our priorities for children and young people in our care are based on our universal ambitions for every child and young person living in Reading Borough, whatever their background. This is because our children in care and care leavers have the right to expect the same outcomes as other young people.

Our ambition is to protect, promote and respect the rights of every child and young person in our care and to help them to achieve the best possible outcomes in terms of their health, education and future prosperity living in their own communities.

## Strategic objectives

***Objective 1): Supporting families to stay together where it is safe to do so by managing risk and children on the edge of care***

**Link to other plans / policies:** Family and Friends policy / Early Help Strategy / Education Strategy

### What our children in care told us:

***'More should be done to help siblings be able to see each other and to see wider family members (where it is safe)'***

***'If the plan is for us to move back with family when we leave care, we don't want to feel like strangers living in their homes – more needs to be done to help us to get to know family, including wider family members'***

***'We want to know why sometimes kids come into care temporarily and end up there for a long time – we understand more than you think, so you can tell us!'***

### What our foster carers told us:

Foster carers consulted have told us that they have the skills and capacity to be more engaged with plans for children and young people to be returned home to their birth families or relatives and friends.

They want to help us ensure that no child or young person stays in care for any longer than they have to

Of course if a child is at risk of harm and going home is not the safest option for them they want to help us secure permanent arrangement's and in some instances become the long term carers themselves which may result in them no longer being looked after.

Foster carers want to help us avoid drift and delay in care planning and are able and willing to be much more involved in the statutory process including report writing and gathering the child and young person's views.

Foster carers are more than willing to be involved proactively in supervised contact arrangements during court proceedings and when appropriate to have contact arranged within their family homes.

In addition they want to help children and young people retain relationships with their families and friends and would like greater autonomy to make judgements about when to support these arrangements particularly during weekends.

In addition they would like to offer parenting support and advice to families to enable them to stay together.

### **What are we going to do?**

We will work with parents and families to ensure that they can access the appropriate help and support that they need, including Drug and Alcohol Services, Mental Health Services as well as supporting children whose parents are affected by these issues. The support we are putting in place will help the eventual return home of the child where it is appropriate.

We recognise that within this strategy, there is a clear emphasis on maintaining children within their home environments where this is possible. We also recognise that this will require additional support to families where a child is rehabilitated home either through family support teams or in accessing universal services available through the Early Help service.

Our Children's Action Teams within the Early Help Service will work with the locality teams and with families through 'step-down' processes where children in care are rehabilitated back home to prevent problems from re-occurring and to make sure that children do not need to be brought back into care. We will also work closely with our Care Leavers to ensure that they are supported to maintain good outcomes and that independent living skills are secured. Where Care Leavers have started their own families, support of the parenting service will be sought for them.

### **Why are we going to do this?**

Research and evidence tells us that when children come into care, the damage caused by separation from their families can affect them for a long time. Not only can this cause further issues as the child is growing up, in many cases it requires expert therapeutic support to help overcome these issues. We also know that the damage caused by abuse and neglect can dramatically outweigh the consequences of separating a child from his or her family. A lack of emotional warmth, stability and care lead to delays in cognitive development, issues with attachment, a lack of empathy and emotional intelligence and can spiral out of control into criminal behaviour if a young person is not supported in the right way.

Early intervention can help to restore some of the damage caused to children and young people's development and to build the family structures necessary to maintain a safe environment for the child. This requires a robust approach to risk management and clear application of the child protection thresholds.

We also know that there is an increasing number of teenage children coming into care but are yet to fully understand the reason for this or why this is an emerging trend. We can see that there is a clear case for supporting parents of teenagers, particularly to avoid them entering the youth offending system.



**Impact Measures:**

Reduction in referrals to children's social care

Maintaining current performance in respect of the number of children entering care

More children and young people leaving care

Families report being better supported through earlier intervention

Increased number of 'step-down' cases

Increased number of adults accessing appropriate support

Take up of personalised budgets for SEND

Reduction in the number of young offenders

**Objective 2): Delivery of sufficient placements and permanence options for children who come into our care**

**Link to other plans / policies:** Permanence Policy / Sufficiency Strategy  
Adoption Policy / Fostering Policy / Joint Protocol between Reading Borough Council's Children's Service & Housing Services

**What our children in care told us:**

*"This is important because we need to make sure the young person knows that this is the first point of security and guidance and whilst may not be able to fulfil the same feeling of a family home, should be a place where they feel content, loved and secure."*

*(YDYC Open letter to Reading Borough Council 13 October 2015)*

*"When kids come into care, sometimes we just don't get on with the carers we are placed with but we don't have any option and we are placed with them. I got introduced to a foster carer I didn't really like or get on with so I went missing – I never went back to that placement and they put me with someone else."*

*"We should be able to spend a day getting to know the carer(s) we might be placed with, and if we get on, stay there overnight or maybe a week to see if we like it"*

**What our foster carers told us:**

Foster carers would like their professional fees and skill levels to reflect the different expectations required and want to help children and young people to stay with their families when safe to do so even if they do not have a placement

Foster carers would like to be more proactively involved in recruiting new carers particularly locally and providing specialist placements when required subject to the relevant and appropriate training.

Foster carers will continue to consider if offering permanence to children and young people is right for them and their families long term.

**What are we going to do?**

Both in line with the Government's agenda and because we know it is the best thing for children and young people, we are committed to securing sufficient accommodation for children within our local area. This requires us to look at a variety of permanence options and being clear about when we consider which options. We will always consider a friends and family placement as the first option when a child comes into care, however there will be circumstances when this is not appropriate.

We also consider Fostering, Fostering for Adoption, Special Guardianship and Adoption where appropriate and will plan for a secure long-term outcome as soon as possible.

The Sufficiency Strategy outlines a number of measures we have in place already to ensure that we have sufficient placements for children coming into care. This strategy and the Fostering Recruitment Strategy set out an ambitious target of a 25% increase of in-house foster carers by 2019.

High quality care planning which understand the needs of our looked after children will help us to place them in appropriate placements that can meet their needs. The Independent Reviewing Officers will monitor the quality of placements in meeting the needs of children and young people as part of the statutory LAC review process. Where there are concerns regarding the sufficiency and/or quality of placements, escalation processes will be deployed.

A Solutions Panel chaired by the Head of Service Safeguarding and Looked After Children, with input from other Service and Team Managers from LAC, Virtual School, Education, Health and CAMHS, has been established to focus on Looked After Children, placement moves and the case management issues that may impact on placement stability in order to identify any additional resources and actions required to reduce the risk of further placement breakdown (NI62) and improve longer term placement stability (NI63).

Short break provision for children with disabilities is available through Cressingham. Pinecroft is our in-house residential unit for children with disabilities. Both establishments have been judged as 'outstanding' by Ofsted.

A very small number who are considered to be looked after children reside in residential schools under SEND. We do anticipate however that the number of residential and overnight placements for children with disabilities required in the coming years will increase, therefore we will ensure that a focussed exercise is undertaken to assess the future capacity of residential provision for children with disabilities and those with complex needs.

We work very closely with our Youth Offending team and SEND team to prevent the behaviours of our looked after children and young people escalating to the point that they would require either a custodial sentence or secure accommodation. Where young people are taken into custody, Youth Offending Services work closely with our Children's Social Care and SEND teams.

### **Why are we going to do this?**

#### **Sufficiency guidance**

Securing sufficient accommodation that meets the needs of children who are in care is a vital step in delivering improved outcomes for this vulnerable group. Having the right placement in the right place, at the right time, is a vital factor in improving

placement stability, which in turn is a critical success factor in relation to better outcomes for children. The statutory guidance on securing sufficient accommodation for in care children provides clarification on the 'sufficiency duty' placed on local authorities under 22(G) of the Children Act 1989, to secure sufficient accommodation to meet the needs of children in their care.

The sufficiency duty applies in respect of all children who are defined as 'looked after' under the 1989 Act. An important mechanism – both in improving outcomes for children and in having sufficient accommodation to meet their needs – is to take earlier, preventive action to support children and families so that fewer children come into care.

This guidance requires that from April 2011, working with their partners, local authorities must be in a position to secure, where reasonably practicable, sufficient accommodation for looked after children in their local authority area. The "Sufficiency Strategy"(2014) demonstrates how Reading Borough intends to achieve this. We will ensure children and young people are involved in all aspects of the commissioning cycle, including the provision and procurement of services, reviews and evaluation.

It is recognised that where children are placed more than 20 miles outside of the local authority area, their relationships with friends and family and with the support networks they might otherwise have created are disrupted, causing stress for the child and on contact arrangements, suitable education and the development of suitable personal education plans, and on health assessments and the delivery of health services.

We recognise that our placement stability has been an issue for our looked after children, particularly long term stability. We expect to see placements supported by a range of interventions to maintain relationships and prevent disruption and placement breakdown. We also recognise that we have a high percentage of looked after children who are in placements more than 20 miles from home (49%) and will seek to address this through a combination of our Sufficiency Strategy and the Fostering Recruitment Strategy with ambitious targets for increasing the number of in-house foster carers.

**Impact Measures:**

Increase in the number of locally approved foster carers

Increase in the number of children placed within 20 miles of the local authority

Lower unit cost of placements

Increase in the number of children reporting that they are happy in their placement

**Objective 3): Ensuring all looked after children achieve their full potential in education, employment and training**

**Link to other plans / policies:** Education Vision / SEND strategy / Apprenticeships

**What our children in care told us:**

*"I didn't get on with my last Leaving Care Adviser and I didn't really take much notice about my qualifications. I wish I could have gone to university and proved them all wrong. I think my new adviser can help me to do that – it's never too late is it?"*

*"I'm proud to have been helped to go to uni, and even when I didn't believe I could get through, my social worker and the Care Leaver team encouraged me"*

*"I hate being out of work but I have applied for some jobs and I have interviews coming up. I want to help old people"*

**What our foster carers told us:**

Foster carers would like to be more proactively involved in the PEP process and understand better how they can access Pupil Premium on behalf of their children and young people

They would like to support the Virtual Head and Social Workers to ensure children and young people are able to achieve.

They understand that the life experience of some children and young people may have prevented them accessing education and want to do all they can to help them "catch up" once they become looked after.

Foster carers understand the importance of education and particularly want to be able to instill a sense of vision and purpose into young people enabling them to access opportunities available and be aspirational about their potential.

Foster carers want to celebrate the difference education can make and would like to be more involved in planning for a young person's independence

**What are we going to do?**

The Virtual School will provide on-going support to children and young people as part of the Corporate Parenting Service. It:

- a) Ensures that there is a system to regularly track, monitor and challenge the attendance, attainment and progress of Looked After Children;

- b) Ensures that each looked after child has a robust and effective personal education plan (PEP);
- c) Works with schools to improve overall attainment of Looked after children by challenging schools to improve the achievement and progress of individual children through good use of the right resources and interventions;
- d) Works with social workers to improved attendance, attainment and progress of looked after children;
- e) Ensures looked after children who are educated in schools outside of Reading Borough receive the right support to achieve the best educational outcomes.
- f) Work to support children and schools to minimise the risk of exclusion.

A range of different learning opportunities are accessible through the Virtual School to help to re-engage children who have become disengaged from learning in the conventional school settings.

We will support foster carers to access good quality Early Years provision that children are entitled to.

Where placement moves are considered, education and the education provision for the young person within the new placement will be a key priority and social workers will consult with the Virtual School in order to ensure a smooth transition.

The Virtual School tracks and coordinates education, training or employment for children and young people in care and for care leavers up to the age of 21 and for those young people with SEND up to the age of 25.

Independent reviewing officers will ensure that all Looked after children have a PEP that supports them in reaching their full potential.

We will offer a range of experiences which support the learning and managed risk taking for children with disabilities.

### **Why are we going to do this?**

Education and raising aspirations is a key area of focus for our Looked after Children and Care Leavers. Reading Borough works in partnership with the University of Reading, Youth Support Team and Virtual Schools to offer support, provisions and resources to be available to meet the educational needs of our children and young people.

The Children and Families Act 2014 requires local authorities to appoint a person who will monitor the educational achievements of looked after children. Reading Borough Council has appointed a Virtual School Head and whilst it is the responsibility of individual schools to support pupils on their roll, the Virtual School plays a role in ensuring that each looked after child achieves optimum educational outcomes at each stage of their schooling.

We know that when children have suffered abuse and neglect that their educational attainment can also be affected, but that there will also be children who disengage

from their education which causes stresses on families which may result in preventable social care intervention.

We also know that as a result of their poor start in life, within Reading Borough there is an attainment gap between those who are looked after and children who have not had any social care intervention. We know that educational attainment is very important to give children and young people security in their future and it is critical that the PEPs are up to date in order to monitor progress and address issues at the earliest opportunity.

The Ofsted report on the impact of virtual schools on the educational progress of looked after children published in October 2012, found that:

- Most outcomes were improving in the local authorities visited, although performance was variable from year to year. There was little evidence, however, that the gap in attainment between looked after children and other children was narrowing. Progress between Key Stages 3 and 4 was slower than during earlier key stages.
- Corporate parents' depth of engagement with issues relating to the education of looked after children were variable.
- Clearly stated roles and responsibilities for virtual schools were not always evident.
- Data management systems were of variable quality, which meant that some local authorities were not able to monitor and report on the progress of children and young people.
- There was evidence that the virtual school not only made a difference to children's educational progress, but also often enhanced the stability of their placements and had a positive impact upon their emotional well-being.
- The quality of personal education plans was variable.
- Children placed outside of the local authority area were less likely to receive good support from the virtual school.

### **Impact Measures**

4-16 pathway plans tracked

High quality PEPs that involve the young person and which is reviewed in timescale

Raised attainment of children in care

Improved school attendance (or alternative provision attendance) of children on the edge of care

Increased number of care leavers in education, employment or training or apprenticeship opportunities

Clear understanding of the use of the Pupil Premium for LAC

Implementation of the SEND Strategy and completion of a Self Evaluation

***Objective 4): Improving the physical, emotional and mental wellbeing of our looked after children and keeping them safe***

**Link to other plans / policies:** CAMHS Strategy, Leaving Care Policy

**What our children in care told us:**

***“I had some really low times and I was self-harming, but my Leaving Care Advisers supported me. I don’t know what I would have done without them”***

***“I was really desperate to have my own place but no-one could have told me what it would be like and the fact that it would be really lonely. I wasn’t expecting that”***

**What our foster carers told us:**

Foster carers want to support children and young people through any emotional distress or trauma but sometimes need a specialist resource to complement their nurturing environment

They welcomed the options team input but had some concerns they may only deal with children and young people where a permanence plan has been agreed and would like to see this expanded to all children and young people

Particular events in the care plan and life of the children and young people can sometimes require additional emotional and therapeutic support and carers would welcome an easier route into the CAMHS service

Foster carers would welcome being able to influence care planning from their perspective living with the children and young people day to day.

**What are we going to do?**

South Reading Clinical Commissioning Group and the North and West Reading Commissioning Group are responsible for planning and purchasing local health services. Commissioning is the process of assessing local health needs, identifying the services required to meet those needs and then buying those services from a wide range of healthcare providers. Community-based child and adolescent mental health services (CAMHS) are provided by Berkshire Healthcare NHS Foundation Trust (BHFT) (Tiers 3 and 4) and Tier 2 provision is delivered jointly by the local authority and schools. In-patient CAMHS is provided by a range of providers. Children and families access primary care services through one of 29 General Practitioners (GP) surgeries which are provided through the South Reading CCG and North and West Reading CCG.

Berkshire Healthcare Foundation Trust provide the Designated Nurse for Looked After Children and the Berkshire West health team for looked after children, this



includes a Specialist Nurse who is the lead for Reading Council. The Designated Doctor is provided by the Royal Berkshire NHS Foundation Trust.

Ensure that commissioning and spot-purchasing arrangements across Health and Social Care reflect a clear understanding of the needs of LAC both in and out of authority area, primarily to ensure that health assessments and reviews are undertaken effectively and robustly to ensure that children can access a range of universal and specialist health and therapeutic provision wherever they are placed and in whatever type of placement they are in.

Where a placement move is planned, the health team for looked after children and the Virtual School will be informed at the earliest opportunity to ensure that health and education provision is maintained at sufficient quality for the young person.

We will:

- Routinely include the health team for looked after children in discussions about potential out of area placements to ensure continuity of health care and information sharing.
- Arrange for all looked after children to have a timely and high quality health assessment of physical, emotional and mental health needs, regardless of where that child lives
- Understand the emotional and behavioural needs of Looked After Children by using the Strengths and Difficulties Questionnaire (SDQ)
- Ensure that every child has an up to date individual health plan, based on the written report of the health assessment, and review these plans at least every six months for children aged under 5 years and at least once a year for children aged over 5 years
- Ensure that transition plans are in place to enable care leavers to continue to obtain the healthcare they need
- Ensure looked after children are registered with a GP and have access to a dentist near to where they are living
- Notify the Clinical Commissioning Group (CCG) and the child or young person's GP when a child starts to be looked after, changes placement or ceases to be looked after (and notify both the originating and receiving CCG where the child is placed out of county).
- Ensure a smooth transition from children's to adult services for looked after young people and care leavers so they experience continuing healthcare, if eligible
- Never refuse to provide a service to a looked after child on the grounds of their placement being short-termed or unplanned, including mental health services
- Make arrangements to enable looked after children to participate in decisions about their healthcare
- Take the health needs of looked after children into account when developing the Joint Strategic Needs Assessment (JSNA) and the Health and Well-being strategy

- Publish a local Offer which sets out in one place all information about education, health and social care for children and young people with SEND
- Ensure that children living out of area are not disadvantaged in their health and wellbeing
- Provide training to support foster carers and adopters to effectively understand and support the emotional well-being and development of looked after children
- Consider the health assessment requirements in individual cases for children with disabilities. In some cases a specialist report from involved professionals may be more appropriate than a further looked after health assessment.

Working closely with colleagues in Leisure and in other authorities where our children are placed to ensure that they can access a range of leisure activities safely with a concessionary rate for them and their carers.

We will ensure that life-story work is undertaken at the earliest opportunity when a child comes into care.

Independent reviewing officers to ensure that Looked After Children who are at risk of child sexual exploitation, who go missing or are placed out of the council area are risk assessed, have a care plan which includes provision to keep them safe and that protective action is taken to reduce their vulnerability.

The Missing from care procedure will be adhered to and a team manager attends SEMRAC. Return home interviews will be completed within 72 hours or as soon as possible and shared with the young person's social worker so that they can manage the risks associated with missing episodes.

We aim to have a 100% completion target for Strengths and Difficulties questionnaires and to introduce a weekly CAMHS consultation.

The Options Team support in-house foster carers so that children's emotional needs are better met.

Children with Disabilities service is working closely with colleagues in CAMHS to ensure that their services are timely and appropriate in meeting need.

### **Why are we going to do this?**

It is our duty to ensure that children in our care are safe and well both in terms of the legislative framework and as responsible 'parents' to those children and young people in our care.

We know that when children have been abused or have been neglected in their early years, this can cause trauma to them physically, emotionally and mentally. By intervening and supporting families at an early stage, we hope to minimise this for the majority of children who come into care, however there may still be some children who come to our attention who have suffered in this way, for whom we would intervene.

Looked After Children tend to have more health problems compared with their peers and can result from a range of factors including:

- missed health checks such as dental and optician visits;
- early life experiences leading to a legacy of health problems, physical and psychological;
- limited education and support to both parents and young people so that they understand how health matters are important;
- poor diet, smoking, alcohol or drug misuse within their household;
- mental health or emotional difficulties.
- complex health needs associated with a disability
- understanding why they are, or were, Looked After

Life-story work is critical to psychological wellbeing by helping children and young people make sense of why they are/were looked after and that it is/was not their fault.

It is therefore important that Looked After Children are provided with a holistic health check with annual reviews and that children and young people, parents and carers are educated, trained and supported to lead to healthy lifestyles and help identify and address areas of concern.

In planning for the child/ young person's future, and their move to independence, an individual health plan that sets out their health needs and how they will be met must be completed. In addition, it is important that opportunities to pursue social and leisure interests are provided and promoted to children and young people, whatever their abilities, to help improve their emotional, psychological and physical health and wellbeing.

We need to continue to improve our performance in health assessments and dental checks and meet our target of our 98% performance rate.

We will ensure that all health assessments are completed within statutory timescales.

We will make sure that young people have copies of their health assessments and plans appropriate to their age and levels of understanding.

Where health assessments are delayed, we would expect that this is challenged by the Independent Reviewing Officer.

**Impact Measures:**

Increased number of annual health assessments / health reviews

100% completion of SDQs

Monitoring the use of SDQs in providing appropriate support and intervention

Monitoring referrals to CAMHS and the length of time in securing provision

Reduction in the incidence of reported self-harm

Reduction in teenage pregnancy rates amongst LAC and Care Leavers

Feedback from carers, children and young people about the timeliness and quality of health assessments and interventions  
Percentage of families of children with disabilities accessing short breaks  
Reporting of improved access to OT and specialist disability services  
Improved fitness and general wellbeing of looked after children and care leavers  
Increased numbers of looked after children and care leavers engaged in leisure and cultural activities

**Objective 5): Listening to and acting on the views of looked after children and young people**

**Link to other plans / policies:** The Pledge / Care Leaver's Charter

**What our children in care told us:**

***"We feel that this is important because young people do not engage enough in local activities and this can cause the young person to feel low in mood if they are not encouraged to be part of activities; there should be more to prevent young people from feeling this way in the first place. Encouraging young people to take part in activities and meetings will aid in the future of the care service and also the treatment of their care"***

***(YDYC Open letter to Reading Borough Council 13 October 2015)***

***"This is also important because we need to know how the young person is feeling, sometimes we feel that the kids in care do not feel like they are being listened to."***

***(YDYC Open letter to Reading Borough Council 13 October 2015)***

***"I got to choose how often I want contact"***

***"I felt it went well because I got my point across"***

***"Communication is really important – if we build up trust we can communicate better. Social workers should take us out and stuff to get to know us but they don't have time. They should do it because they want to get to know us – not just because it is their job"***

***"I don't want my social worker to visit me at school – she always turns up when it is my favourite lessons and it is embarrassing in front of my friends"***

**What our foster carers told us:**

Foster carers would welcome the opportunity to assist children and young people to share their views, wishes and feelings so that they can feel listened to and see how we are trying to deliver services as a result.

"Your Destiny Your Choice" is currently thinking about how to really help children and young people to get involved and foster carers would welcome and support any suggested activities or social media avenues for engagement.

Foster carers have suggested a youth group may be a more usual scenario for such a group to meet and would welcome it being age related perhaps 6/11 years and 12/18 years, in addition to continuing the activity days out and Civic Office sessions.

## **What are we going to do?**

We have an expectation that social workers and foster carers will encourage participation and will lead by example in encouraging children and young people to have their say.

We will use opportunities to listen to the needs of children and young people and to act on them. Independent Reviewing Officers will meet all children who become looked after before their first review and will ensure that the views of children and young people are recorded in each review, in between reviews when their circumstances change, when key decisions need to be made or significant events take place which lead to a change of care plan.

The Young Inspectors programme will include children in care and they will be invited to develop a work plan looking at each of the objectives in this strategy and we look forward to their feedback in anticipation of further improvements we can make.

Bi-monthly Challenge and Review sessions are to be established where young people (supported by the Children's Participation Worker) hold the Head of Safeguarding and Looked After Children to account for service delivery.

Supervising managers will carry out bi-monthly observations of direct work being undertaken by a social worker with children and young people.

A steering group is to be established for children and young people with SEND which will be securely linked to other groups within RBC (e.g. Children in Care Council)

## **Why are we going to do this?**

We are going to do this because first and foremost we made a promise to children and young people that we would both within the Pledge and within the Charter for Care Leavers. Involving children and young people in service design and delivery is the only way in which we can make a tangible positive difference to their experience of care.

### **Impact Measures:**

Development and implementation of a cross-cutting Participation and Engagement strategy

Increased number of LAC and Care Leavers participating in specific activities and in general activities promoted by the Council.

Increased number of council meetings where councillors reflect on the impact that decision making will have on children and families.

Evidence of the views of children and young people positively shaping service development and delivery

**Objective 6): Supporting and navigating our young people through the transition to adulthood and independence within their local communities wherever possible**

**Link to other plans/ policies:** CAMHS Strategy, / Leaving Care Policy / Transitions pathway consultation / Transitions pilot

**What our children in care told us:**

***“I’m really happy with my Leaving Care Adviser – she helped me to get a flat and made sure I had furniture before I moved in. The furniture’s ok but I don’t like that we can only get furniture from one place – I could get much better stuff that I actually like online, but that wasn’t an option”***

**What our foster carers told us:**

Foster carers would welcome more young people being able to access education and traineeship opportunities that suit their individual needs and interests

This could include work experience, traineeships within the council and local businesses and colleges.

In addition access to advisors and continuing well-being support and advice was welcomed.

When appropriate foster carers will consider “Staying Put “arrangements to enable the transition into adulthood

For those with a disability or requiring adult services support transition planning needs to be secured at an earlier age and foster carers have suggested 15 and 6 months would be a sensible age to begin working together to secure arrangements.

**What are we going to do?**

Ensure that all of our eligible young people are aware of their leaving care entitlements and that these have been explained in a meaningful way and reflected in their pathway plans.

The Pathway Planning process will be improved to address young people’s needs by the time they reach their 16<sup>th</sup> birthday, and all young people will be engaged in contributing to their plans and PEPs will continue to be used to support young people into work, traineeships, apprenticeships or further education.

The Looked After Children and Leaving Care Team to be fully operational by the end of 2016 to resolve system issues that prevent smooth transition to young adulthood. This will help us to further enhance our links with Housing colleagues to ensure that young people are able to access housing options suitable to them and our links with Adult Social Care colleagues to ensure that young people who will have continued need for social care support will get the help they need.

Ensure that our arrangements for transitions post 18 identify health needs and further education needs and that there is a smooth transition with Health and Education colleagues for the delivery of these services, setting out clearly for the young person (and their carers where necessary) how these services will be delivered.

Continue to ensure that where young people go to university that they can access Housing opportunities when they leave university. This is recognised in our Housing Strategy and allows for young people to return to Reading and access Housing. Where young people have established their roots elsewhere, we will support them to be able to access Housing locally and will liaise with other agencies and authorities to facilitate this.

We will seek to increase the number and range of suitable accommodation placements for care leavers, including semi-independent supported lodging arrangements.

We will implement a Leaving Care Guide and use it with all Care Leavers in a planned and systematic way in line with their needs.

#### **Why are we going to do this?**

As any parent would support their teenage child through the transitions to adulthood, as a Corporate Parent, we have a responsibility to see our young people safely through the key transition to adulthood and potentially to services delivered to adults. This includes helping them to find accommodation, employment or further education and training and in some cases support delivered through Adult Social Care or Health Services.

#### **Impact Measures:**

Percentage of young people being aware of their entitlements when asked within reviews

Increased number of young people being able to access appropriate services within Adult Services or Adult Health Services in a timely way

Increased range of housing and supported living options for care leavers

Increased number of carers and young people reporting smooth transition arrangements

Percentage of transition planning for young people with SEND starting at year 9 review



***Objective 7): Encourage our corporate colleagues to understand their corporate parenting responsibilities***

**What our children in care told us:**

***“Now that I have a child of my own, I think that social workers should think – “If this isn’t good enough for my own child, why should it be good enough for a child in Care? They should fight for the best possible outcomes – I would fight for my child – they should fight for us!”***

**What our foster carers told us:**

They would like a clearer voice within the corporate setting and are committed to continuing Reading Carers Link as the independent support infrastructure and voice of our professional foster carers

Foster carers welcome their position on the Parenting Panel and the recent task and finish group and welcome the opportunity to influence the delivery model for children and young people in care.

**What are we going to do?**

We will work with colleagues across Reading Borough Council to encourage them to think about how their teams can act as ‘Corporate Parents’ to our children and young people.

Our Parenting Panel will advocate for the needs of children and will act as ‘champions’ when undertaking council activities, encouraging other members to think about how the implementation of policies and strategies across the wider authority will impact on children and families.

The Corporate Parenting Operations Group will report into the Parenting Panel in order to raise awareness of particular issues and to be held to account for the delivery of the objectives outlined in this strategy.

**For councillors this means;**

- Having a clear understanding and awareness of the issues for looked after children in their authority so that they can ensure that their responsibilities as corporate parents are reflected in all aspects of the work of the Council;
- Communication between Councillors and Looked After Children is facilitated to achieve participation and inclusion, so that children and young people have a say in how decisions are made about the services that affect them, and that they have an opportunity to influence those decisions;
- Members are supported by officers to promote partnership working as a prerequisite for delivering effective services to Looked After Children, and to ensure that the joint planning and commissioning framework continues to deliver to this agenda;

- The Council provides effective scrutiny of corporate parenting duties.

**For all staff within Reading Borough, this means;**

- Ensuring employee awareness and commitment to the Corporate Parenting Strategy
- Establishing recruitment and employment practices that offer supported work experience, apprenticeships and employment opportunities for young people who are in or have left the Council's care;
- All relevant services promote access for Looked After Children and their carers through both policy and practice; and
- Ensuring the commitment to corporate parenting is realised through a quality of care and range of opportunities that lead to measurable improvement in the life chances of looked after children - enabling them to succeed in line with their peers.

**Why are we going to do this?**

Every council department has a responsibility to ensure that all staff has an awareness of, and commitment to, the Corporate Parenting Strategy. Every council department will identify ways in which they can ensure they are meeting their corporate parenting responsibility through agreed actions. This includes consultation and participation of looked after children and care leavers. Each department will be held to account for how it has delivered against the Children's Pledge and report on progress and outcomes to the Corporate Parenting Panel in line with the forums forward plan.

**Impact Measures:**

All members of the Corporate Parenting Panel attend a minimum of 80% of the Panel meetings

"Traffic light challenges" should be issued at each Corporate Parenting Panel by YDYC and responded to no later than the next meeting.

Where officers or partners are asked to write a report, they are required to attend the Parenting Panel to present it.

## Section Three: Implementation and Monitoring

### Corporate Parenting Panel

We have a Corporate Parenting Panel comprising elected members who consider issues in respect of all children in care (see Appendix 4 – Terms of Reference).

Through our Corporate Parenting Panel, Children's Services is committed to:

Ensuring that the views of children in care are listened to and reflected in service delivery.

Ensuring that all elected members and employees of Reading Borough understand their corporate parenting responsibilities

Acting as an advocate to children in care when setting strategic priorities both within the council and in partnership with other organisations

Considering the Council's role as a Corporate Parent to children looked after by Reading Borough Council, in particular with regard to improving the health, education, employment, training and housing outcomes for children looked after by Reading Borough Council through:

Improving outcomes for young people both in care and previously looked after by Reading Borough Council and:

- (a) Ensuring integrated planning and activity for children looked after
- (b) Ensuring the Council actively promotes opportunities for children looked after by the Council.

Securing effective communication arrangements with the Children in Care Council to ensure the following:

- (a) That their views are listened to and reflected in service delivery
- (b) Monitoring that Reading Borough's Pledge to all children in care is fulfilled.

Commissioning reports as necessary to ensure that Members of the local authority have the information that will enable them to fulfil their role as Corporate Parents.

### Corporate Parenting Operational Group

A Corporate Parenting Operational Group that sends quarterly progress reports to the Corporate Parenting Panel has been established that will manage complex cases. This approach will ensure multi-disciplinary management of cases in delivering support and trouble-shooting where cases are 'stuck'. The aims of this group are to:

1. To resolve system and operational issues that hinder care leavers successful transition to independence and early adulthood.

2. To commit resources to support looked after children and care leavers in the implementation of their Care Plan and Pathway Plan respectively.
3. To take steps to ensure effective cooperation/collaboration is embedding in frontline teams across services and agencies; undertake joint assessment where relevant of needs and formulation of Care Plans for looked after children and Pathway Plans for care leavers

## **Delivery Model**

Our approach to delivering this plan will be through a strategic action plan (see Appendix 5) that enables us to deliver the objectives:

### **What will this look like?**

Each year officers will approach the delivery of the objectives through key work streams set out below:

#### **Year one:**

- Deliver the restructure of Children's Social Care to ensure that workloads are manageable and that permanent social workers are recruited to help children develop and sustain relationships with their allocated worker.
- Identifying the gaps in policies /strategies and ensuring that strategies and policies align effectively and reflect corporate parenting responsibilities
- Engaging corporate partners and sharing information effectively across the council
- Building on the work already done within the Children in Care Council and within Children with Disabilities Service, the further development of structured children's participation and engagement across the whole department (and parent / carer involvement)

#### **Year two:**

- Ensuring that the new structures implemented across the whole of children's services meet the needs of children and young people and families in Reading Borough through a whole system evaluation approach.
- Development of services to meet strategy – commissioning, decommissioning and re-commissioning, joint commissioning

#### **Year three:**

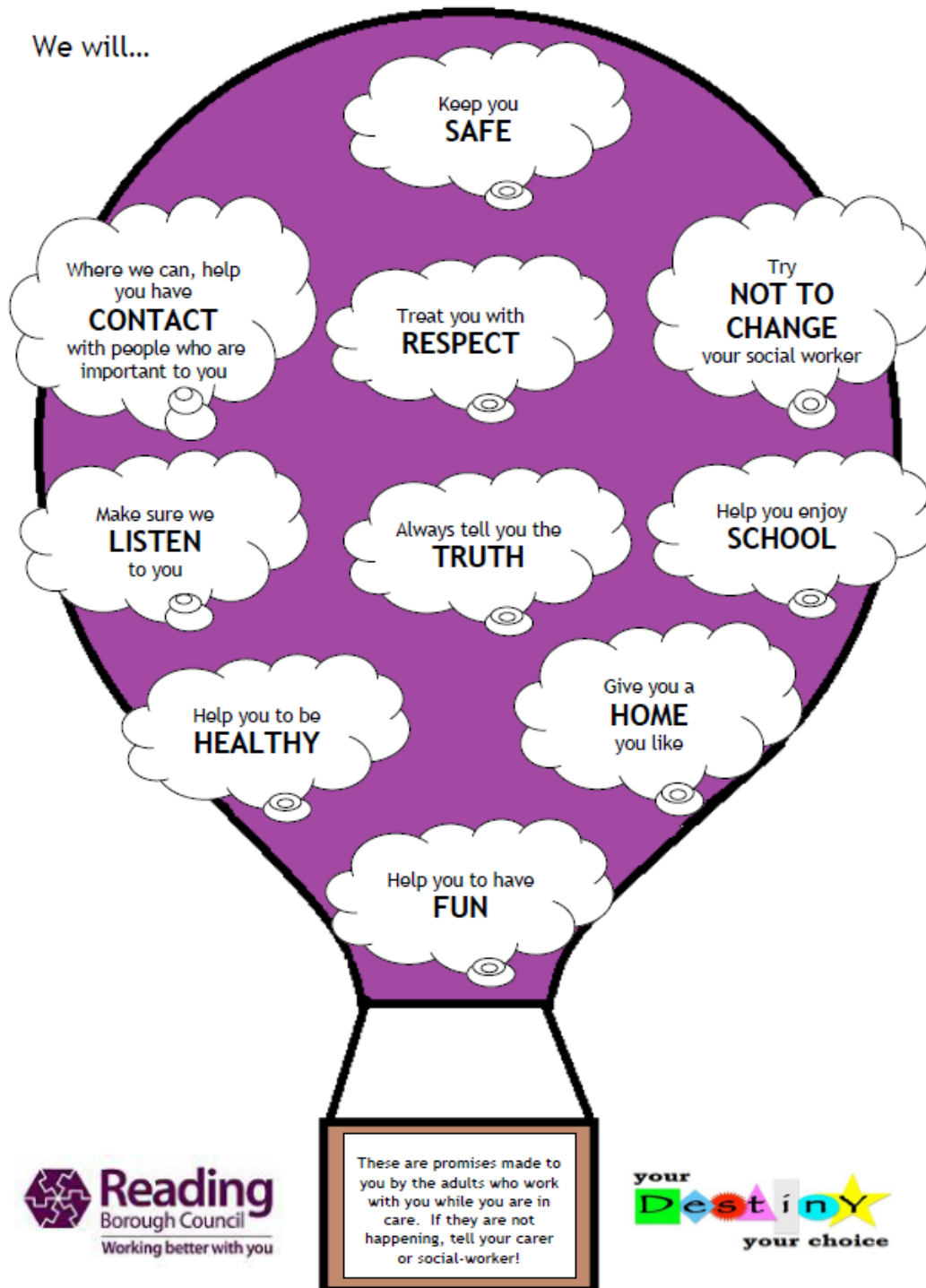
- Review & Audits

The Children's Social Care Senior Management Team will take lead responsibility for the delivery of the objectives within 3 years. They will report six-monthly to the Corporate Parenting Panel who will hold officers to account for the delivery of the objectives.

## Appendix 1: Pledge to Children in Care

We have a version of the Pledge for children under 11:

We will...



More detail on each part of the pledge is available from [www.readingyouth.com](http://www.readingyouth.com)

**And we have a version of the Pledge for those over 11:**

**SAFE**  
We will help you to stay safe, and be there for you when you need us.

**CONTACT**  
Where possible we will help you to see your family and other people important to you.

**RESPECT**  
We will treat you in a friendly and respectful way.

**CONSISTENT**  
We won't change your social worker unless we really have to, and when we do, we will tell you why.

**HOME**  
We will give you somewhere to live where you will feel safe and cared about.

**HONESTY**  
We will tell you about everything you are entitled to in a clear and open way.

**ACHIEVE**  
We will help you to have fun and achieve great things, both in school and in other activities.

**HEALTHY**  
We will help you live a healthy life, both physically and mentally.

**LISTENED TO**  
We will give you different ways to have your voice heard, will always listen to you and help you deal with your problems.

**SUCCEED**  
We will support you as you get older to successfully leave care, become adults and live on your own.

**This is our PLEDGE to you**

This pledge is a set of promises to Reading's young people in care, by Reading Borough Council, written with the CiCC. All adults who work with you will ensure that the pledge really is what happens - if it's not, tell us! To see more detail on each part of the pledge, visit [www.readingyouth.com](http://www.readingyouth.com)

 **Reading**  
Borough Council  
Working better with you

 **your**  
**Destination**  
**your choice**

**And we have a version for children who communicate using Widget:**



We will:



Keep you Safe



Give you a Home you like



Help you to contact the people which are important to you



Help you to enjoy School



Help you to have fun and succeed



Help you to be Healthy



Make sure we listen to you



We Will :



Treat you with Respect



Try not to change your Social Worker

## Appendix 2: Charter to Care Leavers

### READING CHARTER FOR CARE LEAVERS

#### **We will respect you and who you are**

- We will respect your background
- We will accept your culture and beliefs
- We will not judge you

#### **We will listen to you**

- We will respect your point of view
- We will be honest with you
- We will be up front with you
- We will help you make your own decisions

#### **We will help you get the information you need and want**

- We will inform you in a way you will understand and keep in touch with you

#### **We will support you**

- When we can we will give you the support you need and when we can't we will do our best to get it for you
- We will continue to care about you even when we are no longer caring for you
- We will help you keep healthy
- We will not judge you or the decisions you make
- We will help you make decisions about your education, training and employment

#### **With you, we will help you find a home**

- We will try to find you the most appropriate place to live
- We will do everything we can to prepare you to live in your own home

#### **We will be your life-long champion**

- We will support you in your goals, dreams and aspirations
- We will try to be someone you can trust and rely upon
- We will believe in you even at times when you might not believe in yourself



## Appendix 3: Policies and Strategies linked to the Corporate Parenting Strategy

### List of related policies and strategies within Reading Borough:

- The Pledge to Children Looked After
- The Charter for Care Leavers
- The Sufficiency Strategy for Children Looked After and Care Leavers;
- The Annual Report of the Virtual Head Teacher
- The Annual Fostering and Adoption Service Plans
- The Annual Report of the independent reviewing officer service
- The Annual Learning from Complaints Report.
- Outcomes from internal and external audits and self-assessments of our services.
- The direct voices of the children and young people in our care
- The Corporate Plan
- Children and Young People's Plan
- Education Vision
- LSCB Business Plan
- Housing Needs Strategy
- JSNA

## Appendix 4: Parenting Panel Terms of Reference

### 17. PARENTING PANEL

#### 1. Purpose

- To act as a focus for the Council's responsibilities as corporate parent by providing a channel of communication between looked after children and young people, council and other agency officers, carers and councillors, providing a forum for LAC policy development discussion and challenge.

#### 2. Scope

The Corporate Parenting Panel

- Will be the champion of children looked after by them.
- Will champion the Children's Pledge in order to ensure the best life chances possible for looked after children.
- Will provide a channel of communication between children and young people who are or have been looked after, carers, officers and Councillors to discuss corporate parenting issues, as appropriate to the need to respect the privacy of looked after children.
- Will proactively engage with looked after children to gain a real understanding of the experience of being looked after as appropriate to the need to respect the privacy of looked after children; and
- Will celebrate the success of looked after children.

## Appendix 5: Corporate Parenting Strategy Action Plan

	Action	Lead officers	Year
<b>Objective 1: Supporting families to stay together where it is safe to do so by managing risk and children on the edge of care</b>			
1.1	Early Help and Troubled Families Offer. Appropriate Interventions including Children's Action Teams, work with Children & YP in households with DV, Mental Health, Drug and Alcohol Misuse, to support families where the plan is re-unification		On-going
1.2	Children's Action Teams and Locality Social Work Teams work intensively to strengthen families whilst safeguarding children. They provide intensive interventions with local stakeholders to provide packages of support to prevent children entering care whilst promoting their safety and development at home.		Year 1-3
1.3	Integration of Early Help into the MOSAIC system to ensure good through flow of information between Early Help and Children's Social Care.		Year 1-3
1.4	Provide a range of interventions for disabled children and their families		Year 1-3
<b>Objective 2: Delivery of sufficient good quality and affordable placements and permanence options for children who come into our care</b>			
2.1	Delivery of a refreshed Sufficiency Strategy that reflects the current and future needs of children in Reading		Year 1 - 3
2.2	IROs to monitor the quality of placement in meeting the needs of children and young people as part of the LAC review process. Where there are concerns regarding the sufficiency and/or quality of placements, escalation processes will be deployed.		On-going
2.3	Fee Scheme for RBC foster carers to include challenging targets of net gain of in-house foster carers to be set for delivery by 2017.		Year 1-2
2.4	Undertake a focussed exercise on the future capacity needed of in-house residential placements for children with SEND		Year 1-2
<b>Objective 3: Ensuring all looked after children achieve their full potential in education, employment and training</b>			
3.1	IROs to ensure all Looked After children have a PEP that supports them in reaching their full potential.		Year 1
3.2	In conjunction with the Virtual School, the Looked After Children and Leaving Care Team holds fortnightly joint meeting to review the quality and completion of PEPs.		Year 1

	Action	Lead officers	Year
3.3	Offer a range of experiences which support the learning and managed risk taking for children with disabilities		Year 1-2
<b>Objective 4: Improving the physical, emotional and mental wellbeing of our looked after children and keeping them safe</b>			
4.1	Development of an Emotional Wellbeing Strategy alongside CAMHS and Public Health		Year 1
4.2	IROs to ensure that Looked after children who are at risk of CSE, who go missing or are placed out of the council area are risk assessed, have a care plan which includes provision to keep them safe and that protective action is taken to reduce their vulnerability.		Year 1
4.3	100% completion target for SDQ.		On-going
4.4	Weekly CAMHS consultation.		
4.6	Missing Children from Care procedure is adhered to and return home interviews are undertaken within 72 hours and information shared with the young person's social worker		On-going
4.7	Identified Manager attends SEMRAC regularly		On-going
4.8	Work with colleagues in CAMHS to ensure that their services are timely and appropriate in meeting need.		Year 1-2
4.9	Ensure disabled children and young people have increased opportunities for leisure		Year 2
<b>Objective 5: Listening to and acting on the views of looked after children and young people</b>			
5.1	Social workers to ensure that they use the proformas issued by YDYC to introduce themselves to young people and that they also encourage foster carers to complete them too and share them with the young person they are caring for.		On-going
5.2	IROs to meet with all children who become looked after before their first review		Year 1-3
5.3	IROs to ensure that the views of children and young people are recorded in each review		On-going
5.4	IROs to gather the views of children and young people between reviews when their circumstances change, key decisions need to be made or significant events take place which lead to a change of		On-going

	Action	Lead officers	Year
	care plan.		
5.5	Young Inspectors to be appointed and invited to inspect each of the objectives of this strategy		Year 2
5.6	Bi-monthly Challenge and Review Meeting where young people [supported by the Children's Participation Worker] holds the Head of Safeguarding and Looked After Children to account for service delivery. Minutes of meeting will be kept by YDYC.		Year 1
5.7	Supervising manager will carry out bi-monthly observation where allocated worker undertakes direct work with children and young people.		Year 1
5.8	Secure the links between children and young people placed outside of the local authority area, including those with SEND and other RBC forum (e.g. YDYC)		Year 1-2
<b>Objective 6: Supporting and navigating our young people through the transition to adulthood</b>			
6.1	Set up the Senior Officers Operational Group to resolve system issues that prevent smooth transition to young adulthood.		Year 1
6.2	Ensure that all Pathway Plans involve the young person and reflect their needs and entitlements		On-going
6.3	Ensure that all young people are given the opportunities to access further education, employment and training and that they are supported to do so in a timely way		On-going
<b>Objective 7: Encouraging the full engagement of the council departments in their Corporate Parenting responsibilities</b>			
7.1	Setting up the Senior Officers Operational Group. It reports to the Corporate Parenting Panel 6-monthly		Year 1
7.2	Raise awareness of the role of both the parents and children and young people's forums across the Council		Year 1-2
7.3	Delivery of a 'young person friendly' version of all reports to Parenting Panel in a format agreed by YDYC		On-going

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	11
TITLE:	CHILDREN AND YOUNG PEOPLE'S INTERIM COMMISSIONING STRATEGY 2016-17		
LEAD COUNCILLOR:	Cllr GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CONTRACTS AND COMMISSIONING	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 / Executive Summary

The purpose of this report is to introduce the Children and Young People's Interim Commissioning Strategy 2016-17 to Adult's, Children's & Education Committee for approval. The document has been developed by the Senior Commissioner (Children) in collaboration with DCEEHS DMT and with significant support from the Head of Transformation and Governance. The Lead Member has also been involved in the development process. The document has been reviewed by the Corporate Management Team at their meeting on the 3<sup>rd</sup> of May 2016 and subsequently on the 7<sup>th</sup> of June 2016.

2. RECOMMENDED ACTION

The Adult's, Children's & Education Committee are asked to approve the Children and Young People's Interim Commissioning Strategy 2016-17

3. POLICY CONTEXT

This one year interim strategy is a high level document, detailing the outcomes and Key Performance Indicators required to be delivered by our own services and those that we commission. The intention of this Strategy is to describe our key commissioning priorities and principles and the outcomes we will deliver for children, young people and their families and carers in Reading during 2016-17. The strategy is not a comprehensive document as it has not been able to draw upon a full needs analysis, market analysis and consultation with services users, their

families and carers, providers and stakeholders. A fully informed Children and Young People's Commissioning Strategy will be developed over 2016/17 and the final strategy will be presented to ACE prior to its commencement date of April 2017. Further details of how and when the full strategy will be developed can be found in the attached strategy action plan.

The key purpose and aims of the interim strategy are to:

- Set the context for commissioning services for children and young people, reflecting both national and local drivers
- Identify the principles and priorities we will apply in order to achieve DCEEHS-wide outcomes. These outcomes have been developed by DCEEHS DMT in collaboration with service areas and the Lead Member. The outcomes cover five age groups covering ages 0-25 with an additional section for all age groups. Each age group has outcomes covering the full range of DCEEHS and Public Health services, and these are aligned with Priorities 1 and 2 in the Corporate Plan. Appendix B lists the primary KPI set linked to these outcomes. These will be supplemented by additional indicators in individual performance frameworks for each contract, depending on type of service.
- Indicate to the market our strategic direction and priorities to assist in their business planning and decision-making.

The commissioning priorities are intended to reflect the key areas of focus for the Children's Commissioning team during the coming year and the commissioning principles outline our intended approach to children, young people and their families, internal clients, partners and the market. These broadly address the following areas:

- Strategic priorities / outcomes
- Agreed commissioning framework and governance
- Contract management & monitoring / value for money
- Partnerships and collaborative working
- Co-production and consultation
- Intelligence and evidence gathering
- Market development and provider relationships

#### 4. CONTRIBUTION TO STRATEGIC AIMS

This report and its content are an important contribution to the Council's corporate priorities. The strategy clearly outlines the outcomes that Reading's Children, Education & Early Help Services require. These outcomes have been developed to meet the needs of all children and young people in Reading. The outcomes and commissioning ambitions described in the strategy are aligned with the priorities outlined in the Council's Corporate Plan for 2016-19. Most specifically the outcomes and ambitions are expected to support the following corporate priorities and identified issues:

- Priority 1: Safeguarding and protecting those that are most vulnerable

Key Issues:

- Ensure that children and young people receive a high quality service which keeps children within their families where it is safe to do so and ensure that permanent and stable homes are found for children in our care
  - Continue to deliver the Children's Service improvement plans and embed improvements in Children's Social Care
  - Children's Services spending is currently above the benchmark with statistical neighbours
  - The integration of Health and Social Care needs to be delivered by 2020 with agreed plans in place by 2017
- Priority 2: Providing the best life through education, early help and healthy living

#### Key Issues:

- Closing the gap in attainment, for vulnerable and disadvantaged children, including those in care and with learning disabilities, is vital to ensure equality of life chances later on
  - Approximately a third of all children aged 10 or 11 and half of all adults are overweight, with about 1 in 5 adults being obese
- Priority 6: Remaining financially sustainable to deliver these service priorities

#### Key Issues:

- Agree further savings to bridge the funding shortfall and ensure that the commissioning function supports the delivery of DCEEHS services within a reduced funding envelope

The Council's three core values of being fair, caring and enterprising are reflected throughout the strategy. The strategy also supports the corporate aim to promote equality, social inclusion and a safe and healthy environment for all.

## 5. EQUALITY IMPACT ASSESSMENT

The strategy states that commissioning activity will recognise and value diversity, and promote equality to ensure excluded / vulnerable groups can access appropriate services. This may mean services are accessible to all communities or are targeted to specific groups, e.g. are culturally sensitive. All planning and commissioning activity will aim to narrow the gaps and remove barriers to participation, achievement and well-being. Equality will be embedded in all contract monitoring.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

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". In order to meet this duty the strategy places an emphasis on working with representatives from Reading's Clinical Commissioning Groups, Public Health and Education. There is also a commitment within the strategy to involve service users at all stages of the commissioning cycle.



## 7. LEGAL IMPLICATIONS

All commissioning activity including tendering will be carried out in line with the Council's Contract Procedure Rules and any EU legislation pertaining to the activity. A key focus in 2016/17 will be the review of current contracts across the Children, Education & Early Help Services Directorate in order to ensure the Council is meeting their contractual obligations and are ensuring that robust contracts are in place for all services.

## 8. FINANCIAL IMPLICATIONS

This strategy acknowledges the ongoing reduction in funding to the Council. In response all future commissioning will be carried out with this significant reduction in funding considered. Existing and future contracts will need to evidence ability to deliver a statutory requirement and contribution to service, directorate and corporate aims. Activity carried out by the Children and Young People's Commissioning Team is seen as vital for identifying and delivering a contribution to the savings required and to the stability of delivering services to children, young people and their families and carers in Reading under a significantly reduced budget.

## 6. NEXT STEPS

An action plan to support the delivery of this strategy has been developed. As part of this action plan a series of needs analyses will be undertaken. A number are already underway including: care leavers, accommodation, fostering and residential care. In addition a contracts review exercise is currently underway. It is expected that following the contracts review exercise an action plan will be drawn up to address individual contracts according to the priorities, outcomes and KPIs in the strategy. The cycle of re-commissioning future contracts will be undertaken in line with the principles contained within the strategy and will ensure that the outcomes stated can be delivered within the funds available.

## 7. BACKGROUND PAPERS

Children and Young People's Interim Commissioning Strategy 2016-17

Children and Young People's Interim Commissioning Strategy 2016-17 Action Plan

**Children and Young People's Interim  
Commissioning Strategy April 2016 to March 2017  
Action Plan**

This action plan describes the activity planned between April 2016 to March 2017 in order to achieve the Commissioning Priorities and Principles set out in the Children and Young People's Interim Commissioning Strategy. Many of the actions and activities listed are already underway.

The Council's children's services have been inspected by Ofsted. The inspection has been carried out between the week commencing the 23<sup>rd</sup> of May 2016 and the week commencing the 13<sup>th</sup> of June 2016. The inspection report is likely to be provided to the Director of Children's Services around the 14<sup>th</sup> of July 2016 and the final report is likely to be published on Ofsted's website around the 5<sup>th</sup> of August 2016. Once the final report has been agreed this action plan will be amended to include all actions pertaining to the commissioning team and commissioning of services.

In addition Impower are currently working with the Council to look at; mapping referral pathways into Early Help, mapping spend against tiers of need, process mapping SEN & disabilities and creating a new model for Social Care based on demand analysis. Once Impower have completed their exercise, any actions pertaining to the commissioning team and commissioning of services will again be appended to this action plan.

A key activity for the remainder of 2016/17 is the development of a full Children and Young People's Commissioning Strategy which is likely to be at least a three year strategy and will include hypotheses, needs, service and market analysis, service design, purchasing plans and market management plans. This action plan therefore contains an overview of the activity to be undertaken in order to ensure delivery of the next strategy, and many of the actions listed throughout will directly inform its development.

<b>Subject: Ofsted Inspection outcomes</b>	
<b>Action</b>	<b>Timescale</b>
To be added when available	
<b>Subject: Impower outcomes</b>	
<b>Action</b>	<b>Timescale</b>
To be added when available	
<b>Subject: Needs Analysis and Commissioning Strategy 2017-18 onwards</b>	
<b>Action</b>	
Deliver full Needs Analysis across the range of DCEEHS services	ACE autumn 2016
Deliver full Commissioning Strategy and Action Plan from 2017-18 onwards	ACE March 2017 (see additional note on page 4)
<b>Subject: Commissioning Priorities and Principles (IFA)</b>	
<b>Action</b>	<b>Timescale</b>
All enhanced IFA placements to be reviewed at Solutions Panel	<b>COMPLETE</b> All cases were taken to panel during May 2016
LAC with transport through SEN or other additional transport to be checked to see if double funding is occurring.	<b>IN PROGRESS</b> A number of these cases have already been discussed at panel and the remainder will have been discussed by the end of July 2016.
IFA Approved Provider List - individual provider meetings to establish agreed fees for emergency placements.	<b>IN PROGRESS</b> Meetings have been held with two providers and further meetings are scheduled for June and July 2016.
Explore collaborative arrangements with other local LAs developing local IFA provision further.	<b>IN PROGRESS</b> A meeting has been held with Wokingham and a further meeting with other LAs including Slough will take place prior to mid-July 2016.
IFA South Central Framework <ul style="list-style-type: none"> <li>Options Appraisal - present final version to DMT for decision on sign-up to new framework</li> </ul>	<b>IN PROGRESS</b> An Options Appraisal is complete in accordance with the knowledge we have about the future framework. This is due to a number of areas currently under discussion with other LAs on the framework with no final agreement to date. A final Options Appraisal will be taken to DMT by September 2016.
<b>Subject: Commissioning Priorities and Principles (QUALITY MONITORING)</b>	
<b>Action</b>	<b>Timescale</b>
Outcomes monitoring for individuals and Service user feedback: <ul style="list-style-type: none"> <li>Deliver pilot project for IRO service to use outcomes monitoring forms at reviews and report back on findings to inform proposals for rollout</li> </ul>	<b>IN PROGRESS</b> The pilot has concluded and a review meeting is due to take place by mid-July 2016.
Provider self-audits validated by site visits: <ul style="list-style-type: none"> <li>Work with Northgate to develop IT</li> </ul>	<b>IN PROGRESS</b> Work is currently being undertaken with

<p>solution to recording. Embed process into teams weekly activity</p>	<p>Northgate to work on an IT solution which will allow providers to update their self-assessments straight to our database. This work is expected to conclude by September 2016.</p>
<p>Develop a risk matrix to flag up potential risks to individual placements and care providers and identify trends</p>	<p><b>IN PROGRESS</b> The Quality Monitoring Team is leading on this work with Children’s Commissioning and a first draft has been created. This work is expected to be completed by September 2016.</p>
<p>Outcomes Framework - deliver monitoring process and reporting procedure</p>	<p><b>YET TO COMMENCE</b> This work will commence upon the completion of other pieces of work within the Quality Monitoring work stream. It is expected that this work will be completed by November 2016.</p>
<p><b>Subject: Commissioning Priorities and Principles (RESIDENTIAL CARE)</b></p>	
<p><b>Action</b></p>	<p><b>Timescale</b></p>
<p>All residential placement to be reviewed at Solutions Panel</p>	<p><b>COMPLETE</b> All cases were taken to panel on the 13<sup>th</sup> of April 2016</p>
<p>Develop approved provider list with contracts in place</p>	<p><b>IN PROGRESS</b> A meeting took place with a provider in May 2016. This work has paused whilst a Prime Provider Model is explored. This work is due to be completed by September 2016.</p>
<p>Mid Southern Framework - deliver options paper for commissioning arrangements for Children’s Residential Care</p>	<p><b>YET TO COMMENCE</b> A paper will be taken to DMT in August, in line with the Frameworks end date in September 2016.</p>
<p>Prime Provider Model: Research information around this model and report findings to DMT</p>	<p><b>IN PROGRESS</b> Two meetings have been held with a provider who is delivering the Prime Provider model in May 2016 and further meetings including meetings with LAs who have taken up this option will take place in June and July 2016.</p>
<p><b>Subject: Commissioning Priorities and Principles (SEMI-INDEPENDENT LIVING)</b></p>	
<p><b>Action</b></p>	<p><b>Timescale</b></p>
<p>Work with Leaving Care Team to identify a joint process for forecasting and planning for semi-independent placements</p>	<p><b>COMPLETE</b> Joint meetings have already commenced and will continue on a bi-monthly basis to identify those young people who are reaching 15.5.</p>
<p>Regional Collaboratives - proactive contact with neighbouring authorities to explore joint commissioning opportunities</p>	<p><b>IN PROGRESS</b> A meeting has been held with Wokingham and a further meeting with other LAs including Slough will take place prior to mid-July 2016.</p>
<p>Deliver specific 16+ Needs Assessment</p>	<p><b>IN PROGRESS</b> This work commenced in partnership with the</p>

	knowledge management team in April 2016 and will be completed by August 2016.
Review current purchasing and contractual arrangements and make recommendations for improvements	<b>YET TO COMMENCE</b> This work will commence upon the completion of the specific 16+ needs assessment in August 2016. This work will be completed by November 2016.
Market research and dialogue to develop proposals for: <ul style="list-style-type: none"> <li>• Semi-independent group living: with 24 hour support/presence</li> <li>• Accommodation with Floating Support</li> </ul>	<b>YET TO COMMENCE</b> This work will commence upon the completion of the specific 16+ needs assessment in August 2016. This work will be completed by November 2016.
Develop proposals for an internal Supported Lodgings Service:	<b>YET TO COMMENCE</b> This work will commence upon the completion of the specific 16+ needs assessment in August 2016. This work will be completed by November 2016.
Mother and baby placements - carry out a needs assessment and a review of options for DMT	<b>YET TO COMMENCE</b> This will be presented to DMT in August 2016.
<b>Subject: Commissioning Priorities and Principles (TENDERS)</b>	
<b>Action</b>	<b>Timescale</b>
Leaving Care Framework - prepare tender exercise	<b>IN PROGRESS</b> This has been discussed with Procurement and preparation documents for the tender will be completed by September 2016.
Residential Care Framework - prepare tender exercise	<b>IN PROGRESS</b> This has been discussed with Procurement and preparation documents for the tender will be completed by September 2016.
Prime Provider Model Framework - deliver options appraisal on viability of this model	<b>IN PROGRESS</b> Two meetings have been held with a provider who is delivering the Prime Provider model in May 2016 and further meetings including meetings with LAs who have taken up this option will take place in June and July 2016. An options appraisal will be delivered to DMT in August 2016.
<b>Subject: Commissioning Priorities and Principles (CONTRACTS)</b>	
<b>Action</b>	<b>Timescale</b>
Develop a register of block and spot purchasing arrangements across the directorate and any contracts currently in place to cover these arrangements.	<b>IN PROGRESS</b> A lot of information regarding spend has been received as a result of Helen McMullen's initial e-mail on the 7th of April.
Review purchasing arrangements against outcomes, value for money, needs identified and	3 meetings have been held with finance partners to look further at spend.

quality to establish priorities and next steps	There is some duplication with work that Impower will be undertaking. Commissioning are working with Impower on this piece of work. This contracts project is due to be completed in September 2016.
Deliver a clear plan and timetable for delivering the commissioning/contract activity required to formalise arrangements with those that we purchase from and to ensure commissioning best practice is followed.	<b>IN PROGRESS</b> A clear plan and timetable have been developed which will need to be revised to reflect delays due to the Ofsted inspection. This work will be completed by September 2016.

### Planning and preparing for the Children and Young People’s Commissioning Strategy 2017/18 and beyond.

A number of activities will need to be undertaken in order to have a full and well researched Children and Young People’s Commissioning Strategy in place for April 2017.

Some of these activities have been listed below. This is not an exhaustive list. One of the key elements to the successful delivery of the new strategy will be a robust governance process which will oversee progress and support the effectiveness of partnership working which is crucial for the delivery of the strategy. With this in mind it is hoped that the development of the new strategy will become an ongoing agenda item for the Children’s Directorate Management Team and that regular updates will be presented at Lead Member Briefings. The expectation is that the final strategy will be presented to the Adult’s, Children’s and Education Committee (ACE) on the 20<sup>th</sup> of March 2017.

Key stages in the process will include:

- Project Planning, agreeing the focus of the strategy and clarifying roles
- Needs Analysis and Service, Market and Resource Analysis
- Legislation research and National and Local Context
- Gap Analysis
- Communicating and engaging with stakeholders
- Communicating and engaging with service users, their families and carers
- Service Redesign and Formal Decision-Making
- Implementation planning



Reading Borough Council

Children and Young People's Interim  
Commissioning Strategy

Aged 0-19 (0-25 Special Educational  
Needs and Disability)

April 2016 to March 2017

(Draft for Approval)

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# 1. Introduction

## 1.1 Background and Purpose

The purpose of this interim strategy is to describe our key priorities and the outcomes we will deliver for children, young people and their families and carers in Reading. We identify these priorities and outcomes by listening to what people have told us, and by aligning our plans with the Children's Trust and the Reading Local Safeguarding Children's Board. The strategy identifies the commissioning principles and priorities for achieving the Council's Children, Education & Early Help Service's outcomes. The Council has to deliver flexible services which are responsive to individual needs and choice and that are targeted appropriately to meet the needs of vulnerable people. Services must deliver agreed priorities and make best use of diminishing resources.

This interim strategy has been developed by the Council's Directorate of Children, Education & Early Help Services. The remit includes Children's Social Care and Children's Health and Education Services, including early years. It is also recognised that to achieve the outcomes set out in this strategy close working between Council directorates will be crucial. We will also be working closely with Reading's Clinical Commissioning Group, Public Health and Education to ensure that resources are used effectively and collectively.

This document is a precursor to a more comprehensive 3 part strategy (based on a full Needs Analysis) that will be delivered for 2017-18 and beyond.

## 1.2 Who Should Read this Strategy?

This interim strategy is for all stakeholders:

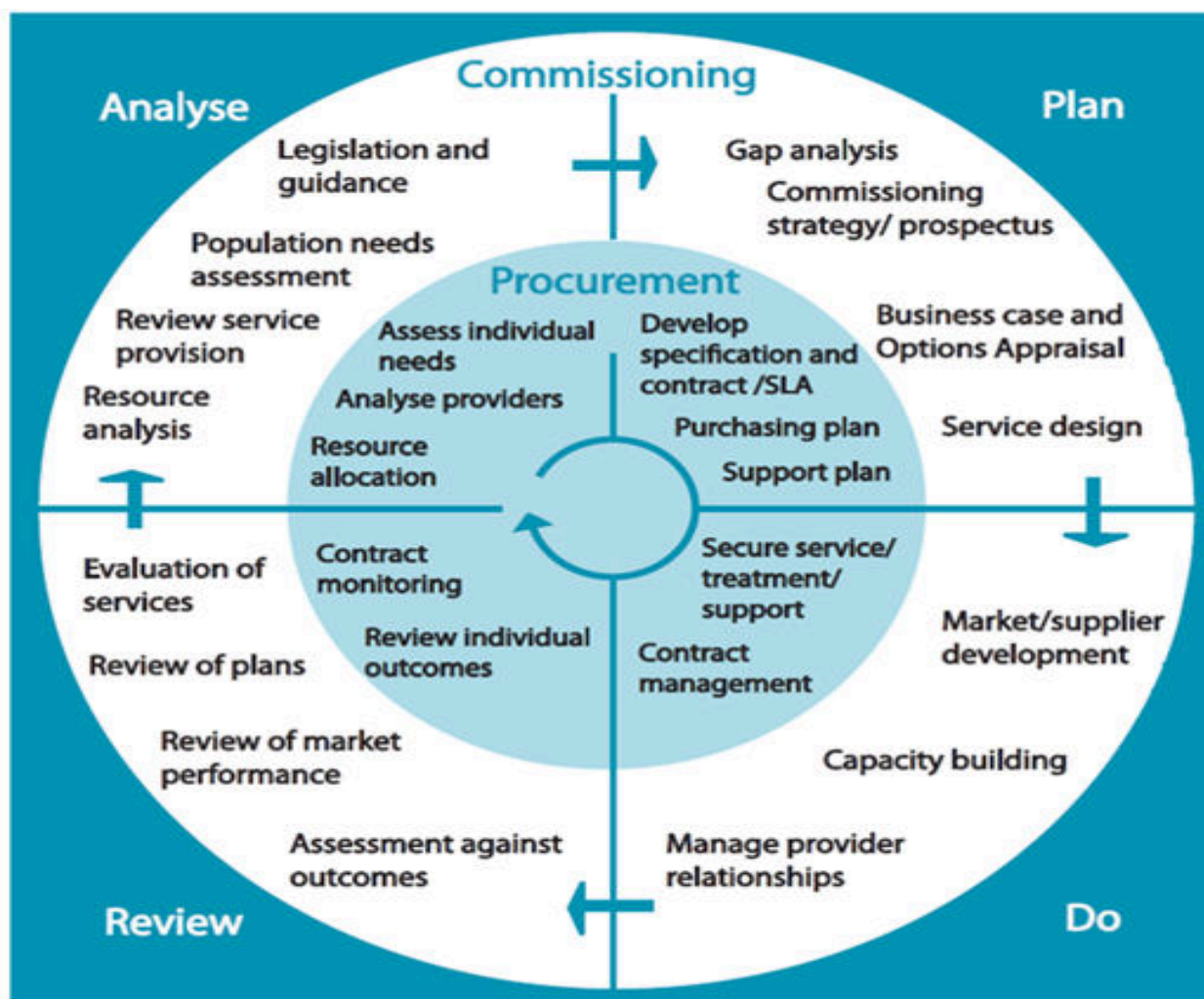
- Children, Young People and their families
- Elected Members
- Council Officers
- Current and potential providers
- Other public sector organisations we work in partnership with

## Commissioning

Commissioning is the process by which a Local Authority plans the services that are needed by people that live in its local area within the financial envelope available. We need to ensure that services are available for the children, young people and families of Reading and that they are of high quality, appropriate to their needs, secure the outcomes needed and give value for money.

Strategic Commissioning is the process of long term planning which ensures that resources are used in the right way at the right time to meet demand and need. This involves the use of accurate information to measure current need and predict future demand, informing the design and delivery of local services.

This diagram of the commissioning cycle shows how commissioning and procurement can be broken down into four main stages: Analyse, plan, do and review and details the activity required at each of these stages:



At Reading Borough Council the Children and Young People’s Commissioning Team undertake commissioning and procurement activity to achieve the outcomes required by the Council’s Directorate of Children, Education & Early Help Services. This is achieved through joined up working to identify how current services are delivering the outcomes that we require and assessing what the current and future needs are of our children, young people and families.

### 1.3 Service User involvement

Reading Borough Council’s Children’s Services wants the people who will benefit from the services it commissions to have the fullest possible involvement in its work to secure those services. We understand that Involving service users is empowering, provides opportunities to learn new skills and build confidence, and exposes people to new experiences and opportunities. In addition it shapes commissioning activity according to needs and views of those who will benefit,

service users can help monitor progress of commissioned services, address problems and provide useful feedback as well as giving us better insights into their experiences. To this end the Council's Children's Services are committed to involving service users at all stages of the commissioning cycle.

#### 1.4 Developing the New Commissioning Strategy

The Council's Children and Young People's Commissioning Team have a range of skills and all are members of or working towards being members of the Chartered Institute of Purchase and Supply. Effective commissioners are tenacious, challenging and objective. They aim for continuous improvement, verify and revisit assumptions, challenge traditional ways of working and share learning points with colleagues. All decisions are based on improving outcomes for children, young people and their families with a clear rationale for decisions, including evidence based work.

#### 1.5 Outcomes

The Council's Children's Commissioning team are committed to take an approach of commissioning for outcomes. A focus on outcomes runs through all aspects of the commissioning process and the Commissioning team will work closely with operational teams and budget holders within Children's Services to; map needs and demand, ensure user participation, use outcomes-based contracts and monitor service effectiveness. All of this is underpinned by continuous improvement, exploring opportunities for new ways of working and communication with the market and other commissioners to identify good practice and innovation. This approach will allow us to become more strategic and transfer risk towards those who can better handle it and will enable us as commissioners to focus on setting direction.

In order to commission for outcomes, it is necessary to capture in a more rigorous way the characteristics that capture the underlying needs of children at an appropriately early point, and also to be much more specific about their baseline trajectory through the system. This will require greater integration of data from multiple sources, and also taking a longitudinal perspective, rather than the snapshots that are typically used.

As commissioners we have a strong interest in the effectiveness of intervention - so as to have confidence that the best delivery partner is chosen, and also to ensure that the right level of success has been budgeted for. An outcomes focus by a Provider means that they are likely to want to pay close attention to engaging all those agencies that are likely to have a material impact on the selected outcomes, and also being pragmatic about who needs to be engaged when.

## 2. National and Local Context

### 2.1 National context

The following Acts and guidance provide a reference for key activity undertaken to achieve the outcomes set out in this strategy.

- Carers and Disabled Children Act 2000
- Children's Act 2004
- The National Service Framework for Children, Young People and Maternity Services 2004
- Care Matters Time for Change, 2007
- Children and Young Persons Act (CYPA) 2008
- Continuing Health Care Framework (2010)
- Planning Transitions to Adulthood for Care Leavers: Statutory Guidance on the Care Leavers (England) Regulations 2010
- Sufficiency: Statutory guidance on securing sufficient accommodation for looked after children 2010
- Care Planning, Placement and Case Review Regulations 2010
- Short Breaks Duty and Regulations 2011
- Health and Social Care Act 2012
- Working together to safeguard children 2013
- Improving Children and Young and Young People's Health Outcomes 2013
- School and Early Years Finance Regulations 2013-14
- Children and Families Act 2014
- Care Act 2014
- Care Planning Regulations
- Children's Homes regulations
- Fostering Services Regulations
- Ofsted inspection guidance
- Every Disabled Child Matters
- Direct Payments

## 2.2 Local context

### 2.2.1 Needs and Market Assessment

*A full Needs Assessment and Market Analysis exercise will be undertaken prior to the next Children and Young People's Commissioning Strategy due to commence in April 2017. The new strategy will provide a full and robust analysis of the local children's social care marketplace including its key organisations, size (current and future), trends, growth rate, and opportunities. The following information is available to us and will be explored further once up to date data has been received for the 2015/16 financial year.*

Reading has seen significant increases in the population of children and young people in the last ten years, with approximately 22% of the borough's population aged under 18. This has encouraged a borough-wide programme of work to increase school places, working to ensure that Reading's children are able to access education within their communities. Nearly 50% of school-age children are of an ethnicity other than White British, and 30% speak English as a second language - a rich diversity of culture which celebrates, supports and develops the

vibrancy of the borough. Our services must be diverse in response, so that we can engage and work with all Reading residents.

Census data from 2001 and 2011 indicate there has been an increase of 11,300 (from 144,400 to 155,700) people in the population of Reading Borough. During that time period annual estimates have indicated continued population growth. There were 67.0 live births per 1,000 women aged 15-44 living in Reading in 2014. This gives Reading a general fertility rate that is much higher than the national (62.1) and South East regional (61.4) averages. The GFR for Reading has been constantly higher than the national and regional averages. This means that more babies are born in Reading's authority area, on average, when compared nationally and regionally. The Council must be mindful of this increased local need to ensure the very young are to be given the best start in life.

Reading pays more per child for independent residential placements, and both independent and internal fostering services, than other benchmarked authorities. More children than comparator boroughs are placed with foster carers in more expensive independent placements rather than local authority provision. Our reliance on the independent sector (see below under Looked After Children data) is therefore impacting negatively on our costs, and we aim to redress this balance in the coming years. However, spend on independent special schools has decreased by 4% since 2012, despite numbers of children using special schools rising by 38%. This has been due to focussed work with providers in this area, with commissioners attending annual reviews to gain a full picture of the impact the provider has had on the child, and adjusting prices accordingly. A similar focus must now be taken for residential and fostering placements.

#### a) Looked After Children data

National statistics provided by the Department of Education give us a good indication of the numbers and breakdown of our Looked After Children in Reading. Latest figures available provide data up to and including the 2014/15 financial year. This data allows us to identify trends, strengths and weaknesses and areas for analysis and joint development with the local market.

The number of Looked After Children has not changed significantly since 2011 when Reading had a total of 215. This figure peaked in 2012 to 235 but latest official numbers from 2015 show a figure of 205. Of the 19 Local Authorities in the South East Reading had the 6<sup>th</sup> lowest number of Looked After Children and the 11<sup>th</sup> lowest for numbers of Looked After Children per 10,000 of the population.

For the year ending March 2015, the following applies to the 205 Looked After Children:

- 150 were in foster placements
- 20 were placed for adoption
- 10 were in other placements in the community

- 10 were in secure units, children's homes and hostels
- 10 were in other residential settings
- Figures were not shown for placement with parents or residential schools in order to protect confidentiality
- 0 were in other placements

And:

- 80 were placed within our own Local Authority provision
- 10 were placed within other Local Authority provision
- 100 were placed within private provision
- A number were placed within other public provision (e.g. by a PCT etc.), voluntary/third sector provision and with parents or other person with parental responsibility but figures were not shown in order to protect confidentiality.
- There were 0 cases where the placement provider was not reported.

And:

- 65 were placed within 20 miles or less and within the borough
- 65 were placed within 20 miles or less but were outside of the borough
- 75 were outside of 20 miles and placed out of the borough

During the year ending March 2015:

- 105 children were placed within Reading Borough
- 65% were placed by Reading Borough Council
- 35% were placed by other Local Authorities

For all young people aged 19 and 21 as at the 31<sup>st</sup> of March 2015 who were looked after for a total of at least 13 weeks after their 14th birthday (including some time after their 16th birthday), 79% of 19 year olds and 83% of 21 year olds were considered by the Council to be in suitable accommodation. Figures were not shown for young people aged 20 in order to protect confidentiality.

#### b) Local Provision.

From publically available Ofsted data we know that the following numbers of providers were registered and based in the Reading geographical area in June 2016:

- 5 organisations registered as children's homes in Reading
- 0 Independent Fostering Services - although we know that a number operate across the borough
- 0 Residential special schools
- 0 Residential Family Centres

These results have a substantial impact on our ability to deliver the Council's Sufficiency Strategy. The figures are not unknown to us and given that Reading has a relatively small geographical area compared to our neighbours it is not unusual. Independent fostering providers being registered elsewhere does not preclude

them from making placements within the borough - however it may have an effect on recruiting local placements.

### c) Fostering Placements

The Council is in a joint commissioning consortium of 11 local authorities for the South Central IFA Framework. It commenced in April 2012 on a 3 years plus 1 plus 1 basis. The framework is a closed framework with the facility each April for new providers to apply to join the associated approved provider list. The framework itself has 3 tiers within it involving 24 IFAs. Those on the Approved Provider List sign up to the same specification and service delivery as those on the framework itself but do not have set prices agreed. These are negotiated separately. The contract has already been extended for the first and second annual extension, taking the current contract round to March 2017. Placements that cannot be made via the framework or Approved Provider List are secured on a spot purchase basis. The Council will continue to require IFA foster carers until Reading In house supply can meet our children and young people's needs. The foster carer cohort required is therefore the same as for in house, that is:

- Foster carers who are open to the possibility of Staying Put at 18
- Foster carers who are open to the possibility of applying for Adoption or Special Guardianship if appropriate for children and young people in their care who cannot return to family
- Short and long term foster carers for older children and teenagers 9 years+ either gender.
- Placements within the local area of Reading for young people 16+ who wish to return to the local area from foster care and residential care to continue their education/training nearer home and also those newly Looked After.
- Children who have been exposed or subject to sexual abuse,
- Young people 12+ who have a history of challenging behaviour and social and emotional issues
- Young People with a history of offending behaviour, occasional bail placements
- Sibling groups,
- Children with SEN or other additional needs
- Mother/ Father and baby placements;

Placements should be, where possible, within 20 miles of the borough. At the end of May 2016 foster placements were split as follows:

- 69 are in-house
- 84 are on the South Central IFA Framework
- 9 are on the Approved Provider List
- 8 are placed out of the above arrangements via spot purchasing

### d) Residential provision

The Council is part of a framework/panel - the Mid-Southern Panel - which commenced on 1 October 2014 and covers independent special schools and

residential children's homes. The collaboration consists of 11 LAs led by Hampshire County Council. A low number of our previously used providers decided to join the panel and, as a consequence we still heavily rely on spot purchased placements. In addition the Council are part of a collaborative block contract together with six nearby Local Authorities for a 7 year school and children's homes project. The Council have placed a small number of young people within the contract but there is potential (should the Council continue with the new arrangement once the current contract has ended) to increase its use. The Council currently has 19 Looked After Children in residential care but this number does change slightly on a frequent basis.

#### e) 16+ Provision

The Council have already identified a deficit in local accommodation and support for care leavers and this is currently being addressed with local providers or other providers who may be interested in working with us to develop this provision. Our primary provider is the YMCA, who supply a 40-bed supported accommodation block with 24-hr support to young people aged 16-25. Accommodation is provided for up to two years (with an ideal transition into move-on accommodation after one year). The Council also seek supported lodgings and foster care for those young people for whom it is appropriate. There are currently 53 Looked After Children who are 16 and older under the care of the Council.

#### 2.2.2 Market Development

Reading strives to be a Council that providers want to do business with, and whenever we tender contracts, we want to get them right for all parties involved. Consultation is important to us and where we can we will share our thinking with providers and seek to hear their views before we start a formal procurement process. If providers think there are ways that the proposed contracting process could be improved, or there are potential risks, we want to hear about these before either they or the Council start to incur costs. Prior Information Notices [PINs] in the Official Journal of the European Union [OJEU], on our Council website, in specialist media, and on the Southeast Business Portal will alert providers to our intention to tender a contract in the near future. We may invite providers to an event to hear more about it, and for us to hear their views. We are keen to improve the method and quality of our engagement with providers and aim to foster a dialogue with providers in order to facilitate continuous service improvement and to achieve better outcomes for children, young people and their families.

The Council's Children and Young People's Commissioning Team will always appoint designated commissioners to act as the key contacts with providers, facilitating a means of communicating their concerns, ideas and wishes. The designated commissioners will ensure that our key priorities and projects are communicated to providers via the designated contacts and at provider forums, acknowledging their invaluable expertise and practical knowledge. The team will keep abreast of significant policy and market developments and communicate



these to providers, organising events that will bring together key stakeholders across the sector in order to promote relations between organisations and to facilitate an open conversation on priorities, partnership working, and gaps in services.

Market shaping will be undertaken to influence the current and future range of support available in Reading based on people's needs and aspirations. The Council see market shaping as a shared activity with providers, as its success relies on partnerships, shared risks and a willingness and ability to put people with support needs, their carers and families in the driving seat. Our providers are a mix of public, private and voluntary and community sector providers. The Council will strive to maintain constructive relationships with providers based on a shared view of the outcomes to be achieved, a common understanding of any constraints and an equitable distribution of risk. The Council will continue to engage with its communities developing mechanisms that enable people with care and support needs, their carers and families to set the direction for local commissioning and service development and hold the commissioning authority to account. The Council will also build upon its market intelligence, building a better evidence base about the local market and how it operates and finding more effective ways to communicate this knowledge to suppliers and local people.

### 2.2.3 Local Plans and strategies

#### Corporate plan

As described in section 1.5, the Children's Commissioning team are committed to take an approach of commissioning for outcomes. Appendix A contains the outcomes that Readings Children, Education & Early Help Services require. These outcomes have been developed to meet the needs of all children and young people in Reading. The outcomes and commissioning ambitions described in this document are aligned with the priorities outlined in our Corporate Plan for 2016-19. Most specifically the outcomes and ambitions are expected to address the following corporate priorities and identified issues:

- Priority: Safeguarding and protecting those that are most vulnerable

#### Key Issues:

- Ensure that children and young people receive a high quality service which keeps children within their families where it is safe to do so and ensure that permanent and stable homes are found for children in our care
- Continue to deliver the Children's Service improvement plans and embed improvements in Children's Social Care

- Children's Services spending is above the benchmark with statistical neighbours
- The integration of Health and Social Care needs to be delivered by 2020 with agreed plans in place by 2017
  - Priority: Providing the best life through education, early help and healthy living

#### Key Issues:

- Closing the gap in attainment, for vulnerable and disadvantaged children, including those in care and with learning disabilities, is vital to ensure equality of life chances later on
- Approximately a third of all children aged 10 or 11 and half of all adults are overweight, with about 1 in 5 adults being obese
  - Priority: Remaining financially sustainable to deliver these service priorities

#### Key Issues:

- Agree further savings to bridge the funding shortfall and ensure that the commissioning function supports the delivery of DCEEHS services within a reduced funding envelope

#### Other Council plans and strategies that inform the Council's Children, Education & Early Help Service's outcomes:

- Children and Young People's Plan 2015-18
- LAC Sufficiency Strategy
- Autism Strategy
- SEN Strategy
- Early Help Strategy
- Early Years Strategy
- Child Sexual Exploitation Strategy
- Domestic Abuse Strategy
- Short Breaks statement
- Educational Achievement Strategy
- 14-19 Strategy

#### Children's Trust Priorities

#### Priority 1 - Having the best start in life and throughout

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

#### Priority 2 - Learning and employment

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

#### Priority 3 - Keeping children safe

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

#### Reading Local Safeguarding Children Board Annual Report 2014-2015

- Priority 1: Domestic Abuse

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

- Priority 2: Strengthening the Child's Journey and Voice

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

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

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

- Priority 4: Neglect

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

- Priority 5: Effectiveness and Impact of Reading LSCB

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

#### 2.2.4 Children, Education & Early Help Services Outcomes

Appendix A contains the outcomes that Readings Children, Education & Early Help Services require. In order to provide effective commissioning to meet the needs of all children and young people, five age groups have been identified covering ages 0-25 and an additional section for all age groups. Each age group has outcomes covering the full range of DCEEHS and Public Health services, and these are aligned with Priorities 1 and 2 in the Corporate Plan. It is essential that the suite of services delivered in Reading to our children and young people address these outcomes. It is vital that when commissioning services to deliver these outcomes we are mindful of the decreasing financial resource available to Reading. The Council is committed to ensuring that all statutory services for children are delivered. Where there is an evidenced need for non-statutory services, the Council will explore opportunities for commissioning in partnership with providers and exploring innovative approaches where services could be retained, but only where they do not adversely affect the funding requirements and availability of statutory services.

All outcomes will have at least one Head of Service 'owner' who will be responsible for ensuring that the outcome is achieved. Commissioning will work alongside the owners of all outcomes to ensure that a clear plan for monitoring outcomes is in place with clear lines of accountability.

Both externally commissioned services and those delivered in house will be closely monitored for their successful delivery of these outcomes. This will be achieved through regular monitoring of Key Performance Indicators (KPIs) which are provided in appendix B and detail the level of performance required in order to achieve relevant outcomes contained in appendix A.

In order to successfully commission services to achieve these outcomes the Council will ensure that we secure the right baseline information. We will continue to make use of all the information available including consulting users of services and carers on their views, information on needs which will be included as part of the Joint Strategic Needs Analysis (JSNA) and information on patterns of spend and costs. Information on costs will be matched with activity data and information on performance and quality made use of. Finally, information on the social care market in Reading is vital baseline information.

The Children and Young People's Commissioning Team are dedicated to working collaboratively with Public Health. This relationship is crucial when commissioning for outcomes as these outcomes need to be based on Child Health Profiles which provide a snapshot of child health and wellbeing in Reading. Working together will be essential for successful and meaningful commissioning with many benefits including increased access to analysis of local, regional and national indicators and statistics, which will allow us to compare performance to other areas and learn from what works in similar locations, gain a better understanding of current service provision, model likely impact of commissioning options at local level, identify priorities for investment and target resources to tackle inequalities in Reading.

### 3. Commissioning Priorities and Principles

Our aim is to ensure all children are safe, reach their full potential and lead fulfilling lives. We want to help families to take control and to experience a positive impact from the Council's involvement. Our services will work in a child-centred, transparent, timely and inclusive way to achieve the right outcome for each child. We will do this in partnership with other services, and by investing early enough to be effective, proportionate and efficient.

Children and young people tell us they want to feel content, loved and secure, and that we should work particularly hard to achieve this for those who are not able to live with their families. They want to be listened to, and want to be supported to engage positively in their communities. Families tell us they want support before things get too bad, working with their strengths, not just their challenges. They want help which is tailored to their needs, not too much, not too little, and certainly not too late.

#### 3.1 Commissioning Priorities

##### Working with clients

- Determine outcomes and priorities from Children's social care, education and health and ensure current contracts and future contracts are aligned with these.
- Establish commissioning arrangements to reflect commissioning for quality and innovation practice i.e. penalties/incentives

- Agreed accountabilities between commissioning service and Children Services.
- Collate a record of all Children's Services contracts not managed through the commissioning team to ensure consistency in the management of these contracts.
- Ensure all contracts are in place and are reviewed regularly and not automatically rolled over.
- Work with Children's social care, education and health to establish how well services are delivering outcomes and how we can jointly monitor quality through an applied set of quality standards and statutory visits.
- Ensure a robust governance process is in place with regular reporting in respect of the quality and impact of commissioned services.
- Work more closely with the LSCB to develop safeguarding policy and practice and gain access on behalf of ourselves and providers to learning from SCRs.
- Increase the input and engagement of the children, young people and families/carers of Reading in all commissioning activity.
- Evidence value for money and a justifiable, proportionate journey and current placement if appropriate for each child.
- Maintain an up to date and robust sufficiency statement.
- Ensure a personalised IPA is in place for each placement.
- Document examples of good practice in and impact of commissioning as evidence sources.

#### Working with external partners and stakeholders.

- Develop a suite of Benchmarking activities to give us a good understanding of how we compare locally, nationally and against our most similar areas.
- Develop a joined up responsible commissioner protocol including S75 arrangements with health and education partners.
- Contribute to the local JSNA and develop a joint needs assessment with shared priorities and strategies for any areas not covered by the JSNA.
- Work closely with partners and stakeholders to establish how well services are delivering and how we can jointly monitor quality through an applied set of quality standards.
- Ensure that regular contact with SE Local Authorities is embedded in Quality Assurance so that we can share and act on intelligence in respect of provider services and learn from developing practice
- Ensure that the transfer of information between partners and stakeholders is safe and develop a process for monitoring this.

#### Working with providers and the marketplace.

- Include providers and the wider market place in developing needs assessments with shared priorities.
- Develop and undertake a market development schedule of events and publish an up to date, robust market position statement.

- Monitor the children, young people and families of Reading’s input and engagement in all provider activity.
- Work with providers to develop their ability to self-assess their quality and compliance and how we can jointly monitor quality through an applied set of quality standards.
- Work with providers to develop commissioning arrangements to reflect commissioning for quality and innovation practice i.e. penalties/incentives
- Ensure providers understand their requirement to undertake a S11 self-evaluation and highlight with providers their requirements in respect of safeguarding.
- Ensure that the transfer of information between ourselves and providers is safe and develop a process for monitoring this.

### Maximising budgets

- Use the principles of best value to inform all commissioning.
- Work with providers to seek to achieve efficiency savings and ensure financial rigour and accountability.
- Work to continuously improve the quality and effectiveness and efficiency of services with consideration of decommissioning services that are not delivering the required outcomes or quality.
- Regularly undertake cost negotiations with providers using Cost Benefit Analysis tools and undertake appropriate reviews using the tool.
- Work with finance and directorate colleagues to identify and deliver financial efficiencies against every contract, including negotiating every child placement.
- Recognise that whilst the price we pay for services is important to us, we acknowledge that it is not the only measure of value; and so the outcomes delivered and the social value achieved are also of importance.
- Be mindful of the reducing financial envelope within which services need to be commissioned and understand the need to prioritise statutory services.

### 3.2 Commissioning Principles

#### ➤ Outcomes

Our primary focus is on the delivery of improved outcomes for children and their families and we will therefore commission only provision that delivers our priority outcomes.

#### ➤ Service user focussed

The Council will seek opportunities to actively involve service users in commissioning and procurement. “The Voice of the Child” will be central to commissioning activity. Decommissioning or other service changes will only take place after full consideration of the impact on service users. Community and Equality Impact Assessments will always be developed at the earliest opportunity.

➤ **Equal opportunities**

Commissioning activity will recognise and value diversity, and promote equality to ensure excluded / vulnerable groups can access appropriate services. This may mean services are accessible to all communities or are targeted to specific groups, e.g. are culturally sensitive. All planning and commissioning activity will aim to narrow the gaps and remove barriers to participation, achievement and well-being. Equality will be embedded in all contract monitoring.

➤ **Needs assessment and evidence based commissioning**

Commissioning will be based on a sound evidence base, ensuring detailed and relevant information and intelligence is used to inform all commissioning and service delivery. For Children's Services commissioning, this means commissioners and in-house services need to have a good knowledge of communities in Reading in order to respond effectively to the needs of children, young people and their families, especially those who are most in need of help, care and protection, including looked after children and care leavers. Up to date information will be sought through the local JSNA and Sufficiency Statement, service monitoring data and user consultation, combined with effective partnership working will ensure a full and accurate picture of need. This will be used to identify our most vulnerable groups, priorities and outcomes for commissioning.

➤ **Governance and Transparency**

Our commissioning processes and decisions will be underpinned by principles of transparency and fairness. We will continue to develop provider and market fora to enable open dialogue and will inform providers of the reasons for our decisions. Commissioning decisions will be undertaken in an open and transparent way and will be compatible with EU and UK law and Reading's Contract procedure Rules. Commissioning activity will take place within an agreed and accountable framework with clear reporting, monitoring and review arrangements. Commissioning activities will also be coordinated and scrutinised to ensure the policies and strategies are developed and implemented as planned and that all decisions are based on strategic vision and priority.

➤ **Working in partnership with other commissioners**

All commissioning activity will maximise partnership working wherever possible to reduce duplication, enhance effectiveness and produce better outcomes for users. In order to achieve this joint working in a safe and effective way we will seek advice from Legal, Finance and Procurement colleagues as appropriate.

➤ **Relationships with providers & market development**

There is a commitment to working in partnership with a broad range of stakeholders including provider organisations and we recognise that many providers are experts in their service area and can make valuable contributions to



service redesign. A collaborative culture is encouraged so that providers can learn from one another as well as work together effectively to achieve sustainable improvement in outcomes. Arrangements will ensure that an appropriate level of skills, expertise and capacity is available throughout the market and where required will entail developing a workforce strategy or market development plan. The added value some providers bring e.g. resources, volunteers, local knowledge is recognised and we aim to encourage more diverse provider markets in order to stimulate quality, choice and greater value for money.

➤ Applying best practice and quality standards.

All our staff will have the appropriate skill, experience and knowledge to apply the priorities and principles within the strategy. We will apply intelligent commissioning, meeting legislative outcomes and use benchmarking information from other Local Authorities. We will seek to carry out self-assessments and encourage internal challenge to improve learning.

#### 4. Finance

Despite the Government reducing the Revenue Support Grant income Reading receives by 92% over the next 4 years, The Council will continue to adapt and survive and become even more entrepreneurial, working in partnership, innovating, improving services to help those that are vulnerable and to reduce inequalities where we can. By the end of this financial year, the Council will have saved almost £65m from its budget since 2011, however some notable developments include; the number of good or outstanding schools increasing; caring for 239 vulnerable children; continued to work towards creating 2,520 new primary school places in the Borough and agreed proposals to create more temporary housing facilities to cope with increasing demand. All future commissioning will be carried out with this significant reduction in funding considered. Existing and future contracts will need to evidence ability to deliver a statutory requirement and contribution to service, directorate and corporate aims. Activity carried out by the Children and Young People's Commissioning Team is seen as vital for identifying and delivering a contribution to the savings required and to the stability of delivering services to children, young people and their families and carers in Reading under a significantly reduced budget.

## Appendix A

### Children, Education & Early Help Services Outcomes

<b>Education</b>
<i>Education outcomes are aligned to the Council's Corporate Plan for 2016-19, Priority 2: Providing the best life through education, early help and healthy living. The responsible Head of Service for the following outcomes is the Head of Service for Education.</i>
<b>All children</b>
All children attend schools that are schools and settings that are good or outstanding and so have access to high quality education
All children are attending appropriate full-time education provision or are being effectively educated at home or in alternative provision
All Looked After Children have high quality Personal Education Plan that specifically address their needs and enable them to achieve their potential.
The needs of children with special educational needs are being effectively met, as far as possible within mainstream settings and/or in provision that is close to a child's home.
All children and young people are making the best possible progress against prior attainment.
Children exercise regularly and take part in physical activity
Children and young people are supported to develop good social and life skills and have the skills and qualities that enable them to be 'employable'
Children have good mental health and emotional wellbeing
Children develop good communication skills
Children are confident and enjoy positive self esteem
All children regularly attend education at every stage of their development
Vocational profiling for young people with SEN will be fully in place
<b>Pre-birth to 4</b>
Children have achieved all the developmental milestones that make them ready for school
Children make successful transitions between phases of education
All early years settings are judged as good or outstanding and so children have access to high quality early years settings
Children learn how to learn through play from an early age
Children have developed age appropriate language, literacy and numeracy skills
<b>5 to 11</b>
Children understand the importance of good health and its impact on their lives
Children make successful transitions between phases of education
Children participate in recruitment of key staff
Children make expected progress and achieve their potential at Key Stages 1 and 2
<b>11 to 16</b>
Children make successful transitions between phases of education
Children develop economical awareness and entrepreneurial skills
Children make expected progress and achieve their potential at Key Stage 4

Children make well informed decisions about their planned learning programmes and future ambitions
<b>16 to 18</b>
Young people make a successful transition into further education, sustainable employment and/or training
As many young people as possible progress into higher level learning
Young people gain appropriate qualifications at levels 1, 2 and 3 that enable them to progress into further learning or employment.
All 16 to 18 year olds are in employment, education or training
<b>19 to 25</b>
Young people are able to access sustainable work opportunities
Young people are in employment, education or training
Young people have developed the skills and qualities necessary to live independent lives.
<b>Early Help, Early Intervention and Health</b>
<i>Early Help, Early intervention and Health outcomes are aligned to the Council's Corporate Plan for 2016-19, Priority 2: Providing the best life through education, early help and healthy living. The responsible Head of Service for the following outcomes is the Head of Service for Early Help and Family Intervention</i>
<b>All children</b>
Young children develop strong attachment to at least one appropriate adult who will keep them safe
Children experience and environment where there is no violence, abuse or neglect
Children exercise regularly and take part in physical activity
Children and young people maintain a good positive weight
Children have a health, balanced diet
All children in care receive an annual dental and medical check up
All children experience good dental health
Able to access good provision of medical support
Health needs of children are identified as early as possible and addressed
Children are encouraged to be role models for their peers and younger children
Parents are supported to get back to work
Children and young people are supported to have good mental health and have good emotional wellbeing
Children will develop good communication skills
Children will be supported to be confident and have positive self esteem
Children and young people are supported to develop good social and life skills
Children and young people are safe from CSE risk and going missing
Children and young people who need access to mental health services receive it in a timely manner which prevents the escalation of issues
Children participate in democratic processes
<b>Pre-birth to 4</b>
Children have achieved all the developmental milestones that make them ready for school
All early years settings are judged as good or outstanding and so children have

access to high quality early years provision
Babies are breastfed in line with national statistics
Children learn how to play from an early age
<b>5 to 11</b>
Children participate in recruitment of key staff
All children have routine weighing and measurements in line with the national child measurement programme
<b>11 to 16</b>
Children and young people register for and exercise their right to vote
All children can access Edge of Care Services to keep them in their families where it is safe to do so.
<b>16 to 18</b>
Children participate in democratic processes
Children and young people register for and exercise their right to vote
<b>19 to 25</b>
Children with disabilities are supported to have a smooth transition to adulthood
<b>Safeguarding and Looked After Children</b>
<i>Safeguarding and Looked After Children outcomes are aligned to the Council's Corporate Plan for 2016-19, Priority 1: Safeguarding and protecting those that are most vulnerable. The responsible Head of Service for the following outcomes is the Head of Service for Safeguarding and Children's Social Care.</i>
<b>All children</b>
Children will feel listened to and will have a voice in all aspects of their care
Children are protected from harm at home, in school and in the community
Children have trust in authorities and agencies to support them
Children coming into care will be able to access a range of care and permanency options that will keep them safe from harm, ensure their emotional and physical wellbeing and ensure they achieve their educational potential.
Children experience and environment where there is no violence, abuse or neglect
Children exercise regularly and take part in physical activity
Reduced risk of domestic abuse and conflict at home
Able to access good provision of medical support
Health needs of children are identified as early as possible
Able to avoid harmful situations
Children and young people are supported to have good mental health and have good emotional wellbeing
Children will develop good communication skills
Children will be supported to be confident and have positive self esteem
Children and young people are supported to develop good social and life skills
Children and young people are safe from CSE risk and going missing
Children and young people who need access to mental health services receive it in a timely manner which prevents the escalation of issues
Children exercise regularly and take part in physical activity
Children who are at risk of offending and/or have older siblings who are offenders do

not go on to offend themselves.
All children and young people have an opportunity to engage in cultural activity
<b>Pre-birth to 4</b>
Children have achieved all the developmental milestones that make them ready for school
<b>5 to 11</b>
Children will be able to recognise risk
Children will be able to talk to an appropriate adult who can help them when they feel worried
Children will be encouraged to participate in recruitment of key staff
<b>11 to 16</b>
Children and young people are safe from CSE risk and going missing
Children and Young people have a 'safe' network of friends who provide a positive peer group
<b>16 to 18</b>
Children and young people at risk of homelessness are supported appropriately
Children and young people have a smooth transition to adulthood
Young people are supported to access education, employment and training
Young people are supported to develop 'life skills' that will ensure they are ready for independence
<b>19 to 25</b>
Young people accessing further education and training will be supported to access 'staying put' arrangements or appropriate housing options

## Appendix B KPI's

Safeguarding and Looked After Children KPIs
650 MASH contacts received in a month to be considered
No more than 22% of Re referrals within 12 months
Number and rate of assessments completed in month as per 10,000 children aged 0 - 17years will be maintained at 500 or within the range of our statistical neighbours
At least 85% of Assessments completed in under 45 working days
No of CIN Children as at month end (this excludes LAC, CP and Incomplete Single Assessments) will be maintained at 300 or within the range of our statistical neighbours
90%+ of ICPCPC will be held within 15 working days
Number and rate of children subject to CP Plans per 10,000 population 0-17 years will be maintained at 50 or within the range of our statistical neighbours
The number of Looked After Children per 10,000 population 0-17 years will be maintained at 64 or within the range of our statistical neighbours
No more than 8% of children will have 3+ placements in the year
3 or more adoptive families will be approved per month
Education KPIs
Early Years FSP: 70% or more of children achieving a good level of development
Key stage 2: 91% of pupils making expected progress in reading between key stage 1 and key stage 2
Key stage 4: 59% of pupils will attain 5+ A* - C grades including English and Maths at GCSE
FSM / Non FSM gap achieving 5 A* - C GCSE inc English and Maths will be 45% or less
SEN / Non SEN gap achieving 5 A* - C GCSE Inc English and Maths will be 59% or less
Under performing Ethnic Groups KS2 gap in Reading, Writing and Maths will be 59% or less
Under performing Ethnic Groups KS4 gap in achieving 5+ A* - C inc Eng and Maths will be 59% or less
At least 85% of Reading Schools judged good and outstanding with an aim to reach 100% by 2018
Increase in the percentage of young people with learning difficulties / disabilities 16-19 who are in Education, Employment or Training to 20%
No more than 2.5% of young people who are NEET by January 2017
100% of all young people's Education, Employment or Training status is known
Early Help, Youth Offending and Health
Less than 5% of Early Help cases stepped up to Children's Social Care

30% or more of cases stepped down to Early Help inclusive of contacts from MASH and social care teams
Less than 10% of closed CAT cases that are re-referred into Children's Social Care within 9 months
Less than 7% of closed CAT cases that are re-referred into Early Help within 9 months
75% of cases make a significant positive change in DV, Neglect and MH
376 per 100,000 of 10-17 population of first time entrants into the criminal justice system
1.19 or less frequency rate of re-offending of cohort of re-offenders
75% or more of 'missing interviews' completed
60% of SEMRAC cases that improve / change
63% or more of mothers who continue to breastfeed after 6 weeks
Teenage pregnancy conception rates equal to or less than the England national average for that year (approx. 23.3%)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR of CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDRENS SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	12
TITLE:	YOUTH OFFER CONSULTATION RESPONSE AND FINAL PROPOSAL		
LEAD COUNCILLOR:	Cllr Gavin	PORTFOLIO:	Children & Family services
SERVICE:	Early Help	WARDS:	All
LEAD OFFICER:	Andy Fitton	TEL:	9374688
JOB TITLE:	Head of Early Help	E-MAIL:	<a href="mailto:Andy.fitton@reading.gov.uk">Andy.fitton@reading.gov.uk</a>

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report outlines the consultation response from young people and the general public in regard to the Youth offer proposal that was set out in a March 2016 ACE report. The report also outlines the Youth offer going forward taking into account the savings targets, in light on feedback and consultation results.
- 1.2 For the purpose of this report Youth offer relates to young people aged 13 to 18 and then up to 25 for young people with learning difficulty and disabilities (LDD). The number of young people aged 13 to 18 in Reading is 9983 as taken from Office of National Statistics mid-year population estimate.
- 1.3 In the Appendix there is:
  - Summary of the consultation responses
  - Equalities impact Assessment.

2. RECOMMENDED ACTION

- 2.1 In order to achieve the savings target of reducing £750,000 spending on Youth services, as set out within the overall council budgetary position, it is recommended that the proposed changes are agreed:
- 2.2 To continue with a targeted youth offer to young people in the town that ensures that vulnerable young people key outcomes are met.
- 2.3 To work with Readings Voluntary sector partners to continue providing a full range of universal activities and invite partners to particular universal sessions that RBC will not be providing, in RBC buildings.
- 2.4 To continue to offer respite care for both young carers and learning difficulty and disabled young people.
- 2.5 To continue with the Lesbian, Gay, Bi-sexual, Transgender and Questioning weekly session.
- 2.6 To refocus our Looked After Children's offer to enable these young people to access local community youth services.
- 2.7 To review the proposal to create a Bridge venue for vulnerable young people to access support with corporate partners, colleagues from the voluntary sector and



young people. More detailed work will confirm back to ACE committee in early 2017 the way forward to enable greater access for vulnerable young people.

- 2.8 Review the Youth Offending service offer in line with our statutory obligations as it is expected that both partner and Reading Borough Council funding will reduce in the coming years.

### 3. POLICY CONTEXT

- 3.1. As a result of a reduction in Government funding, Reading Borough Council estimates it now needs to save £51 million over the next three years. As part of a package of proposals to close this funding gap, the council has planned to reduce spend by £1.5 million from Reading Borough Councils Early Help service offer. Included in the savings proposal are some direct management action as well as altering aspects of our offer to local families, children and young people.
- 3.2. There is a statutory duty on Local Authorities, contained in Section 507B (inserted into the Education Act 1996 by section 6 of the Education and Inspections Act 2006) which states that 'Every Local Authority in England must, 'so far as reasonably practicable' secure for qualifying young persons in the authority's area access to sufficient educational and leisure time activities which are for the improvement of their well-being.' Department of Education guidance in 2012 requires Local Authorities to be:
- Involving young people in decision making and governance where possible
  - Securing access to sufficient services, with particular reference to the needs of the most vulnerable and disadvantaged.
  - Determining the mix of open access, targeted, preventative and specialist provision needed to meet local needs.
  - Determining which services need public funding, based on agreed and clear priorities taking account of the fact that public funds need to primarily target young people at risk of poor outcomes.
  - Continue to publish a local offer for young people
- 3.3. Reading's Early Help Strategy (2013 - 2016), agreed by ACE committee in 2013 sets out the following strategic priorities:
- Intervening early before issues, needs and costs increase.
  - 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', ensuring we are being creative in meeting needs rather than delivering services.
  - Making it easier for families to access advice, information and support, building the capacity of communities and individuals to develop services and to support each other
- 3.4. An Early Help offer will continue to provide support to families in Reading, but this nneeds to be a partnership led model of delivery. In particular working and challenging partners to increase the voluntary sector, schools and health sector Early Help provision whilst Reading Borough Council moves to targeting its resources to meet vulnerable children's needs as a priority.
- 3.5. 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.

3.6. Reading Borough Council Early Help offer will therefore move to focus primarily –on preventative (but not solely) targeted and specialist service provision. Reading Borough Council services will need to compliment targeted/ specialist services provided or commissioned in Schools as well as Voluntary sector independently funded services.

#### 4. CONSULTATION RESPONSE TO YOUTH OFFER PROPOSALS

4.1. On the 2nd March 2016, ACE committee agreed to a public consultation on the range of proposals to alter the Youth offer to young people and families in Reading. These proposals are driven both by the need to re-organise our service offer to ensure that we are targeting our resources to meet the needs of the most vulnerable as well as contribute to the overall council budgetary savings targets.

4.2. The Education, Children’s Service and Early Help directorate organised a public consultation which ran from the 16<sup>th</sup> March to 20<sup>th</sup> May 2016. Within this period there was an online tool to enable any community member to complete, which was widely advertised in local Libraries, Children’s centres, on social media and in the press. In addition to this the Youth services organised targeted consultation events in 5 local secondary schools, 12 youth clubs and with young people that they were working with. Finally a specific focus group session was organised for local voluntary sector youth organisations to enable free ranging discussion and feedback on the proposals.

4.3. Responses received were:

- 12 replies were received through the online tool.
- 414 young people (mainly 13 - 17 year olds) participated in the youth service events in a wide range of local schools and youth clubs.
- 9 voluntary sector youth services met with our service manager to discuss the proposals.

4.4. A full outline of the responses received from stakeholders is in the appendix.

4.5. Many young people fully engaged in the consultation process alongside the voluntary and faith sector. Whilst there were some mixed views expressed there were also some common views and themes with general agreement on most of the proposals.

4.6. The proposal to cease universal youth provision was not wholly welcomed, as this was the area that the majority of consultation responses disagreed with proposal. However it is important to note the cautious welcome by the Voluntary Sector on the proposal to collaborate more widely with this sector particularly with regard to the use of buildings.

4.7. The proposal to continue with the Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ), Learning Difficulty & Disability (LDD) and Young Carers groups was broadly well received, although the proposal to stop support for under 13 year olds was questioned.

4.8. There was a similar positive response to the proposal to retain a focus on targeted and speciality youth support. It is worth noting the broad and general agreement on this from the range of people consulted. However both young people and in particular the Voluntary sector response raised concerns that the reduction in universal provision may result in some young people not being identified early enough to access the support they will need.

- 4.9. The Youth 'drop in' provision had a variety of responses with a range of views as to a town centre location and whether vulnerable young people would access it.
5. **READING BOROUGH COUNCIL RECOMMENDED FUTURE SERVICE DELIVERY - YOUTH OFFER**
- 5.1. In light of the extensive and well used full range of local youth service provision in Reading, across uniform, faith and voluntary sector providers, RBC will provide a universal delivery of:
- a. PHSE sessions in all Secondary schools that Reading children attend on Positive Relationships & sexual health, CSE/ Your Safety and PREVENT.
  - b. Run the C Card scheme (a project to ensure young people can access condoms) and promote this in all open access sessions (RBC and non RBC) and targeted interventions.
  - c. RBC will continue to offer opportunities for all young people to participate in the democratic process.
- 5.2. RBC is retaining these specific areas of universal provision for clear reasons. Both the particular PHSE & the C Card scheme are key preventative interventions on key areas (CSE, Sexual Health, and radicalisation) of concern for the LSCB and RBC. Retaining the opportunity for young people to participate and influence the democratic process enables RBC to continue to hear the voice of young people into the senior leadership and political environment of the council.
- 5.3. The council does not have a statutory duty to provide universal services directly. Although it would not choose to remove these services it has taken the view that given the reduced resources available, targeted group and one to one support should be the priority for future spending in this area.
- 5.4. Based on a snap shot of youth service use in March 2016, RBC within the next 12 - 18 months would cease to provide 27 youth work sessions and street work which affected 368 young people per month. Importantly RBC will be working with local voluntary and faith sector providers to explore options of continuing as much of this provision within our buildings as possible. The council will pursue the option to discussing with Voluntary sector partners the option of utilising the current community buildings for them to delivery youth work sessions.
- 5.5. RBC will continue to ensure that information is made available on the wide range of services on offer through its Family Information service and youth website. Importantly this will need to be reviewed regularly for any gaps in provision are it for any age or targeted groups as well as within particular areas of Reading. Through this information we are confident the majority of families and many young people will be able to access the wide range of local provision to meet our sufficiency duty.
- 5.6. Importantly RBC will then prioritise the retained youth offer resource on meeting the needs and specific outcomes for vulnerable young people. The priority outcomes are confirmed as follows:
- To achieve the right life skills and to transition successfully to adulthood
  - To succeed in school and access training, education or work/ have aspiration and life skills so that young people are in education, employment or training
  - Young people to have good Mental Health, be confident and positive self-esteem
  - To be happy, safe and settled at home
  - To have friends, feel and be safe in their community and with their peers
- 5.7. In order to meet these needs and outcomes, RBC will therefore:

- Ensure that youth workers will continue to take case work from the Early Help pathway. One to one support as well as work in groups will continue to be used with these targeted young people. For example during holidays the youth service will be able to organise group activities for the open cases to engage, create positive activities and support them in meeting identified outcomes.
  - Use Youth Workers to complete return interviews for children and young people who go missing from home
  - Continue with the weekly LGBTQ session for local young people
  - Will continue with its respite care for young carers that over 13. Officers can assure councillors that the under 13 provision will also continue, but be supported from non-youth work resources.
  - Continue with its respite care for young people with LDD. Officers will review the number of sessions that it can resource due the concerns raised by young people.
  - Continue to support specific specialist drugs and alcohol, teenage pregnancy and youth offending services. However there is the need to now review the youth offending service offer as there is anticipated further reductions in spend expected from partner agencies as well as a reducing cohort of offending but with increasing more complex lives.
- 5.8. Following the mixed consultation responses regarding the proposal to create a 'Bridge' venue in town for vulnerable young people, officers on reviewing the evidence and feedback are concerned and have doubts about the effectiveness of this part of the youth offer. Therefore the council will review this proposal with corporate partners, colleagues from the voluntary sector and young people in more detail. The commitment is to complete a review in the autumn 2016 and return back to ACE committee in early 2017 with more detailed work to confirm the way forward in this area of enabling greater access for young people to support services.
- 5.9. With the Councils need to reduce expenditure across its services over the next three years, there is no change to the overall proposal to reduce £1.5million from the Early Help area. Officers have searched for alternative ways of savings money but no viable alternatives in the consultation process have been identified and so to save £750k from the range of youth offer areas continues to be the proposal.
6. CONTRIBUTION TO STRATEGIC AIMS
- 6.1. This report and its content is an important contribution to these Local Authorities corporate priorities.
- Safeguarding and protecting those that are most vulnerable;
  - Providing the best start in life through education, early help and healthy living;
- 6.2. The 2016-19 corporate plan notes that an Early Help Review will be completed to ensure the offer for children and young people will be targeted at need and 'joined up' as part of a whole system approach to delivering good outcomes for children and young people, that includes the embedding of a targeted youth offer that covers specific vulnerable Young people.
- 6.3. The decisions request here contributes to the Councils strategic aim to promote equality, social inclusion and a safe and healthy environment for all by ensuring that public money is being targeted on achieving key outcomes for the most vulnerable in the town.
7. COMMUNITY ENGAGEMENT AND INFORMATION
- 7.1. 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".

7.2. This report outlines our consultation process that was committed too in March 2016 ACE committee to meets our statutory consultation duty to involve the public.

## 8. EQUALITY IMPACT ASSESSMENT

8.1. 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.

8.2. Officers have updated the previously shared Equality Impact Assessment (EIA) in the March 2016 ACE report.

8.3. Officer assessment is continues to be;

8.4. Currently the representation of BME groups within open access youth clubs is broadly in line with the general youth population in the localities. With the new proposals the number of universal youth groups delivered and/or commissioned by RBC will be reduced over an 12-18 month period until it will no longer fund any universal/open access youth clubs. However RBC would look for replacement service delivery from voluntary sector partners and explore providing access to key community spaces to deliver this replacement activity and offer advice and guidance on how to deliver a quality youth work session. The impact of proposed changes will be low on BME groups.

8.5. The number of universal youth groups delivered and/or commissioned by RBC will be reduced over an 18 month period until it will no longer fund any universal/open access youth clubs. However RBC would look for replacement service delivery from voluntary sector partners and explore providing access to key community spaces to deliver this replacement activity and offer advice and guidance on how to deliver a quality youth work session.

8.6. Currently the balance of male to female attendance at open access youth clubs is predominately male so there may be greater impact on males.

8.7. The groups of vulnerable young people whom it is proposed we will be focussing on include:

- Young people who go missing and are being exploited
- Teenage parents
- Young people that RBC is he corporate parent for
- Young people with escalating safeguarding needs
- Young people who are young carers
- Young people with learning difficulties and disabilities
- Young people who identify themselves as lesbian, gay, bisexual, transgender and questioning

8.8. We will continue to be able to support males who meet the above criteria and it is also likely we will support more young women than previously. The impact of proposed changes will be low on Gender/transgender.

- 8.9. As part of the targeted work programme it is proposed to continue with the current weekly youth session for young people with Learning difficulties and Disabilities. It is also proposed to offer respite care sessions at least twice a month for young carers from 13 years old. The impact of proposed changes will be low on disability.
- 8.10. It is proposed to continue with the current weekly youth work offered to lesbian, gay, bisexual, transgender and questioning young people. The impact of proposed changes will be low on Sexual orientation.
- 8.11. Over a period of time it is proposed to eventually cease to provide universal youth groups. These groups are attended by 11-19 year olds. This has therefore a medium impact on age.
- 8.12. Universal youth clubs are accessible for all religious beliefs. We do not monitor the religion of service users. The impact of proposed changes is unknown on religion.

## 9. LEGAL IMPLICATIONS

- 9.1. Section 507B inserted into the Education Act 1996 by virtue of section six of the Education and Inspections Act 2006 will be commenced in January 2007 and applies to England only. It must, so far as reasonably practicable, secure for qualifying young persons in the authority's area access to:
  - a. Sufficient educational leisure-time activities which are for the improvement of their well-being, and sufficient facilities for such activities; and
  - b. Sufficient recreational leisure-time activities which are for the improvement of their well-being, and sufficient facilities for such activities.
- 9.2. In order to assist young people to engage in positive activities, the local authority will need to provide a comprehensive, accurate and accessible information service for young people regarding existing local positive activity provision.
- 9.3. Currently Reading Borough Council meets this duty with the online directory, named the Reading Service Guide, with a specific youth section. <http://servicesguide.reading.gov.uk/kb5/reading/directory/youth.page?youthchannel=0>
- 9.4. There are a number of acts that apply to a youth offending service that the council must and does comply with.
  - Crime and Disorder Act 1989 Section 38 of the
  - Crime and Disorder Act 1989 Section 42(3)
  - Crime and Disorder Act 1989 Section 39(1)
  - Crime and Disorder Act 1989. Section 39(5)
  - Crime and Disorder Act 1998 Sections 39(7) and 40 set out the broad functions of a Youth Offending Team
  - Criminal Justice Act 2003 s325
  - Children Act 2004 s10(4)
  - Children Act 2004 s 11
  - Children Act 2004 Section 13(3) (d)
  - Education and Skills Act (2008) s16/s77
  - Children and YP Act 1969 s23AA(5)
  - Children and YP Act 1969 s23(3)
  - Bail Act 1976 s 3 AA and 3AB
  - Crime and Disorder Act 1998 s66
  - Sentencing Act S18 and 29

- Anti Social Behaviour Act 2003 s 25

## 10. FINANCIAL IMPLICATIONS

10.1. When both financial years savings (of £750k) are taken out of the current overall spend our budget amount reduces to £1,319,500 of council spend on the youth offer. The figures below are therefore an outline of spend from the start of 17/18 with full effect of savings having been reached.

Universal Services	0	
Targeted Services	839,700	Still expecting to supplement RBC expenditure from these Income sources from Public Health, Short breaks and Young Carers grant
Intensive Services	479,800	Still expecting to supplement RBC expenditure from these Income sources from <ul style="list-style-type: none"> <li>• CCG, PCC &amp; YJB for Youth offending service</li> <li>• Public Health &amp; PCC for SOURCE &amp; Income</li> <li>• Public Health for Teenage parent services.</li> </ul>
Total	1,319,500	

10.2. Therefore our new estimate that RBC could spend in each of the three categories would be:

	17/18	With income
Universal Services	0%	0%
Targeted Services	64%	45%
Intensive Services	36%	55%

## 11. BACKGROUND PAPERS

11.1. None used for this report.

## Appendix A

### Youth Offer Proposal - summary of views and responses

Young People's views	Public Views	VCS views	Summary	What are we going to do now?
<b>Universal Proposal - All open access youth clubs will close, but offer buildings free of charge to the community to run their own youth projects</b>				
<p>The majority disagreed with this, although it should be noted that a number of young people did not state an opinion, although many made comments.</p>	<p>The majority disagreed with this</p>	<p>Whilst supportive of the approach to work collaboratively on future provision, there was comment re removing resource which helped to minimise the impact of issues and challenges on young people. There was also caution re the use of RBC buildings due to previous attempts at this.</p>	<p>Whilst the majority disagreed with the proposal to not fund any open access youth clubs it should be noted whilst RBC will cease delivery of universal youth provision the mapping exercise noted the myriad of universal type provision on offer to young people within Reading.</p>	<p>It is acknowledged that this is not a proposal that RBC wants to pursue, but the level of reductions required in expenditure means the closure of many non-statutory and universal is unavoidable.</p> <p>Close universal youth provision from April 2017, whilst exploring use of buildings with VCS partners.</p>
<b>Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) Proposal: RBC to continue to offer a weekly LGBTQ youth club.</b>				
<p>The majority agreed with this proposal as they felt it important to give support to this group of young people. There were some comments that it was unfair to continue to run this club if other universal groups closed. There also a suggestion that all young people of any sexuality should be able to access this club.</p>	<p>The majority agreed with this proposal</p>	<p>The proposal to continue with this provision was welcomed, although it was questioned why RBC would deliver this when it could be commissioned and delivered by the VCS.</p>	<p>Little opposition to this proposal, although comment that it could be commissioned and delivered by a VCS partner.</p>	<p>Continue to offer a LGBTQ weekly youth session</p>



Young People's views	Public Views	VCS views	Summary	What are we going to do now?
<b>Respite Proposal:</b> <ul style="list-style-type: none"> <li>• LDD - Reduce these sessions to weekly (rather than twice weekly) and review the weekend respite care.</li> <li>• Young Carers - Reduce these sessions to once a month rather than twice a month.</li> </ul>				
<p>The majority of young people disagreed with reducing these sessions and felt that it was important to support these young people. However some young people challenged why this group should receive support if other groups were being closed. It was also suggested that these young people could be integrated into mainstream groups.</p>	<p>The majority agreed with this proposal although some respondents requested reassurance about the U13 age group continuing as well.</p>	<p>The proposal to continue this proposal was welcomed, although as above it was queried why the VCS could not be commissioned to deliver this project.</p>	<p>The majority agreed that this group of young people should be supported. It was queried whether the VCS could be commissioned to deliver this.</p>	<p>Continue with respite care for young carers over 13 years old. It should be noted that under 13's provision will continue, but be supported from non-youth work resources.</p>
<b>Looked After Children proposal: Provide LAC from 13 years upwards with a volunteer or allocated worker as a mentor - to support the young people into accessing community provision.</b>				
<p>A significant number of young people agreed with this proposal. Some questioned why LAC under 13 years would not receive similar support. The small number that disagreed with this proposal stated that this form of support should be available to everyone.</p>	<p>No clear picture of a response</p>	<p>This proposal was welcomed and commented that the VCS would welcome the opportunity to work with Children's Social Care to identify appropriate local provision for LAC</p>	<p>The majority agreed with this proposal. Some queries why LAC under 13's would not receive similar support.</p>	<p>LAC - no mention within future service delivery section in ACE report Continue with the proposal?</p>
<b>Targeted Youth Support Proposal:</b>				

Young People's views	Public Views	VCS views	Summary	What are we going to do now?
<ul style="list-style-type: none"> <li>Continue with targeted supported through the early help pathway and to offer young people engaged in targeted work the opportunity to be involved in holiday activities.</li> <li>The youth service will continue to provide return interviews for young people that go missing.</li> </ul>				
<p>A large majority agreed with this proposal. Common themes from the responses were that young people would benefit from this targeted support to help them with serious issues. There were some comments that holiday activities should be open to all young people</p>	<p>The majority agreed with this proposal although references were made again to the reduction in universal provision and impact this may have on many young people.</p>	<p>No specific comments re this proposal</p>	<p>The majority agreed with this proposal, with some comments which referred to reduction in universal provision and that support should be available to all young people.</p>	<p>Continue with the proposal to deliver targeted support to young people via the early help pathway and to offer holiday activities to those engaged in targeted support.</p>
<p><b>Specialist Youth Service Proposal: To continue with this specialist provision (Youth Offending Service, SOURCE - drug and alcohol service and Teenage Pregnancy Team) and to offer help for young people with mental health issues.</b></p>				
<p>Majority of young people agreed with this proposal, particularly the importance of supporting those with mental health issues. Re support around drug and alcohol issues, some young people felt that it was important, whilst others felt that as it was their own choice they should not get support. There were also some concerns expressed that some young people that need specialist support</p>	<p>Split opinion with half agreeing with the proposal and half not agreeing with it.</p>	<p>Comment that there was little recognition of the potential partnership opportunities with the VCS in this area.</p>	<p>The majority agreed with this proposal with a reference from the VCS that there may be partnership opportunities with the VCS in this area.</p>	<p>Continue with the proposal. Although there is now the need to review the Youth Offending Service offer as there is anticipated further reductions in spend expected from partner agencies as well as a reducing cohort of offending, but with increasingly more complex lives.</p>

Young People's views	Public Views	VCS views	Summary	What are we going to do now?
may be missed and that everyone should have access to this support				
<b>Youth Drop In Provision Proposal: Possibility of a Youth Drop-in provision in Town Centre, open between 4.00 pm and 8.00 pm during the week and 10.00 - 2.00 pm on a Saturday, offering help, guidance and support</b>				
The majority of young people did not make a comment on this proposal. However there was some agreement with it. Comments made were mixed, with some agreeing on a town centre hub whilst others arguing that it was not within their communities. There were also comments on having a space where young people could talk to someone when issues arose.	Mainly in favour, although some concerns about the negative potential of such a venue and whether it would be accessible for all vulnerable young people	This proposal was generally welcomed, although concerns were raised over whether the 'target market' of young people would be able/willing to travel to the town Centre for this support. It was recognised that a central provision could work if the offer was right, although it could end up as a universal provision by default (if universal provision not available in the localities. It was also recognised that a town centre provision should prevent any 'turf' issues which could arise if the provision was located in an outlying area.	Mixed responses to this proposal particularly in relation to the location of the support provision.	'Pause' the proposal to develop a Youth 'drop in' provision in town for vulnerable young people.
<b>Any other groups of young people that should be considered?</b>				
Mental health and all young people	Majority thought no	No comments		
<b>Any other outcomes we should add (apart from the ones named in the consultation document)</b>				
Confidence and self esteem	No additional outcomes added	No comments		
<b>Any other ways the Youth Service could save money?</b>				
Young people made suggestions on how to	2 x respondents indicated that RBC			

Young People's views	Public Views	VCS views	Summary	What are we going to do now?
<p>generate money e.g. charging to enter youth clubs and renting buildings out</p>	<p>should look elsewhere to cut e.g. sports provision, verge cutting and less agency or consultants. One respondent suggested a 'virtual' youth support service e.g. email, text, call, chat service</p>			

Provide basic details

Name of proposal/activity/policy to be assessed

Directorate: Children, Education & Early Help Services

Service: Children's Action Team/Youth Services

Name and job title of person doing the assessment

Name: Gina Carpenter

Job Title: Service Manager, Early Help

Date of assessment: June 2016

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

There is a statutory duty on Local Authorities to secure access to sufficient positive educational and recreational leisure-time activities which are for the improvement of their well-being and sufficient facilities for such activities. It will be for each Local Authority to decide what constitutes 'sufficient' taking into account the needs of young people in its area.

This is contained in Section 507B (inserted into the Education Act 1996 by section 6 of the Education and Inspections Act 2006).

Over the last 4 months RBC has undertaken a review of the offer to Reading's young people. The proposal aims to

- Reduce RBC spend on youth services by £750k to bring it in line with statistical neighbour spend. This will include a reduction in staffing.

- Taper off RBC's universal youth service to a minimum offer within 12-18 months and begin to explore with partners the potential of our assets being used to deliver universal youth work by alternative providers

- Explore the option of creating a 'bridge' venue for vulnerable young people to use as a drop in site to access support if they are unable to receive that support

- Reduce, but focus the target youth offer in line with statistical neighbours

- continue to offer respite care for both young carers and LDD young people and to continue to offer a LGBTQ weekly youth session.

- refocus the LAC youth offer to be on enabling these young people to access the community youth services like any other young person in Reading.

- Continue to spend the same money in the Youth Offending service but manage any partner contributions with the service itself.

Who will benefit from this proposal and how?

The proposed consultation seeks to ensure that staff, service users and partner organisations are provided the opportunity to inform the review process so that the decisions around making changes to the youth offer would be based on assessment of need and the availability of alternative provision.

What outcomes does the change aim to achieve and for whom?

The review of the youth offer has been designed with the aim of

- focussing on targeting and aiming service delivery at individuals and families who require more intensive/crisis intervention from statutory resources and thus higher cost services.

- increasing profile and impact of particular issues, namely child exploitation, children going missing, homelessness and NEETs in Reading.

- ability to clearly communicate and explain the youth offer for young people, families, the wider community, staff and partners.

- Contribution to saving targets for the directorate.

Who are the main stakeholders and what do they want?

Young people - access to activities and support when required in order that they can be in education, employment or training, be healthy (both mentally and physically), be safe (both within the home and in the community)

Staff - to support young people so that their outcomes are improved.

Partner organisations - Ability to know and understand what other youth provision there is in Reading. At times support in delivering a good quality youth work session.

### Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

Yes / No (delete as appropriate)

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

Yes (delete as appropriate)

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer)

Date

Signed (Lead Officer)

Date

### Assess the Impact of the Proposal

Your assessment must include:

- Consultation
- Collection and Assessment of Data
- Judgement about whether the impact is negative or positive

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[My Home > Info Pods > Community Involvement Pod - Inside Reading Borough Council](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Over the last 4 months a number of tasks were completed in order to inform the youth offer consultation		
Staff	<p>A small group of Staff were identified to participate in facilitated discussions to explore questions around what outcomes were needed from a youth offer and the priorities going forward. These discussions have informed the initial proposal.</p> <p>Staff will also be invited to contribute towards the public consultation.</p> <p>Further consultation with staff will follow after the proposal has been finalised and a delivery model agreed upon.</p>	Sept/Oct
Service Users - Young people	<p>Youth Workers worked with a wide range of young people from the variety of services RBC already provides. Young people were asked to consider the key outcomes that are important for themselves and their peers.</p> <p>They were also asked to comment on the priority areas for help and support they would like.</p> <p>Young people will also have the opportunity to comment on the proposal within the public consultation.</p>	



## Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

As the proposal is still in its infancy in terms of structure of delivery and thus which staff will be impacted in the future it will be necessary to undertake another Equality Impact Assessment once this is known to ascertain whether the proposal impacts on certain groups

**Describe how this proposal could impact on Racial groups**

Universal youth groups delivered and/or commissioned by RBC will gradually reduce over an 18 month period until it will no longer fund any universal/open access youth clubs. However RBC would look for replacement service delivery from voluntary sector partners and explore providing access to key community spaces to deliver this replacement activity and offer advice and guidance on how to deliver a quality youth work session. The representation of BME groups within open access youth clubs is broadly in line with the general youth population in the localities.

Is there a negative impact? No

**Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)**

Universal youth groups delivered and/or commissioned by RBC will gradually reduce over an 18 month period until it will no longer fund any universal/open access youth clubs. However RBC would look for replacement service delivery from voluntary sector partners and explore providing access to key community spaces to deliver this replacement activity and offer advice and guidance on how to deliver a quality youth work session.

*The balance of male to female attendance at open access youth clubs is predominately male so there may be greater impact on males. (Need to check figures - think this is still the case - but need to check)*

Is there a negative impact?

Not sure

**Describe how this proposal could impact on Disability**

It is proposed to continue with the weekly youth session for young people with Learning difficulties and Disabilities. It is also proposed to offer respite care sessions at least twice a month for young carers from 13 years old.

Is there a negative impact?

No

**Describe how this proposal could impact on Sexual orientation (cover civil partnership)**

It is proposed to continue with the weekly youth work offered to lesbian, gay, bisexual, transgender and questioning young people.

Is there a negative impact?

No

**Describe how this proposal could impact on Age**

Over a period of time it is proposed to eventually stop the RBC delivery and commissioning of universal youth groups. These groups are attended by 11-19 year olds.

Is there a negative impact?

Yes

**Describe how this proposal could impact on Religious belief?**

Universal youth clubs are accessible for all religious beliefs. We do not monitor the religion of service users.

Is there a negative impact?

No

### Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

1. No negative impact identified      Go to sign off
2. Negative impact identified but there is a justifiable reason

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

#### Reason

Whilst RBC will not deliver or commission universal youth groups in the long term it was identified during a review of the existing offer of youth provision within the town that there were over 200 provisions that were available to young people cutting across a variety of topics and activities. Around two thirds of this provision was labelled as universal which suggests that universal services are well catered for across the board.

3. Negative impact identified or uncertain

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

Within 18 - 24 months RBC delivery and commissioned youth groups will reduce and eventually cease. However as identified above there are significant numbers of alternative universal provision across the town which young people can access if desired.

The RBC youth offer will be for 13- 18 year olds (and up to 25 years for Looked After Children and those with learning difficulties or disabilities) who are identified through the Early Help pathway and step down cases from Children's Social Care. RBC will offer 1:1 support from an allocated worker. The key needs that these young people have are:

Poor behaviour and participation in education

Not in education, employment or training

Worsening mental health, including managing low mood and anxiety

Taking more and more risk in their

- Use of drugs and/or alcohol
- Anti-social behaviour in community
- Criminal behaviour
- Sexual activity

Go missing from home

At risk or exposed to sexual exploitation and domestic abuse

At risk or exposure to homelessness due to conflict at home

For targeted groups of young people the service will be able to offer support at school, in their homes or in safe locations

How will you monitor for adverse impact in the future?

The CATS monitor quarterly the gender and racial breakdown of those families and young people it supports.

Signed (completing officer)	Gina Carpenter	Date	19.6.16
Signed (Lead Officer)	Andy Fitton	Date	22.6.16

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 July 2016	AGENDA ITEM:	13
TITLE:	READING YOUTH JUSTICE PLAN 2016/17 AND SHORT QUALITY SCREEN (SQS) INSPECTION OF READINGS YOUTH OFFENDING SERVICE (YOS)		
LEAD COUNCILLOR:	Cllr Gavin	PORTFOLIO:	Children's Services
SERVICE:	Youth Offending Service	WARDS:	Borough Wide
LEAD OFFICER:	Bindy Shah	TEL:	72592
JOB TITLE:	Interim Service Manager	E-MAIL:	Bindy.shah@reading.gov.uk

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is to update members on the recent Short Quality Screen (SQS) Inspection of the Reading Youth Offending Service (YOS) published by Her Majesty's Inspectorate of Probation (HMIP) during May 2016. Report can be found at: <http://www.justiceinspectorates.gov.uk/hmiprobation/inspections/>
- 1.2 The Crime and Disorder Act 1998 places a duty on the Local Authority to produce an annual Youth Justice Plan. The production of a plan is also a condition of the Youth Justice Board Effective Practice Grant. Once agreed the plan will be published on the Reading Borough Council website. The plan is attached to this report as Appendix one.
- 1.3 The production of the plan is overseen by the multi-agency Youth Justice Management Board chaired by the Local Policing Area Commander. The structure of the attached plan complies with the expectations of the Youth Justice Board.
- 1.4 The plan reports the performance of the Youth Offending Service for 2015/16 against the national and local performance indicators. Overall the YOS has performed well against national and statistical family comparators in this period. Local analysis has identified areas for improvement that will enable this performance to continue. The results of the recent inspection have been incorporated into the new plan.
- 1.5 Appendix one - Youth Justice Plan

#### 2. RECOMMENDED ACTION

- 2.1 Youth Justice Plan is agreed by the Adult, Children and Education Committee
- 2.2 Members are asked to note the positive outcome of the YOS inspection and to acknowledge this welcome endorsement of the Reading Youth Justice multi-agency partnership's ability to deliver high quality and well-resourced youth justice services

### 3. POLICY CONTEXT

3.1 The Annual Youth Justice Plan is a statutory requirement of the Crime and Disorder Act 1998, requiring the local authority to publish a plan on an annual basis.

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

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

3.3 The provision of Youth Justice Services is a statutory responsibility (Crime & Disorder Act 1998). The national Youth Justice Board (YJB) provides oversight and reports to the Secretary of State on the effectiveness of the Youth Justice System. The Local Authority is the Accountable Body for the Reading Youth Justice Partnership and governance is exercised locally through the multi-agency Youth Justice Management Board (YJMB). Funding is provided by the following four local authorities and in addition the YJB provides a grant, which comprises about 30% of total funding:

- Local Authority
- NHS
- Police
- Probation

### 4. THE PROPOSAL

4.1. The 2016/17 plan describes the YOS performance against the national indicators:

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

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

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

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

4.5. The annual report has identified the following areas are priorities for 2016/17:

- Reduce reoffending of prolific and persistent young offenders
- ASSET Plus Embedding
- Education Training and Employment
- Child Sexual Exploitation
- Safety and wellbeing
- Relationship Violence
- Reshaping services in Early Help
- Working effectively with Out of Court Disposals
- Transitions

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

#### 4.7. Findings from the Inspection

4.8. The Inspection Team were satisfied that the YOS self-assessment was accurate and the following summary extracted from the full report captures the key points in relation to the impact of youth justice services on children and young people:

4.9. 'Overall, we found a competent and committed workforce who knew their children and young people well. Court reports were good and the courts had confidence in the service. Assessment and planning was good and assessments reflected the views of both children and young people and their parents/carers effectively. The process for reviewing and updating assessments and plans was less effective and management oversight was inconsistent. The YOS had good access to some particularly helpful specialist educational and health services. There were good working relations with both education and children's services. Reading YOS had successfully implemented the new youth justice assessment tool, AssetPlus, shortly before the inspection fieldwork commenced'.

#### 4.10. Challenges

4.11. The three areas for improvement are:

- Review of assessment and plans should be completed particularly where there have been significant developments in a case in order that the intervention remains relevant.
- The YOS should make sure that those staff who are less experienced are fully trained and supported to manage the wide range of risks and level of complexity presented by children and young people under supervision.
- Management oversight should be better targeted to make sure that key tasks are not missed, particularly where there is a high risk of harm.

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

### 5. CONTRIBUTION TO STRATEGIC AIMS

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

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

### 6. COMMUNITY ENGAGEMENT AND INFORMATION

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

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

6.3. The HMIP SQS report is a statutory document and is available to the public.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1. The annual plan identifies key priorities for Youth Justice for 2016/17. Whilst the priorities cover the whole borough there will be specific individuals for whom the plan will have more relevance. The needs of young people who offend are explicitly addressed by the plan. Many of these young people experience social isolation, poor mental health, deprivation and learning and communication difficulties.
- 7.2. The YOS also has a key public protection role by ensuring that the level of offending is reduced and therefore there are less victims of crime. The engagement of victims in the restorative process not only reduces the likelihood of reoffending but also improves victim satisfaction.
- 7.3. Improving outcomes for young people who offend also requires the YOS to engage the whole family and improve outcomes for other household members. The Troubled Families Programme will require the YOT to identify and monitor outcomes for the whole family.

## 8. LEGAL IMPLICATIONS

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

## 9. FINANCIAL IMPLICATIONS

- 9.1. The plan sets out the financial contributions from the relevant statutory partners. The level of funding from partners is determined at a local level whilst the Youth Justice Board contribution is based on a national funding formula. The level of funding from partners has largely been maintained for 2016/17 whilst the Youth Justice Board contribution has been reduced by 19%. The reduction has been managed by making efficiencies through staffing and non-staffing related budget lines.

## 10. BACKGROUND PAPERS

- 10.1. The following sources of information have been used to inform this report:
  - Crime and Disorder Act 1998
  - Youth Justice Board Conditions of grant 2016/17
  - Youth Justice Management Information System
  - HMIP Short Quality Screening of Youth Offending Work in Reading May 2016







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## Reading Youth Justice Plan

2016/17



## Contents

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8. Resources and value for money
9. Structure and governance
10. Partnership arrangements
11. Opportunities and challenges for 2016/17
12. Review of 2015-16 Plan

Appendix 1 YOT structure chart

Appendix 2 2016/17 Action Plan

Appendix 3 Management Board Approval

## 1. Introduction

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

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

The key priorities and performance indicators for the YOS include:

- Reducing the number of young people entering the criminal justice system for the first time
- Reducing reoffending
- Reducing the use of custody

These priorities directly contribute towards the Reading Borough Council Corporate Plan: In particular; Safeguarding and protecting those that are most vulnerable; Providing the best life through education, early help and healthy living & Keeping the town clean, safe, green and active. (Reading Borough Council Corporate Plan 2016-19).

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

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

Reading is the largest urban area within Berkshire, with a population of around 160,000. There has been significant expansion over the last 20 years, changing Reading from a market town to a vibrant city in the making. The population in Reading is on

the whole young, diverse and dynamic; both in terms of mobility and cultural presentation. Our young people represent the largest group within the community with 35,600 people being under 20yrs old (23%). There greatest increase in local population is in the 0-14years age bracket and the demand for school places has never been higher. (ONS Mid-Year Population Estimates 2013). Reading's population has grown by 9% over the last 10 years.

In 2011, whilst the largest proportion of the population (66.9%) identified themselves as 'White British'. This proportion had decreased from 86.8% in the previous census and was considerably lower than the national figure of 80.9%. This suggests greater diversity in Reading in recent years and in comparison with other local authority areas. Those identifying as 'Other White' (encompassing a number of nationalities, including Polish) account for 7.9% of the population, an increase from 4.2% in the previous census. South Asian groups (Indian, Pakistani and Other Asian) accounted for 12.6% of all residents in 2011, an increase from 5.2% in 2001. The other increase of note is the proportion of people identifying themselves as Black African, which increased from 1.6% to 4.9%). As the population becomes more ethnically diverse, the provision of a culturally competent and culturally sensitive Youth Offending Service is highlighted.

Despite its prosperity, however, Reading contains some of the most deprived wards in the country. Two areas in South Reading are within the 10% of most deprived areas in the UK. Reading is described in the Child Health Profiles as having a level of child poverty that is worse than the England average, with 19.4% of children aged under 16 years living in poverty. Whilst the employment rate in Reading is good, disadvantaged groups including young offenders have more difficulties in accessing employment opportunities and the Corporate plan includes targeted work at increasing the ETE opportunities of the 16-18 year olds.

## 2. National Performance Indicators

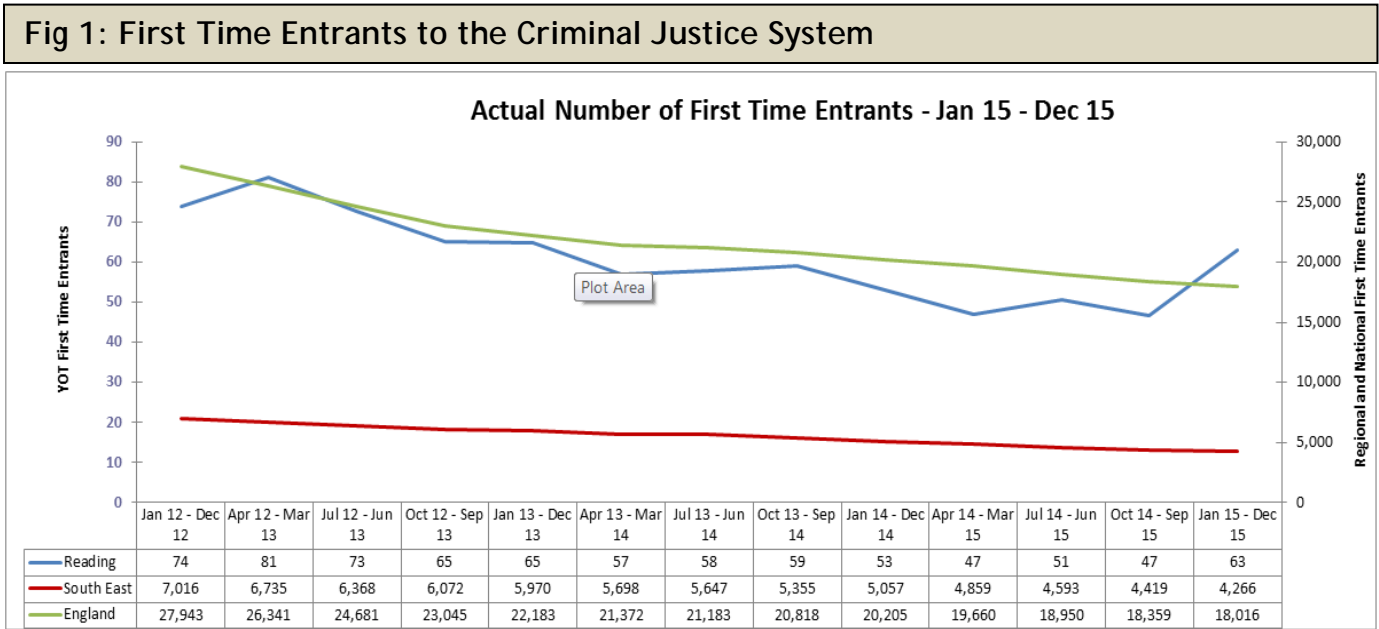
Reading YOS has experienced a small increase in the in the number of substantive outcomes in 2015/615, increasing from 125 to 137. There has also been an increase in the number of Prevention cases that the YOS are holding. 95 youth restorative Diposals were given in the period, a number of which we worked with.

Prevention	95
1st tier	52
Community	26
Custody	2
Pre Court	57
Total	232

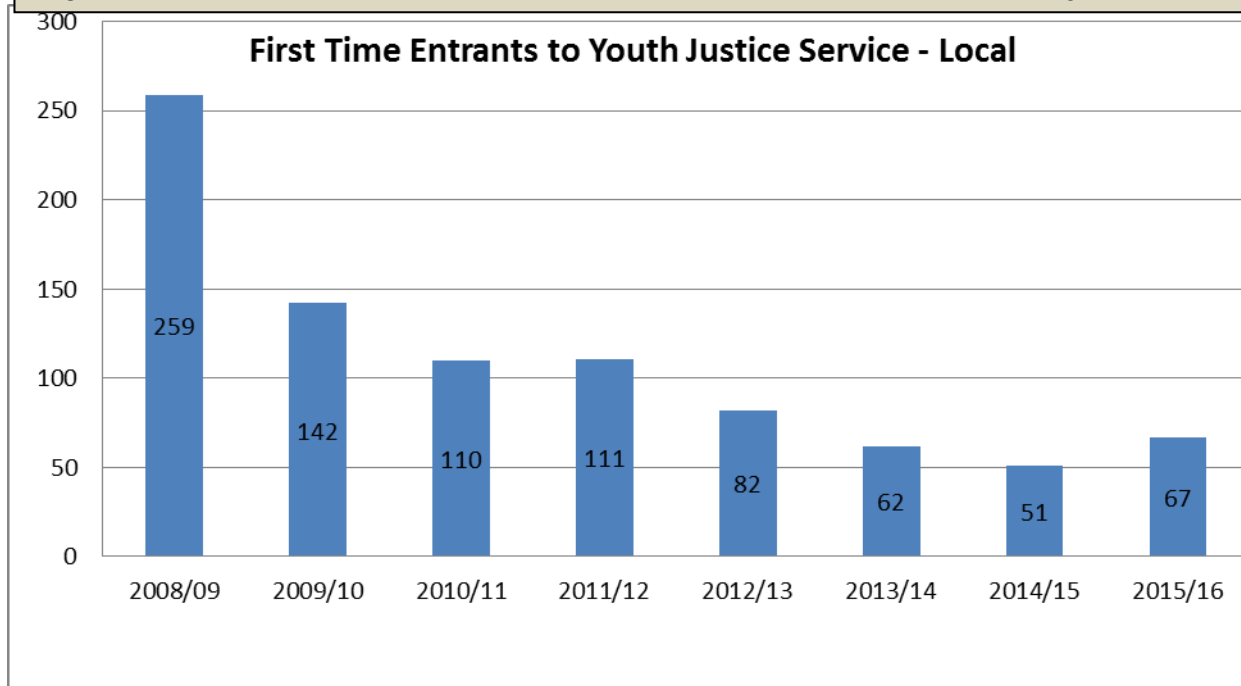
The YOS is measured and compared nationally against Youth Offending Teams using the following performance indicators:

### 2.1 First Time Entrants to the Criminal Justice System

The First Time Entrant (FTE) data (see Figure 1) is calculated using Police National Computer (PNC) data. Strong partnership working with other services involved with young people and effective targeting will help to achieve the overall reduced number of FTEs. (Figure 2) The YOS are part of the wider Reading Borough Council Early Help strategy and partnership arrangements with Social Care, Education, Early Help and other services. The small YOS size accentuates fluctuations but the more recent increase in FTE will be monitored, though the year. The FTE rate is comparable with similar YOTs

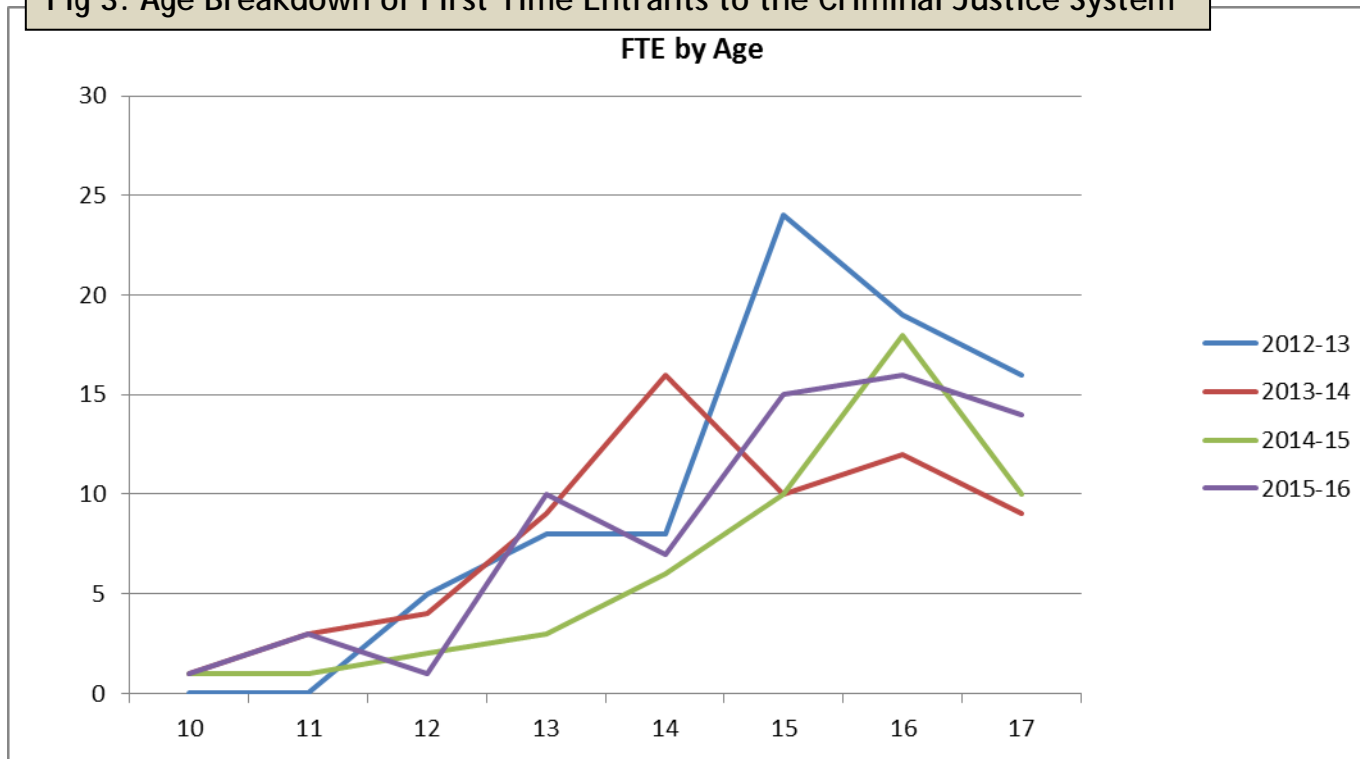


**Fig 2: Actual Number of First Time Entrants to the Criminal Justice System**



The actual number of First Time Entrants (FTE) into the criminal justice system has continued to reduce since 2009, though the pace of decline has reduced and latest data indicates a more stable baseline of young people currently involved in offending. (Fig3)

Fig 3: Age Breakdown of First Time Entrants to the Criminal Justice System



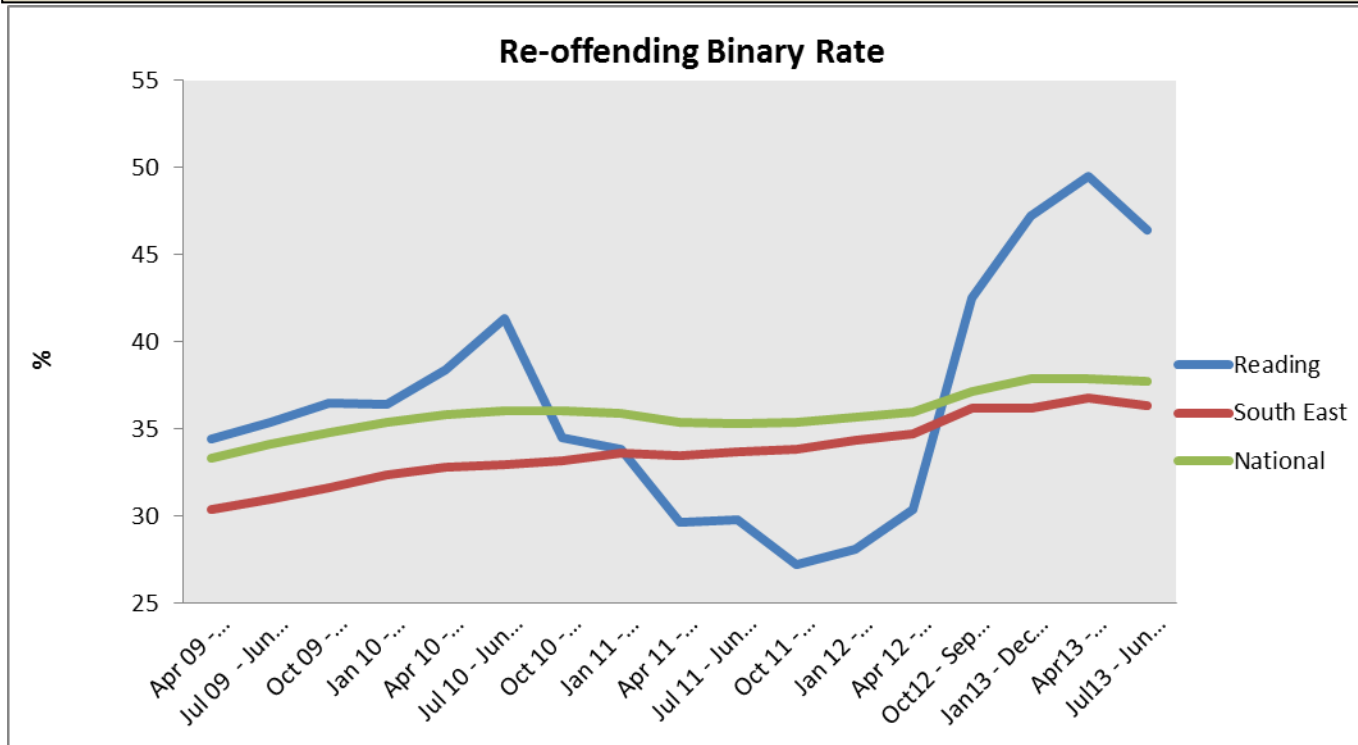
## 2.2 Reoffending

Reoffending remains one of the key measures for evaluating the effectiveness of the youth justice partnership arrangements at a local level. It is measured in a number of ways. Fig 4 shows the Binary rate of offenders that reoffend. This demonstrates the fluctuating nature of the small cohort in Reading.

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

The number of actual Reoffenders has increased over the year by 1 to 51. The increase in the rates is explained by the reduced number in the cohort size as First Tim Entrants Performance figures have been positive. The continuing rollout of the new youth justice assessment tool (ASSET Plus) and using the YJB reoffending toolkit will ensure that there is a continued focus on reducing the level of reoffending. Our recording using a live tracker of reoffending, indicate a reduction of reoffending.

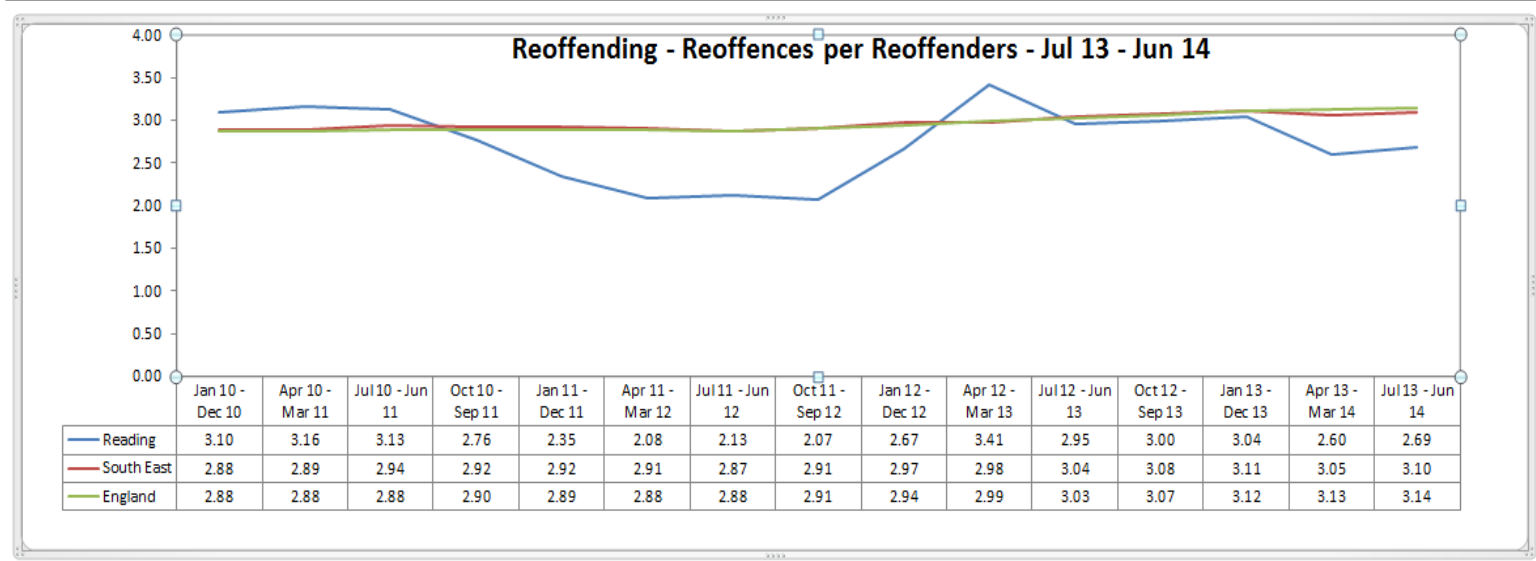
Fig 4: Binary rate of Reoffending





The Youth Justice Board have introduced a new measure looking specifically at the average number of offences that those who reoffend go on to commit (Fig 5.) This supports the position that whilst the proportion of reoffenders is quite high, their individual level of reoffending is lower than comparators. Work with young people known to the service will therefore need to take into account their specific issues and consider tailored intervention to reduce individual risk of reoffending.

**Fig 5: Reoffences per Reoffender**



### 2.3 Reducing the use of Custody

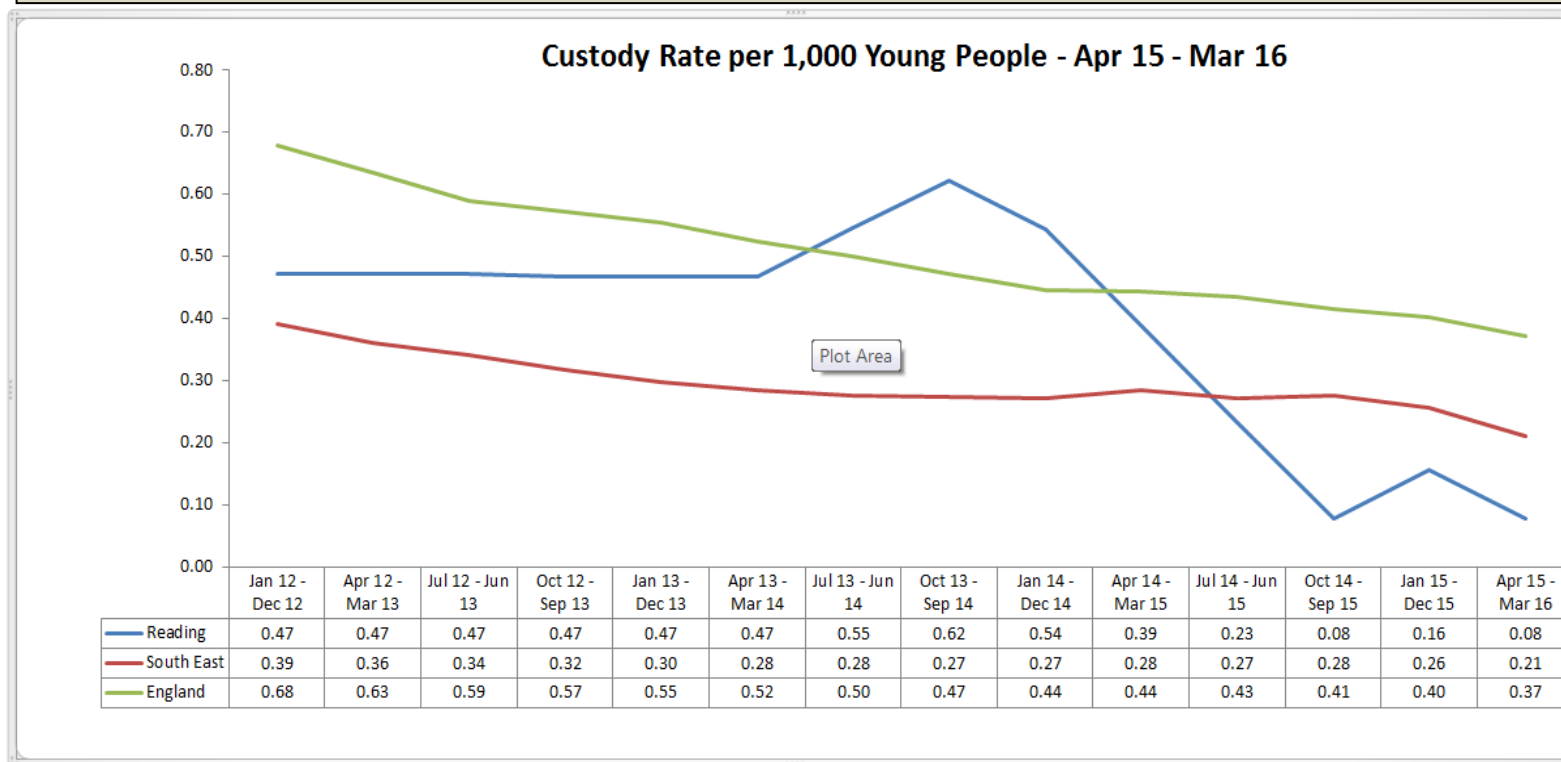
#### Custodial Sentences:

The YOS is compared against the use of custody as a rate per 1,000 of the 10-17 year old population; Reading’s performance at the end of March 2016 was 0.08 considerably below both the National and South East rate (Fig 6). However, the custody rate in Reading is variable, and subject to fluctuations due to the very low numbers of custodial sentences that are imposed on Reading’s young people. Whilst the rate is low, recent custodial sentences on current cases or cases transitioned to Probation have been lengthy for serious offences. Pre-Sentence Reports are quality assured and trends in sentencing patterns are tracked to address any emerging issues.

#### Use of Remand:

The remand budget was devolved to Local Authorities from the 2014-15 financial year and was based on data on the number of bed nights from the previous three years. Again as a smaller YOS, the allocation will fluctuate from year to year. In this last year, whilst we had significantly fewer remand episodes, those we had were lengthy and were appropriate custodial remands. Subsequently, we exceeded the expected remand indications from the Youth Justice Board. This will be taken into account in the future within the rolling 3 year funding formula.

**Fig 6: Rate of Custodial Sentences**



### 3. Safeguarding

Across Youth Offending Services the welfare of young people remains a high priority, this year has seen an increase in the number of young people we work with, from 149 to 168 (a 12.8% increase) although this has mostly been seen in the Out of Court Disposals. There continues to be recognition of the complexity of the children and their families we are working with.

The Youth Justice Board's paper:- Commitment to Safeguard- contributing to the safety and welfare of children and young people (2014), outlined the following guiding principles that support their approach to safeguarding:

- The best interests of the child are a key consideration in decisions taken,
- Safeguarding is everyone's responsibility; children's safety is of paramount importance. This is collectively understood and the expectation for everyone to contribute to keeping children safe is clear,
- Safeguarding is actively supported using our monitoring and good practice functions to promote learning, support the prevention of harm and promote well-being,
- We will listen to children's views about what they need to be kept safe,
- Information sharing supports timely and appropriate decision making that is based on individual needs, prevents harm and supports wellbeing,
- Equality of opportunity: no child or group of children is treated any less favourably than others. Access to services or the fulfilment of particular needs should not be impaired by gender, ethnicity, ability, sexuality or age.

Within this section, safeguarding has been broken down into areas that are often jointly managed with Children's Social Care and other key agencies within the borough.

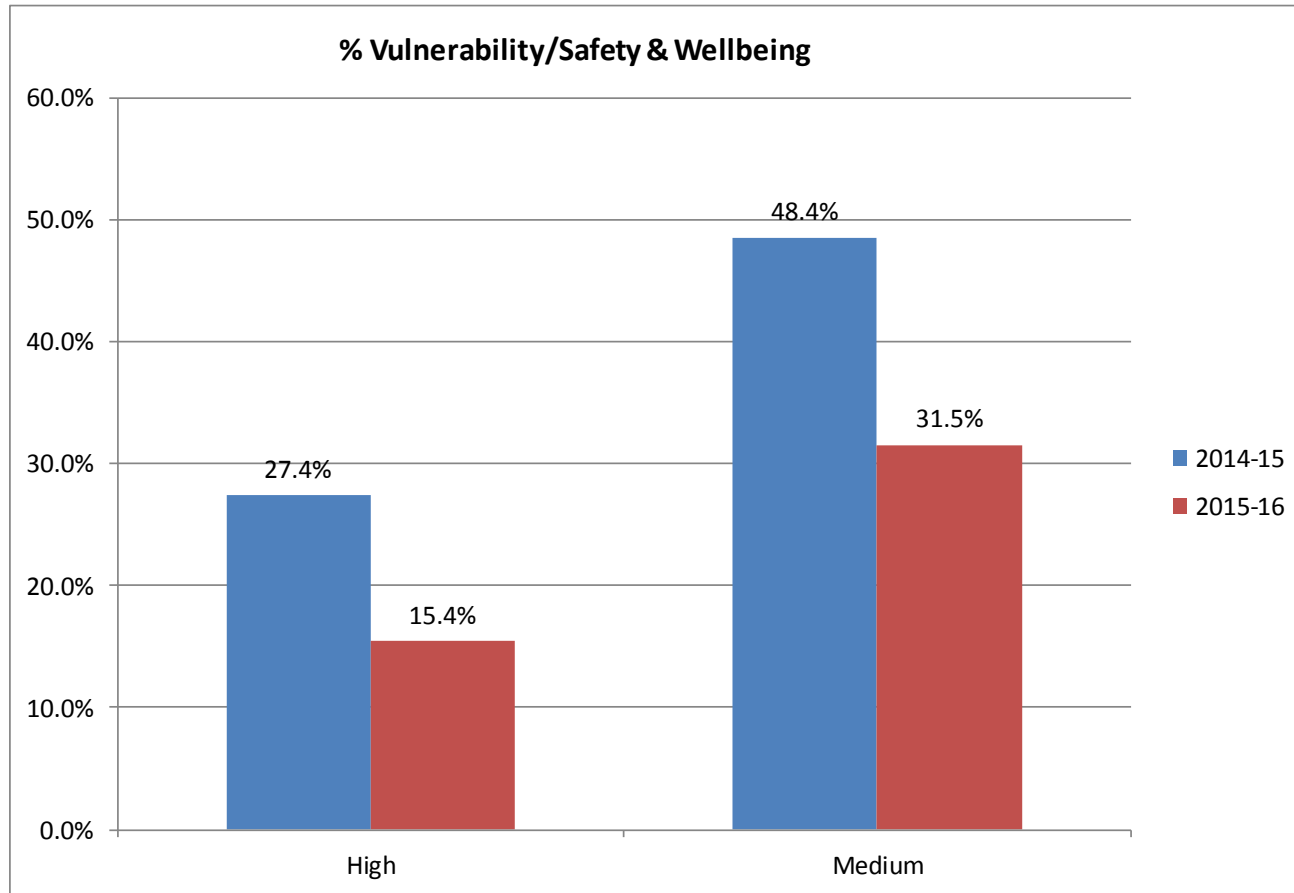
#### 3.1 Vulnerability Management Plans

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Over the past year Reading has seen a decrease in the percentage of young people assessed as medium and high risk in terms of their vulnerability and safety and wellbeing. (Fig7) Young people assessed as medium vulnerability / safety & wellbeing has reduced from 30.9% to 24.4% and those assessed as high has reduced from 17.4% to 11.9%. This is against a backdrop of an increase in the numbers (12.8%) of young people known to the service and may be explained by the

increased number of Out of Court cases that the YOS are dealing with. (i.e. generally low risk public protection/vulnerability cases).

**Fig 7: Medium and High Vulnerability Cases**



Reading YOS places high importance on assessing and addressing the vulnerability, safety & wellbeing and complexity of the young people we work with. We endeavour to work as closely as possible with partner agencies to ensure that the safety of these young people are managed jointly and as effectively as possible. Historically the YOS have shared Vulnerability

Management Plans (VMPs) with Children's Social Care (CSC) when a child is open to them, and will maintain the sharing of AssetPlus plans with Social Care. In addition where young people are open to Children's Social Care the allocated YOS worker attends CSC meetings they are invited to, to discuss and manage the risk. In cases assessed as high risk but with no CSC involvement, referrals are made to the Local Multi Agency Safeguarding Hub (MASH). If a multiagency approach is not in place already, a Case Planning Forum (CPF) will be organised to create a safety plan to manage the young person's vulnerability / safety & wellbeing along with their family and any agencies that are currently involved.

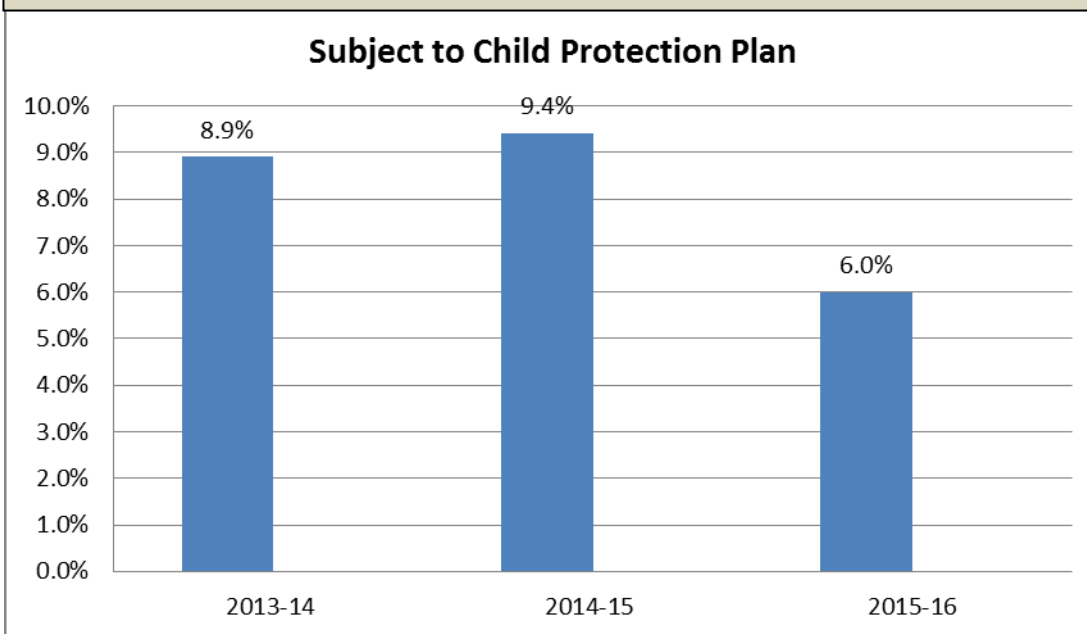
### 3.2 Child Protection

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An important measure when considering safeguarding is the contact with and referrals to Social Care regarding young people at risk of harm. In 2014/15 there were 38 young people out of a caseload of 149 (25.5%) that were referred to, or contact was made with Children's Social Care. In 2015/16, 31 young people out of 168 (18.5%) were referred to CSC, with 2 young people being referred twice, of the YOS caseload was referred. This indicates a reduction in the overlap of the YOS/Social Care's cohorts - this is likely to be attributable to the change in the makeup of the overall YOS caseload with the relative increase in preventative work.

A further indicator of the level of safeguarding work completed within the Youth Offending Team is the percentage of young people subject to a Child Protection Plan. (Fig 8) In 2014/15, 9.4% currently subject to a Child Protection Plan while with the YOS, and a further 19% young people had previously been subject to a Child Protection Plan. In 2015/16 the percentage currently subject to a CP plan had decreased to 6%, though a further 24.6% young people had previously been subject to a Child Protection Plan.

**Fig 8: YOS Cases subject to a CP Plan**



### 3.3 Looked After Children (LAC)

Children in Care (CiC) are more than twice as likely to enter the criminal justice system as their peers. They are also over-represented in the custodial population, as are care-leavers within adult prisons. A survey of 15- to 18-year-olds in young offender institutions found that a third of boys and almost two-thirds (61%) of girls had spent time in local authority care (Prison Reform Trust, 2011a). This is despite less than 1% of all children in England being in care.

The numbers of Looked After Children that offend are monitored as a percentage of those children who have been in care for 12 months and offended during the period. Reading has over time improved the performance in this area - in 2014/15 it decreased to 6.7% which is close the statistical comparators. Indicators for the next Reading Borough council return are a rate below 5%.

Children's Social Care is currently reviewing its sufficiency strategy for LAC placements; it is hoped that this will increase the number of placements for children closer to Reading and will improve the likelihood of the YOS being able to undertake preventative work with placement providers and more effective supervision of LAC children who offend. Where possible the YOS retain case management ownership of LAC offenders placed in neighbouring authorities.

### 3.4 Emotional Health

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There has been a 20% increase overall in Referrals to the Common Point of Entry since its inception in 2013. There are however a number of young people with diagnosed Mental Health conditions that do not access treatment. Our assessments have indicated that 21 young people were assessed at some risk of self harm or suicide (16%). A further 47 (37%) young people were identified with Emotional and Mental health either being a concern or contributing to a risk of reoffending. These numbers are comparable with previous year's figures indicating that a substantial minority of YOS clients are indicating signs of some emotional and mental health difficulties. While some of the young people are open to CAMHS , not all are and the YOS has a Children and Adolescents Mental Health Service Worker based with the team two days per week which allows for young people to be seen swiftly where a need is identified.

Reading Youth Cabinet has recently campaigned to improve the Mental Health of young people in Reading. They have contributed to a report on School Nursing in Reading, highlighting the need for promotion and understanding of the School Nurse role and improving access from pupils to the Service.

### 3.5 Domestic Abuse

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In Reading the greatest reason for referrals to Access and Assessment in 2014-15 was Domestic Abuse. In 2014/15, 34 (22.8%) had witnessed violence at home according to their assessments on Asset. Reading YOS is unable to report on the percentage of young people that have witnessed violence in the home for 2015/16 due to faults within the new AssetPlus system. The provider is aware of these issues and we are hopeful that this will be remedied in the near future.

The prevention of domestic abuse continues to be a priority for the service and the YOS will continue to develop interventions for young people who exhibit signs of relationship violence. We will offer advice and support to young people affected by Domestic Abuse.

### 3.6 Child Sexual Exploitation (CSE)

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Child Sexual Exploitation (CSE) is a form of child sexual abuse. It is complex and can manifest itself in different ways. Local data is monitored through the Sexual Exploitation and Missing Risk Assessment Conference (SEMRAC) to assess the level of CSE risk for those young people referred by MASH (Multi Agency Safeguarding Hub), which has been running since August 2014. This gives an early indication of known prevalence. The YOS are core members of SEMRAC, attending the monthly SEMRAC meetings where case numbers and risk levels are reviewed.

Young people at risk of offending may be vulnerable to CSE - research (e.g. Barnardos), indicates that CSE in boys is typically under-identified and therefore YOTs have a key role in identifying boys who have been exploited but have not yet been identified as CSE victims. The LSCB have published a CSE strategy in December 2014, which set out the priorities for the next three years, covering Prevention, Protecting, Pursue/Disrupt and Recovery. The YOS has a key role in ensuring the delivery of the strategy.

Reading YOS has two dedicated CSE champions, one of whom developed the young person friendly CSE screening tool. The tool was single out for praise by the recent HMIP Inspection (SQS) as an example of outstanding practice. YOS practitioners are all trained in the use of both the young person friendly CSE screening tool and the LSCB screening tool and in 2015-16 screening all young people that engage with an intervention with these tools has become a standardised part of the assessment process at YOS. Where concerns are raised discussion are had with the CSE champions / SEMRAC representative and referrals to CSC / Police / Barnardos made where appropriate.

YOS recording indicates that CSE is a characteristic of 10% of the caseload. The Child Sexual Exploitation screening tool is used routinely with cases and this not only highlights those at risk but those who pose a risk.

#### 1. Risk of Harm

A key role of the Youth Justice System is to prevent young people from offending and protect the public. The YOS plays an important role in this through managing young people who enter the system and working with them with a view to preventing further offending and reducing any harm they may pose to the public through further offending. It is imperative to work swiftly to accurately assess and deter those young people new to the youth justice system and who present an increase of offending at a serious level. It is also important to work persistently with more established risky offenders to prevent further harm to the public and improve their life chances.

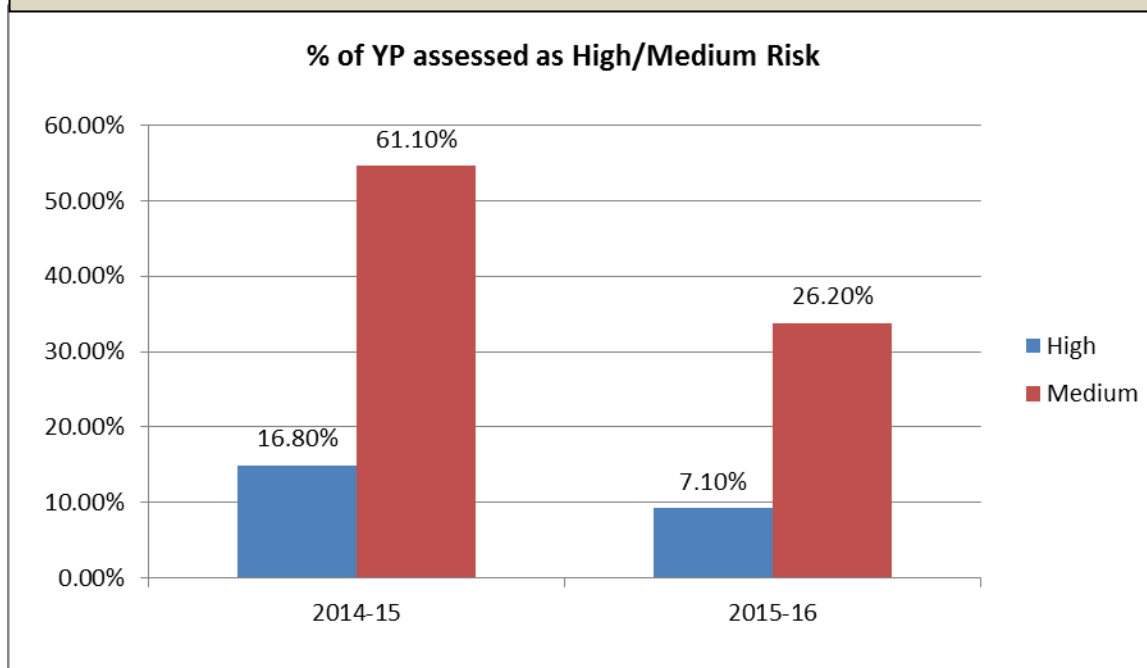


AssetPlus is now being used for all cases held by the YOS. This framework encourages a high level of inspection and analysis by practitioners, and managers quality assuring the assessment, which in turn will help with targeting interventions to reduce risk of harm to others. Screening tools and self-assessments help identify risks that young people pose to others as well as Safety and wellbeing concerns. AssetPlus encourages the development of a plan following the assessment of the areas of risk which is then reviewed regularly.

Cases presenting at higher risk are subject to increased oversight as it is likely to be lengthy and complicated and require involvement of a number of agencies. This highlights the continued need for detailed and multi-agency risk management plans and processes such as Child Protection or Looked after Child processes where the YOS will attend and ensure that risk of harm concerns are raised and included in planning. Case Planning Forums (CPF) are held, and chaired, on a monthly basis for other cases. These are attended by the young person, parents and all professionals involved and are action focused, holding all to account for helping reduce the risk posed and above all making the process transparent. External processes for managing risk of serious harm to others and potential to cause further serious harm are also in place by way of Multi Agency Public Protection Arrangements.

Over the year 2015/16, 168 young people passed through the YOS in comparison with 149 the year before. Of this 168, the numbers who were assessed as presenting a high risk of harm to others was 12 (7.1%) and a medium risk 44 (26.2%). This is a reduction in numbers from the year before where we saw 25 (16.8%) young people assessed as high and 91 (61.1%) as medium risk of harm to others of the 149 that entered the YOS. (Fig9)

**Fig 9: Number of young people assessed at Medium/ High risk of Serious**



This reduction in those considered high or medium risk of harm to others, is very positive and it is hoped will be a year on year trend. The tighter guidance around harm in AssetPlus should assist with the reduction in high risk assessed cases.

Over 2015- 2016 we saw two young people enter custody for serious offences: two stabbings. One young person was placed onto an Intensive Supervision and Surveillance Bail programme in which they fully complied for approximately four months before being sentenced to custody. The last case was remanded directly after arrest and has been successfully supervised and supported through the remand and into a custodial sentence that will transition through to Probation.

The types of offences committed in Reading have changed little over the last two years. Aggressive behaviours, including Criminal Damage and Assaults, are a feature of a number of offences

## Knife Crime

As stated above, the YOS currently have two young people serving custodial sentences for acts of violence using a knife. Further, looking at offences committed over the last year there have been 7 known offences committed by 7 young people, relating to carrying knives, in comparison to the previous year was 1 offence of this nature recorded. This is of particular concern with regards to public protection, and potential for causing serious harm to others. The YOS has, and accesses, Knife Crime awareness programmes which are carried out on a one to one basis with all young people where there are concerns about any risk of them carrying a weapon. Most recently due to concerns about the rise in young people carrying knives a new resource has been created by the YOS and a young person in the form of a short video talking about their experience of committing a knife crime. It is hoped this will be able to be used to discourage others from this path. The work previously carried out in schools around knife crimes had reached most of the secondary school population and there is a need to maintain a multi-agency focus on reducing this specific crime type through targeted preventative work.

## Sexually Harmful Behaviour

Concerns remain about young people who sexually harm and the work involved in addressing this, although the number of young people coming to the attention of the Court for these offences in Reading appear to have dropped. This is particularly important to note as the interventions necessary to address these behaviours are normally disproportionate to other interventions. In the period 2014/15, 17 sexual offences were committed by 11 young people in comparison to the 2015/16 time frame where 10 offences of this type were committed by 8 young people. Within this group we have picked up some work with young people who have demonstrated sexually harmful behaviour concerns but have not been criminalised. This was reflected by 3 of the 11 in 2014/14 and 5 out of the 8 young people in 2015/16, who were dealt with by way of Out of Court Disposal for these offences. This presents wider issues for Services for young people without the experience as the expertise in this area is located at the YOS.

The YOS are developing specific work around technology and sexual crime that will cover e-safety, CSE awareness and online sexual behaviour that will address harmful behaviour as well as safety and wellbeing in this area.

## Domestic Violence (young person towards parent, partner or sibling)

This year has seen more awareness around Child/Adolescence to Parent Violence. Parenting staff are trained in this area (Feb 2016) in order to offer support to parents as victims. The Parenting Worker now assesses all parents of young people that come to the attention of the YOS for damage or assault in the home. These referrals are made regardless of whether the young person is on a Court Order or Out of Court Disposal (OoCD). Recognising the need to bring this into a more general arena, the

YOS have a Child/Adolescence to Parent Violence group work programme scheduled to start in November 2016; until then the work will continue on an individual basis.

Moving forwards the YOS have identified that there are areas where we can improve the work we do with young people who pose a risk of harm to others:

- Combining YOS risk management meetings with the statutory meetings and processes in particular that Children Social Care adopts with young people open to them. This will ensure there are discussions about the YOS involvement in the context of the overall work with the young person and a common plan is developed and shared;
- Refreshing of staff knowledge of Risk of harm and MAPPA processes and the impact of this for young people and families;
- Embedding of ASSETPlus and the assessment of risk to others/vulnerability incorporated within this, as well as how this is translated into risk management at intervention level;
- How the new assessment tool will be shared with Children's Services and other relevant agencies now that it is no longer a separate document;
- The re-implementation of a risk register (hampered by change of operating systems and change to ASSETPlus
- Continue to improve links with victims of harm related behaviour, and

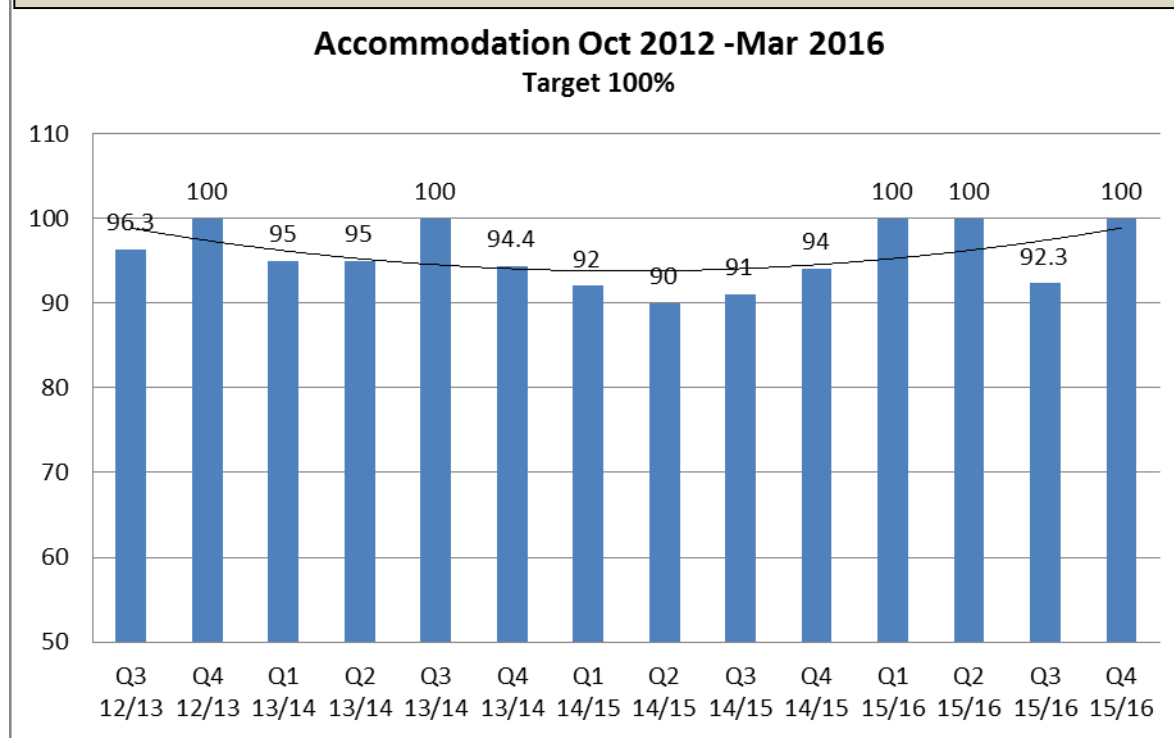
## 2. Local Performance Indicators

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

### 5.1 Accommodation:

There is a strong evidential link between the likelihood of offending and being in unsuitable accommodation. A new protocol between Children's Social care and Housing was agreed in September 2015. The Protocol sets out clearly the process that responsible agencies have agreed to undertake, in order to ensure that suitable accommodation is secured for those young people who are vulnerable due to homelessness. There has been an improvement as a result of the Protocol. The data continues to indicate a sustained improvement in the outlook for young people and their accommodation needs. (Fig 10)

Fig 10: proportion of young people in suitable accommodation

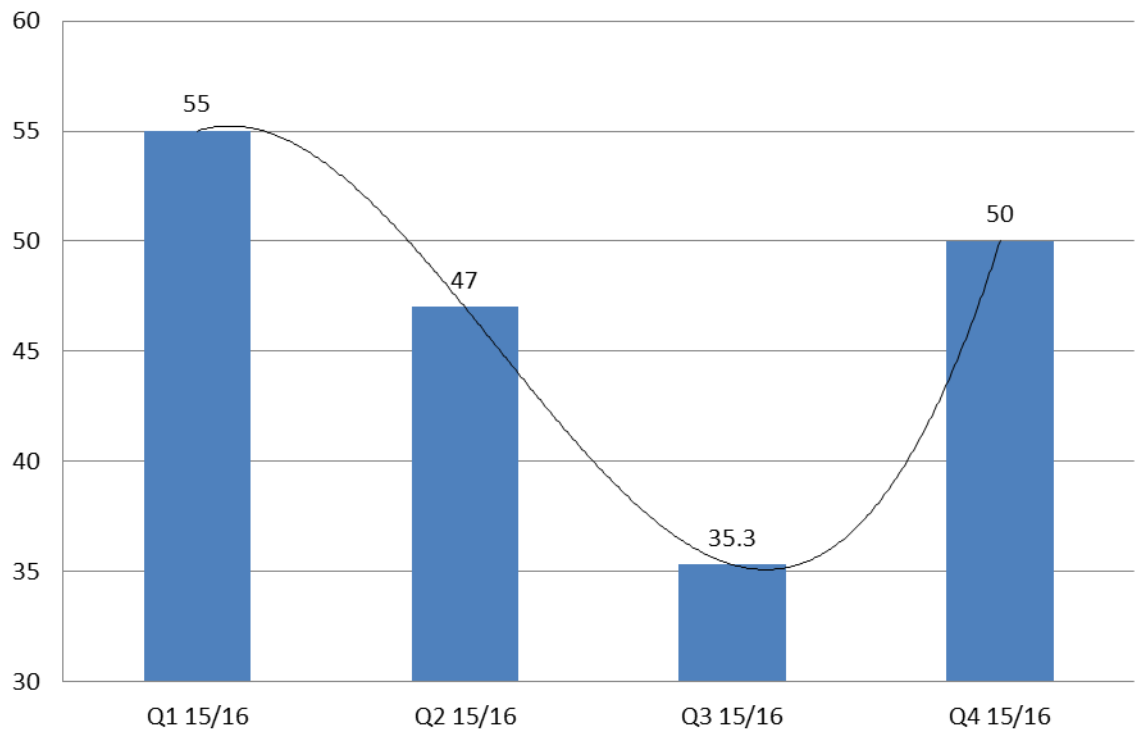


## 5.2 Education Training and Employment (ETE)

The YOS previously measured the percentage of young people in suitable ETE at the end of their involvement with the young person. This financial year the Management Board changed the measure to record young people at the end of each intervention with the Service. This provides a more accurate picture of the ETE status of the cohort of young people we work with as it will include those who are retained by the service over a long period on a number of interventions. These young people are likely to have problematic ETE performance and will adversely impact the overall picture. The Board has retained the challenging target of 80%. The performance for 2015/6 averages at 50% Q4 performance is particularly poor and may relate to difficulties in sourcing appropriate post 16 opportunities. (Fig 11) The overall picture will require a renewed focus with partners to ensure that young people are accessing appropriate ETE. This work has started with Board impetus and is hoped to produce some results in scoping the needs of and the services for young people who are having difficulty at school and in the transition afterwards. The YOS continues to benefit from a dedicated practitioner from Adviza and a specialist education worker in the

YOT to target young people who are NEET and are at risk of becoming NEET. The YOS also effectively links in the with the 'Children Missing out on Education' panel locally. The YOS also runs a very successful Rapid English (Now rebranded 'Communicate') programme which was recognised by the Youth Justice Board in 2014 as evidence of effective practice. Reading Borough Council through Troubled Families is also developing a Reading Employability Pathway Strategy which will improve the availability of apprenticeships, work experience and training for young people who offend.

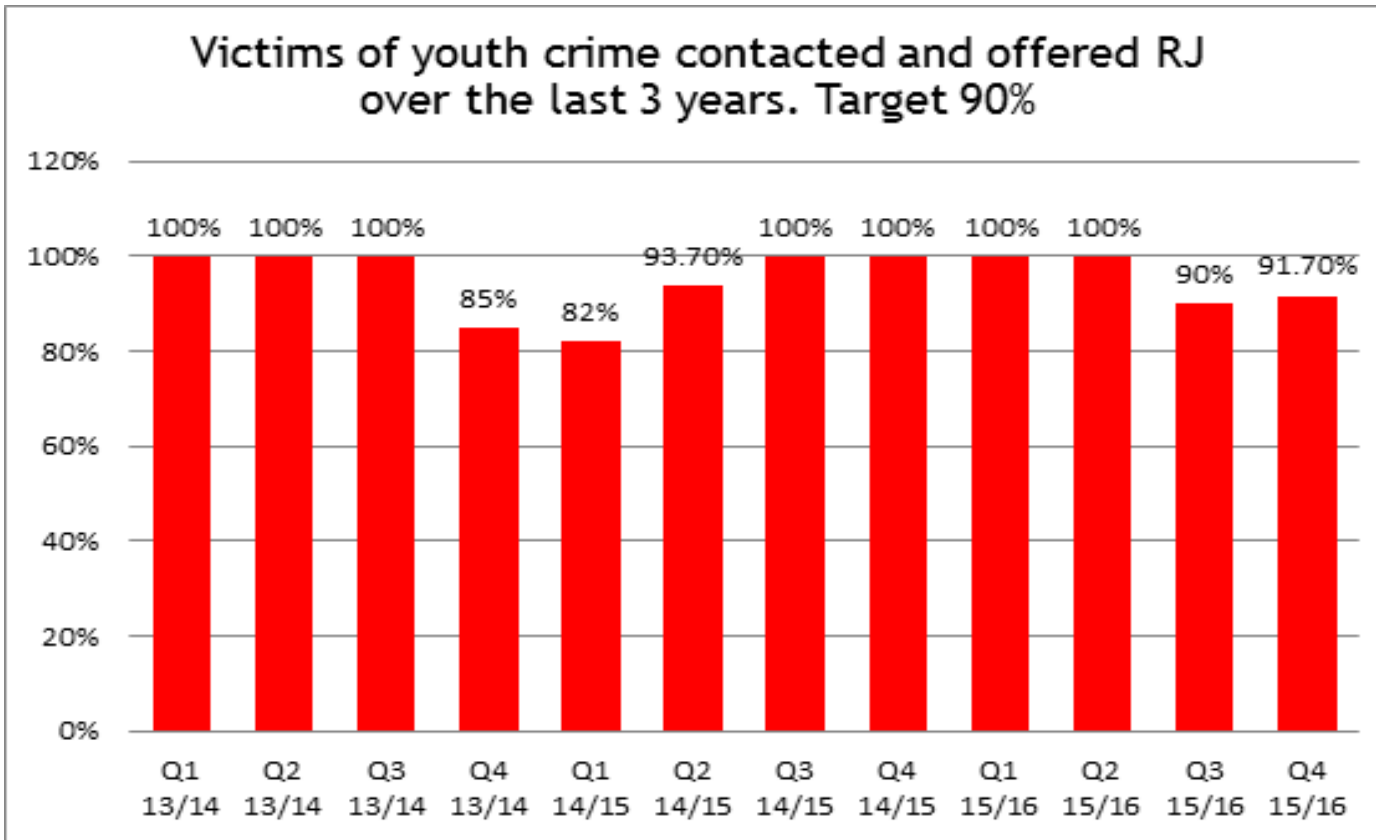
Fig 11: Number of young people in ETE



### 2.3 Restorative Justice

The YOS RJ Worker routinely contacts all victims of youth crime when connected to a young person on a community order, custodial sentence as well as Youth Conditional Cautions. The YOS Police Officer is responsible for making contact with those victims connected to Youth Cautions or Youth Restorative Disposals. Contact figures will fluctuate when there are difficulties in making contact with victims or where safeguarding concerns for the young person which makes victim contact not feasible. (Fig 12). The YOS continues to be victim and young person led; both are consulted and realistic expectations are discussed to meet needs. RJ practice is well embedded in the YOS, from the onset young people are asked restorative questions at court by the Magistrates, through to victim awareness being a feature on all intervention plans.

Fig 12: Victims contacted and offered RJ - Target 90%

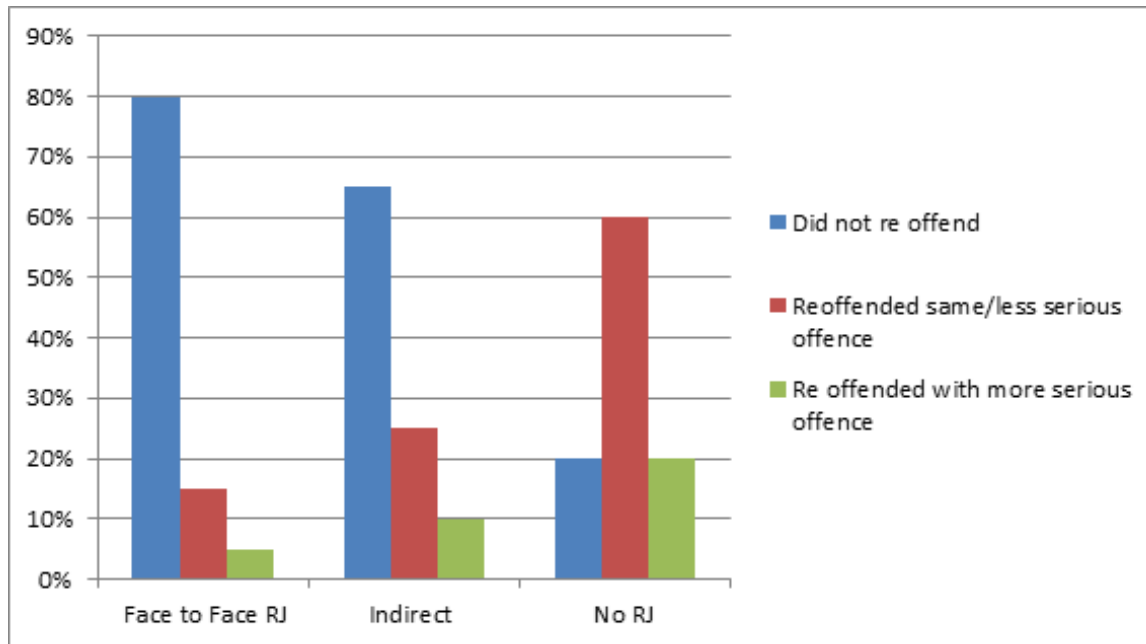


Research indicates that offenders who have participated in Restorative Justice are less likely to offend at the same level as those who did not receive Restorative Justice. With that in mind the YOS analysed some data from the last three years comparing the re offending rates of those that had taken part in direct RJ, indirect RJ and those that had only participated in the victim awareness programme. The YOS recognise that the exercise is not statistically reliable as there is no control group and there may be differences in the makeup of the cohorts; also RJ involvement is more likely to be mandated at lower levels and may be more likely to be positively responded to by young people who in any event are less likely to offend. The YOS have however managed RJ with more entrenched and serious offenders and these examples also form part of the results. (Fig13).

The results from the research are promising, indicating that reoffending is reduced with more Restorative involvement and involvement with victims.

Fig 13: RJ Type and local reoffending rates





Over this coming year the YOS will continue to build on the victim and Restorative Justice work by providing in house training for caseworkers to develop skills and confidence to deliver the YOS victim awareness programme themselves. This will be overseen by the Restorative Justice Workers who will observe and support colleagues to ensure the validity of the programme is maintained. Additionally a Restorative Justice intervention programme will be designed by the RJ workers and is planned to be piloted throughout the first half of the year with the intention of rolling the programme out to the wider YOS. The programme will work alongside the victim awareness programme and will be delivered on a one to one basis.

Historically RJ facilitation has been predominantly managed by the Restorative Justice Workers within YOS; however over this coming year more staff will be encouraged to take on this role and coaching training will be provided to build YOS resilience in facilitation skills.

The YOS will continue to make early contact with victims through the use of victim personal statements, making contact with victims at the Pre sentence report stage, so that they are kept informed and up to date with what is happening and also given the opportunity to be heard in the court room.

The YOS will develop the appropriate use of Pre sentence RJ and will assess cases where this would be a feasible option. The YOS will develop suitable paperwork for the use of Pre Sentence RJ meetings, as well as reports that can be presented to the court alongside the PSR.

As the YOS strives to evaluate processes to ensure good service delivery is maintained for victims, we will undertake an audit of Restorative Justice practice incorporating victim contact, victim work, restorative processes and reparation and unpaid work to quality assurance this part of the service.

#### 5.4 Parenting

With the arrival of the new Parenting Worker in November 2014, following a significant period of time without one, this presented an opportunity to review any previous processes and to develop a more up-to-date parenting pathway. Throughout 2015/2016 this parenting pathway has been progressively developed to incorporate the changing practices that AssetPlus (inc. parenting self assessments) has brought. This means that the parenting pathway now sets out that all parents of young people engaging with the YOS must complete a parenting self-assessment and AssetPlus countersigning of assessments process means that AssetPlus assessments cannot be completed without a completed parenting assessment or a satisfactory reason as to why this has not been done (ie LAC young people). For those parents of young people on Court Orders, this is done with the Parenting Worker at the beginning of the young person's Court Order and in addition the Parenting Worker completes a more detailed assessment to establish whether any parenting support is needed. For young people on Pre-Court interventions, parenting self-assessments are completed with the parents by the young person's allocated YOS Officer who then consults with the Parenting Worker if there are any concerns.

In addition, AssetPlus requires the parents' views to be sought at the review stages of young people's interventions and these to be included in the review AssetPlus assessments. Although parent's input into review were previously captured, they were done so in a more informal way and the Asset assessment did not have a specific place to incorporate them. A positive of AssetPlus is that will enable the YOS to officially capture the views of the parents throughout a young person's intervention.

AssetPlus only official went live in Reading YOS in January 2016 and therefore there is not enough data around the completion of self-assessments and the issues that arise in them to review.

In last year's plan the target for this year was to work with 25% of parents. This year the YOS Parenting Worker worked with 52 parents and families in 2015-16, equating to 31% of the parents.

Through the year the YOS has led on provision of parenting groups for teenagers (PPP). These are provided for Referrals across Early Help Services and consist of a structured programme of 8 sessions. Over the year, 6 groups were attended by 52 Parents, with 36 of the participants graduating having completed all the sessions. This conversion rate of almost 70% is impressive as is the take up of follow up support and other bespoke interventions. Consistently over the time that the programme has been operational, 20% of participants are male.

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

### 5.5 Troubled Families

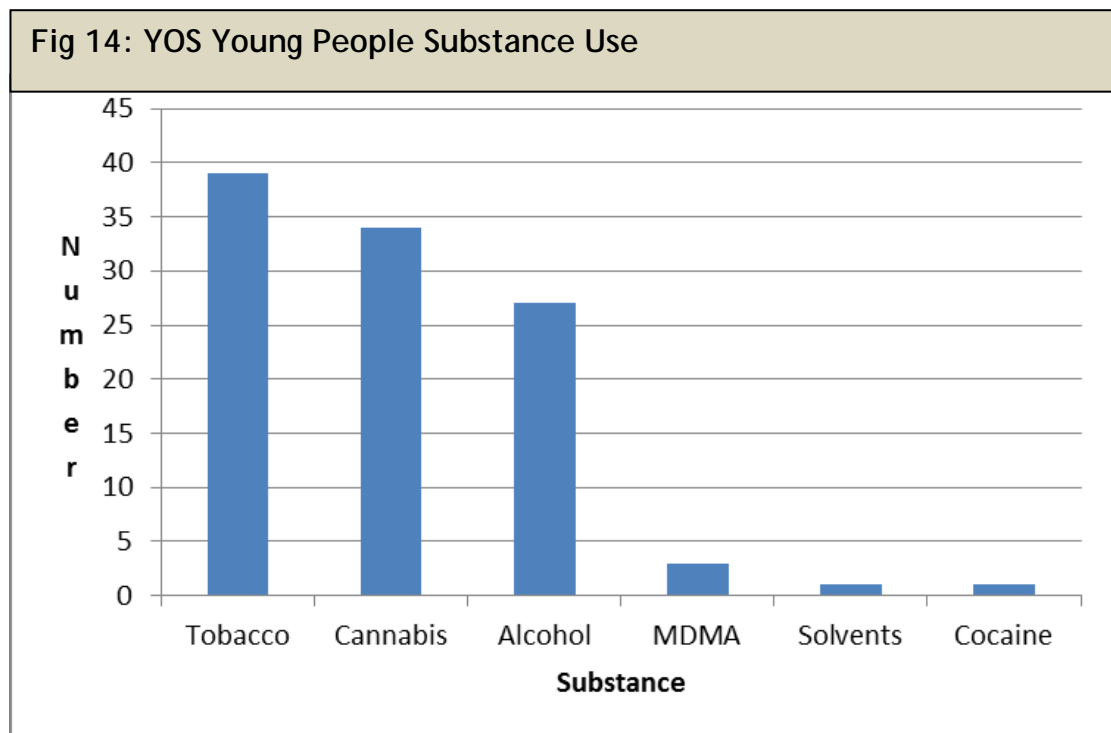
The YOS directly contributes towards achieving improved outcomes for Troubled Families (TF) and has been actively involved in further developing Phase 2 of the programme, reviewing the identification and referral routes for troubled families, and developing the right support at the right time. Reading has a target of 1220 families over the next 5 years, and youth offending will remain as one of the identifiers and outcome measures.

The overlap between the YOS and TF is reflected in the plan for the TF Board becoming the reference group for the YOS Strategic management Board. The TF Board will consider YOS reports and actions from the Strategic Management Board and will commission reports to the YOS strategic group.

### 5.6 Substance Misuse

All young people known to the YOS will be screened for substance use as part of the assessment. Where concerns are identified for substance misuse a discussion will be had with the SOURCE Team to ascertain the appropriate level of intervention e.g. care planned work or education and harm reduction. Since the recent introduction of AssetPlus, the previous scoring system has been replaced by an overall assessment of factors affecting desistance from offending (including Substance Use). Use of the AUDIT tools to screen alcohol use increases its prominence as a concern for young people, and fits with a government approach to this issue. It is hoped that reporting functions on Childview will allow data in assessments around substance use to be extracted so that appropriate referrals can be made. To ensure that local performance measures related to Substance Misuse are met, Source will endeavour to assess all YOS referrals for specialist assessment within 5 working days, and provide relevant intervention and treatment services within 10 working days.

49 young people were identified through their Asset for substance misuse in from April 15/March 16. The graph below shows the substances that the young people disclosed during their Asset assessment. (Fig 14).



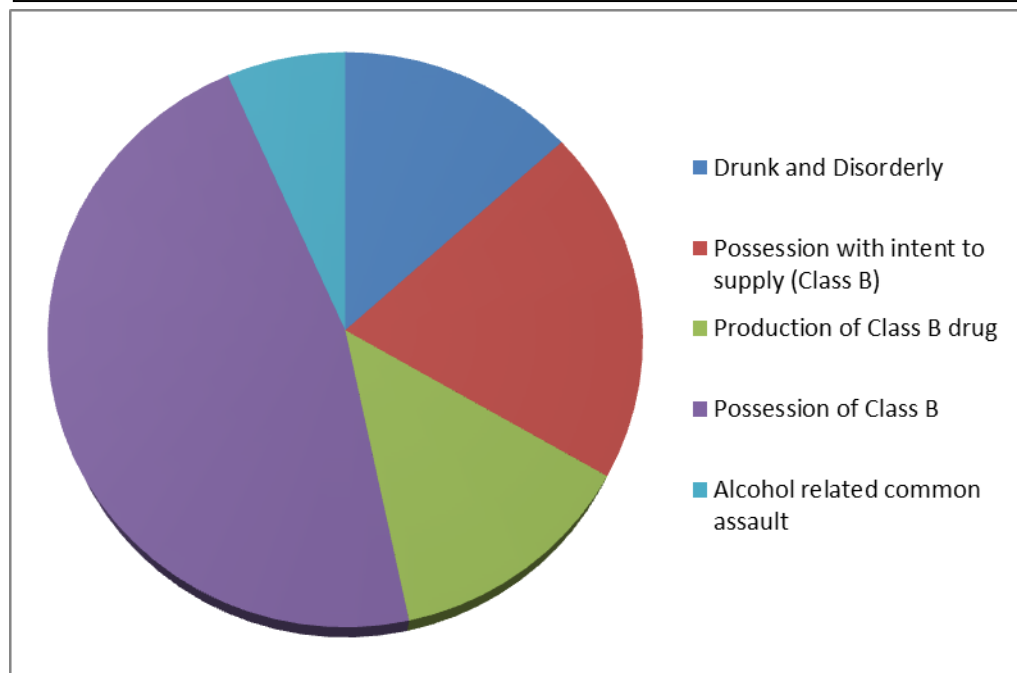
### Overview

Cannabis, Tobacco and Alcohol remain the substances of choice for young people who are known to YOS. This is also true of cases that have no involvement with YOS that are referred to Source. Nationally 70% of young people that access substance misuse services cite Cannabis as their ‘problem’ drug. In comparison to 12 months ago MDMA use has reduced and there have been no disclosures of legal high use in the past 12 months despite national and regional concerns over the use of these substances. The YOS is able to offer young people a 12 week stop smoking programme through Source for any young person that wants to stop smoking. The young person will be seen by a qualified stop smoking advisor and offered Nicotine replacement therapy (NRT) for free as part of the programme. With the blanket ban on legal highs coming into effect 2 days ago this will be something to monitor over the next 12 months for any changes.

## Drug and Alcohol related offences 2015/16

From April 15 to March 16, 15 young people were convicted of a drug/ alcohol related offences. The graph below gives a breakdown of these offences. (Fig 15)

Fig 15: Substance Use and related offences



## Alcohol

29 young people disclosed current or previous alcohol use. 90% of young people who disclosed alcohol use were binge drinkers. Binge drinking is defined as twice the recommended daily amount- 6 units + in one drinking session. As part of the increased focus on young people's alcohol use, the AUDIT C and AUDIT Alcohol screening tool will be completed with young people as part of the AssetPlus, linking into the Public Health England alcohol revised alcohol guidelines January 16.

## Audit and the Audit C

The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking.

YOS caseworkers will initially complete the AUDIT C, (derived from the first three questions of the full AUDIT) If a young person scores 5+ this indicates increasing or higher risk drinking and the full AUDIT will be completed, and an appropriate intervention planned.

SOURCE will undertake review Training of the AUDIT tool with Caseworkers in 2016-7.

SOURCE also retain contact with Community Alcohol Partnership and with police intelligence to be abreast of current trends in Young people's substance use in the area. Whilst Reading has to date exhibited a relatively stable picture of young people's substance use, there is an awareness of emerging and varied use in other parts of the region. SOURCE have been trained to work with Legal Highs and Methedrone as emerging issues and the YOS will maintain intelligence links with the police in respect of young people being used locally in drug supply and pass information onto relevant authorities.

### 3. Feedback, participation and involvement

#### Feedback

Feedback is intrinsic to the quality of the service, and ongoing work, offered by the YOS and development of practice by practitioners. For this the YOS is reliant on feedback from service users, victims and parents who have accessed support offered, YOS staff, professionals from other agencies and partner services that we are involved with.

In some cases feedback is gained directly through:

- The use of feedback forms, such as those used in the Courts
- Victim feedback after involvement
- At the time of Order assessment reviews (incorporated into ASSET Plus young person's self-assessment)
- Restorative Justice Conferences,
- Viewpoint e-Survey that should be completed with all young people on statutory orders.
- positive feedback' during team meetings.

## Examples:

- **Work in Courts**

Sentencers at Courts are asked to feedback on the quality of Pre Sentence Reports when these are handed up to them. These are handed out in both Crown and Magistrates Courts, with a greater return from Magistrates courts. Feedback from courts reflects the quality of the reports compiled to assist in sentencing. The majority indicate that writing is of a 'good' to 'excellent' standard and the content was 'helpful' or 'very helpful'.
- **Restorative Justice Conferences**

Written and verbal feedback is requested from participants in victim interventions and Restorative Justice Conferences. The latter take place after each Restorative Justice Conference. All participants are given feedback forms, some, but not all are returned to the Service. Victims are asked to feedback on whether they felt the process helpful and supportive; perpetrators are asked if the process will have helped them to behave in a different manner in future. In the majority of cases where feedback has been given this is very positive and indicates the service and support felt, by victims and perpetrators, during the process were 'good'. Some examples of responses from questionnaires have been:
- A successful Restorative Justice Meeting led to the development of a knife crime intervention that we have used as a resource in related interventions.
  
- **Feedback from Restorative meetings**

<p>How did you feel while the other person was telling their side of the story?</p> <p>'It was good to hear it from (victims) point of view' (young person)</p>	<p>How do you feel now after contact with the Restorative Justice Worker?</p> <p>'Very good and safe' (victim)</p> <p>'Calm - relieved' (victim)</p>
<p>Tell what we did well?</p> <p>'Kept me informed about what was going to happen. No pressure - could do it in own time' (victim)</p>	<p>Did the meeting change how you felt about life generally?</p> <p>'Yes, it made me feel like nobody deserves to be hurt or treated badly because of anything especially...' (young person)</p>

- **Order Reviews**

We complete feedback with young people and their parents during, and following, their engagement with the YOS. The feedback on what has been achieved over their time with YOS is recorded in paperwork and self-assessments. It is hoped that with the introduction of AssetPlus standardised reports should be available indicating the level and content of responses.

- **YJB e-Survey (Viewpoint)**

All young people on statutory orders should be asked to complete this during or towards the end of their orders. This is an online survey and is sent and collated through the YJB. Up to the start of April 2016, this process had duplicated the process that the YOS had themselves undertaken. We have now discontinued our forms so that the feedback is concentrated in the Viewpoint survey. Since this time, 16 young people started this and 14 completed this e-survey with results as below:



Someone at the YOT asked me to explain why I thought I had offended.	#	%
Yes, they asked me to explain why I had offended	14	100%
No, they never asked me to explain why I had offended	0	0%
I'm not sure / I can't remember	1	-

Someone at the YOT asked me to explain what I thought would help me to stop offending.	#	%
Yes, they asked me to explain	13	100%
No, they never asked me to explain what would help me to stop offending	0	0%
I'm not sure / I can't remember	2	-

The YOT took my views seriously.	#	%
Yes, they always took my views seriously	10	71%
Yes, they took my views seriously most of the time	2	14%
No, they rarely or never took my views seriously	0	0%
No, because they didn't me ask what I thought	0	0%
I'm not sure / I can't remember	2	14%

I needed help with my school, training or getting a job.	#	%
Yes, and I got the help I needed	5	71%
Yes, but I didn't get enough help	2	29%
I didn't want any help/I didn't need any help	7	-

Since I started to work with the YOT...	#	%
I am a lot less likely to offend	10	77%
I am a bit less likely to offend	0	0%
It has made no difference to whether I will offend	3	23%
I am more likely to offend	0	0%

The two areas that are highlighted through the results are around support for ETE and the overall effectiveness of the YOS. The findings from the surveys are from a small number but will be considered next year alongside the information received from Review self assessments

Moving forward the YOS have identified that although we do receive and ask for feedback on our service, this could be more effectively done. There are some very important services we offer that have not systematically asked for feedback formally, such as our Community Reparation and Parenting Service. We also recognise that the YOS could be better at gathering, encouraging and collating feedback from Courts, partner services and young people and parents at the end of their orders to help inform practice and demonstrate how we facilitate change. This will be targeted in the year to come.

#### **4. Quality Assurance and Audit.**

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

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

AssetPlus was installed operationally in Mid January 2016. This provides an integrated assessment and planning tool that has been developed in to take account of the findings from the review of the Previous assessment process and incorporating recent research All new assessments including Out of Court Disposals started using AssetPlus and older assessments have been faded out in the period since Go Live. As well as considerable training and preparation in the lead up to the use of AssetPlus, the YOS has managed the increase of workload since the introduction of AssetPlus. The impact has been felt in a number of areas. Principally

- AssetPlus is the standard assessment tool for all stages of intervention. A lighter- touch assessment tool is not available for cases with lower disposals or presenting lower risks.
- There are a number of areas of assessment that are newer and there are more screening and self assessment tools to use. In addition, the complete of the assessment itself takes more administrative time than the previous assessment tool.
- There are increased regular demands on Managers for Quality assurance and Counter signing.

These changes have increased the workload of staff and managers as staff are adapting to the new assessment process and are likely to influence work flow processes in the future. The YOS have developed a Duty Manager process ensuring overall Management oversight and have built in processes to ensure management discussion and consistency of practice that should benefit the team. As part of the management oversight and Quality Assurance several bench marking sessions have been scheduled through the year to ensure consistency of approach.

Audit activity in 2015-6 included The National Standards audit around Out of Court disposals, and the Case audit of some 28 Cases as part of ongoing SQS inspection readiness. The SQS in April this year offered an independent positive review of the Service

## 5. Resources and Value for Money

The YOS budget for 2016/17 reduced by 3% overall (£26,649) compared with the 2015/16 budget profile . This was mainly due to a 19% reduction in the YJB grant. The budget reduction has been managed through efficiency savings and staff reduction measures. The Probation contribution reduced in line with the new national formula, although a half time Probation officer will be provided as soon as recruitment is successful. Resources are sufficient to maintain youth justice service delivery for 2016/17.

	Cash contribution	Payments in kind	Total	% contribution
PCC	99100	46,000	145,100	12
Probation	11200	0	11200	1.33
Health	33500	0	33500	3.99
Local Authority	450000	0	450000	53.57
YJB	246300	0	246300	29.32
Total	840100	46,000	886,100	100

## 6. Structure and Governance

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

- Director of Children's Services, or his or her nominee.
- NHS commissioner
- Thames Valley Police LPA Commander
- Probation nominee
- YOT Manager

The Troubled Families Board will act as a reference group for the YJMB going forward, in order to better integrate youth justice within Early Help developments and the wider partnership.

See Appendix 1 for YOS structure chart.

## 7. Partnership Arrangements

YOS has on site facilities for drug/alcohol treatment (Source), including access to substitute prescribing, and has access to health provision where young people can access sexual health, contraception and relationships education, as well as referrals and consultations with SLCT.

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

YOS targets prevention resources for young people receiving a Youth Restorative Disposal or first Youth Caution through screening; 10-12 year olds, Looked After Children and young people being violent towards their parents/carers.

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

YOS works in partnership with Probation regarding those young people who will reach 18 and transfer before the end of their order. An enhanced transitions protocol for those critical few young people who are likely to be lost in transition was

developed in Reading and has now been incorporated into the wider protocol between Thames Valley YOTs and Probation. Reading's work in this area featured as an example of good practice in the Youth Justice Board Transitions Framework.

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

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

## **8. Opportunities and Challenges for 2016/17**

### **11.1 Reduce reoffending of prolific and persistent young offenders**

Whilst Reading YOS continues to perform well compared to the national and its statistical comparators, the direction of travel indicates that a small number of young people disproportionately commit a high number of offences. The use of a 'live tracking' tool will provide better performance data and act as an early warning regarding contemporaneous issues. This work can be built on in identifying earlier the cases that may require more targeted intervention.

### **11.2 ASSET Plus Embedding**

Embedding the benefits of AssetPlus will involve developing robust working practices / local guidance including consistent QA processes and ongoing training, as well as monitoring the resource impact on the team of the additional AssetPlus workload.

### **11.3 Education Training and Employment**

The reduction of NEET performance and the development of sustainable ETE opportunities is a target for the Board that can significantly improve the life chances of the YOS Service group, and also reduce offending.

### **11.4 Child Sexual Exploitation**

The YOS will continue to contribute towards the delivery of the Reading CSE strategy and ensure that young people are effectively identified, assessed and supported to reduce the risk of being exploited. QA processes will build on the positive steps the YOS has taken so far

### 11.5 Safety and wellbeing

The number of vulnerable young people that the YOS work with is increasing, and with it the need to ensure that partnership arrangements are effective and that the workforce has the necessary skills, knowledge and working relationships to manage risk and improve outcomes. Children in Care are particularly vulnerable and a continued focus on prevention offending by looked after children will continue to be important in 2016-7.

### 11.8 Relationship Violence

There is strong evidence that there are links between the experience of children and young people and the potential for them to go on and exhibit abusive behaviour on their own relationships. The YOS will continue to develop programmes and approaches for these young people in 2016/7.

### 11.9 Reshaping services

The YOS will contribute to the ongoing work that Reading Borough council and partners will engage in in as services are reshaped in the future.

The shape and delivery of Childrens Services in Reading will be informed by the OFSTED inspection (May June 2016) Youth Justice Services are currently being reviewed nationally and the Expected Taylor Report (Due Summer 16) will inform future delivery and structures of local Youth Offending Services

### 11.10 Working effectively with Out of Court Disposals

The YOS workload has an increasing number of Out of Court Disposals. Local Guidance will be enhanced that will contribute to swift and consistent decision making and assertive engagement with cases at this level.

### 11.11 Transitions

The transition from custody to the community and from young peoples to adult services is a vulnerable time for young people. The YOS will review existing practices and undertake an audit of previous transitions jointly with Probation during 2016/7. The ongoing work will be strengthened by the secondment of a Probation Officer to the team.

### 11.12 Inspection feedback

The YOS were subject to a Short Quality Screening Inspection in April 2016. The results were on the whole positive and areas identified were:

### Key strengths

- Assessments and plans demonstrated that case managers knew their children and young people well and wanted to achieve positive change in their lives.
- The YOS worked effectively to make sure parents/carers were appropriately involved in the interventions undertaken with children and young people.
- The YOS had direct access to a number of very helpful specialist resources and also had good working relationships with agencies across the local authority area.
- Reports to court were good and it was clear that sentencers had a high degree of confidence in the work of the YOS.

### Areas requiring improvement

- Review of assessment and plans should be completed particularly where there have been significant developments in a case in order that the intervention remains relevant.
- The YOS should make sure that those staff who are less experienced are fully trained and supported to manage the wide range of risks and level of complexity presented by children and young people under supervision.
- Management oversight should be better targeted to make sure that key tasks are not missed, particularly where there is a high risk of harm.

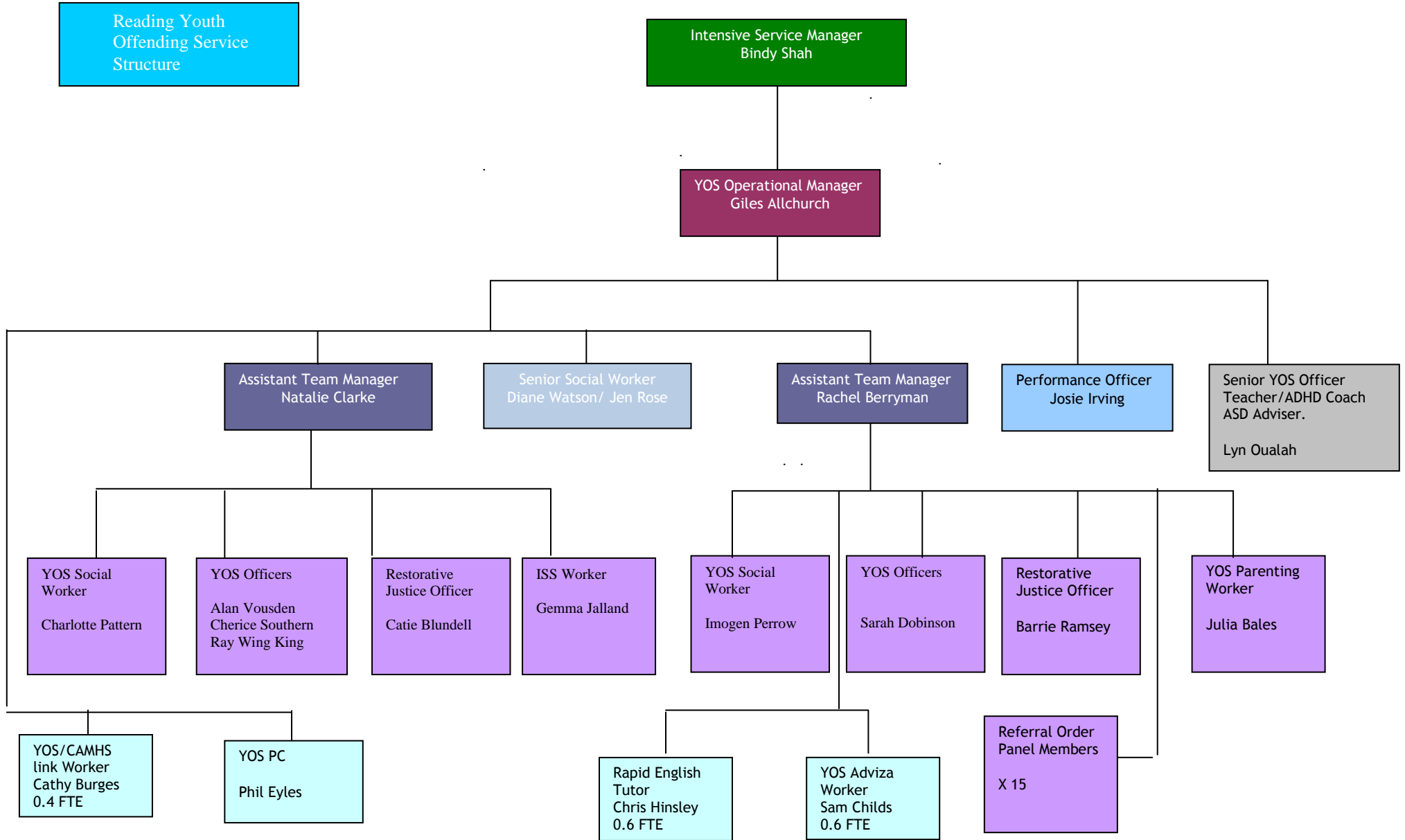
## 9. Review of 2015-16 Plan.

<u>PRIORITY</u>	<u>COMMENTARY</u>
1. Reduce reoffending of prolific and persistent young offenders.	11 actions on the action plan. 8 on track or completed -3 some still to be actioned  Use of live tracker ongoing
2. ASSET Plus (new assessment model) implemented.	All Staff trained prior to release Live from mid Jan 16 Some issues around implementation Guidance that will be completed post Go Live - to be completed
3. Improve Education Training and Employment (ETE) performance.	Plans to involve ETE and education as part of the plan of intervention Provision for young people out of school does not always meet adequate provision - wider strategic issue than YOS operationally - YJMB oversight
4. Ensure the YOS is delivering against Phase 2 of the Troubled Families Programme.	YOS have attended workshops relating to TF along with other partners and those in workforce. As with partners, work around embedding TF work within services ins ongoing
5. Reduce the risk of Child Sexual Exploitation for young people engaged with the YOS.	Production of CSE screening tool - has been used across authority  QA completed Guidance around CSE included in the Safety and wellbeing policy.
6. Develop a partnership response to Sexually Harmful Behaviour.	Some Training has taken place of YOS Practitioners (including CAMHS Worker). Further training is needed. Partnership approach with social Care not yet operational
7. Develop working practices with Children's Social Care to ensure that young people are safeguarded.	Managers have spent more time liaising with colleagues in Social Acre and YOS has been involved in Whole service and Early Help Service events .



8. Develop interventions for young people to reduce Relationship Violence.	Unable to progress without a lead on this. YOS Management to review YOS champion roles
9. There are effective transitions in place between custody and the community and between the YOS and Probation.	YOS to secure Seconded Probation Officer. Probation transition meetings attended

# Appendix 1 Youth Offending Service Structure Chart



## Appendix 2: 2016/17 Action Plan

Priority	Action	Success Criteria	Owner	Deadline
1. Reduce reoffending of prolific and persistent young offenders	1.1 Further analysis of the reoffending cohort using the YJB reoffending toolkit/ live Tracker	1. Reoffending performance in line with national and statistical comparators	YOS Information Officer	6 monthly
		2. 6 monthly reports produced for the management board using the live tracker tool	Operational Manager	
2. Improve Education Training and Employment (ETE) performance	2.1 Establish a ETE task and finish group	1. ETE performance improves and is comparable to national and statistical comparators as determined by the revised performance framework  2. New performance framework in place  3. Quarterly performance monitored by the management board	YOS Service Manager	March 2017
	2.2 Review the ETE performance framework and introduce a distance travelled measure		YOS Service Manager/ YOS Information Officer	
	2.3 Analysis of the quarterly cohorts to be provided to the Youth Justice Management Board		Operational Manager	

3. Reduce the risk of Child Sexual Exploitation for young people engaged with the YOS	3.1	Monitor and report on the numbers of young people at risk of CSE to SEMRAC	1. The level of risk for YOS young people at risk or experiencing CSE is reduced	YOS Operations Manager ATM - Community	Annual Report (December)
	3.2	Implement the use of the Reading CSE toolkit	2. The CSE toolkit is used and all young people are screened for the risk CSE	ATM Community	Annual Report (December)
	3.3	Effectively screen for cases as part of assessment	3. YOS QA to be monitored by the TF Reference Board	YOS Operations Manager	Annual Report (December)
4. Develop interventions for young people to reduce Relationship Violence	4.1	Review existing resources for working with young people who have experienced domestic abuse and/or exhibiting abuse within their own relationships	1. Appropriate materials and interventions are available for young people	YOS Operations Manager	March 2017
	4.2	APV programme group scheduled for Autumn 2016	2. Appropriate Referrals made and 80% group completion.	Operational Manager	
5. Embedding AssetPlus Changes and practice	5.1	Draw up AssetPlus Guidance for practitioners	1. Staff able to follow processes for AssetPlus completions	YOS Operations Manager	October 16
	5.2	Staff awareness of guidance	2. Increase in proportion of completed stages within National standards		
	5.3	Regular Management QA of AP stages	3. Congruency of Judgements and QA approach through QA exercises		

6. Working effectively with Out Of Court Cases	6.1 Development of Out Of Court Guidance for YOS	<ol style="list-style-type: none"> <li>1. Decision making in line with Guidance</li> <li>2. 75% engagement rate on voluntary interventions</li> </ol>	YOS Operations Manager Assistant Team Manager - Community	October 16
7. RJ development	<p>7.1 Audit of RJ practice</p> <p>7.2 Pilot of new RJ screening tool</p> <p>7.3 Caseworkers delivering some Victim awareness sessions with at least one young person /year</p> <p>7.4 Local Guidance around UPW delivery</p>	<ol style="list-style-type: none"> <li>1. Completion of Audit based on RJQM standards</li> <li>2. Increased involvement in RJ Processes. Successful completion of RJ processes</li> <li>3. Improved staff skills in addressing empathy</li> <li>4. Audited delivery in line with Guidance.</li> </ol>	<p>YOS Operational Manager/ ATM - Courts/ RJ workers</p> <p>ATM Courts</p> <p>ATM Courts/ RJ workers</p> <p>ATM Community/ RJ workers</p>	December 2016
8. Inspection actions	<p>8.1 Review of assessment and plans should be completed particularly where there have been significant developments in a case in order that the intervention remains relevant.</p> <p>8.2 The YOS should make sure that those staff who are less experienced are fully trained and supported to manage the wide range of risks and level</p>	<ol style="list-style-type: none"> <li>1. QA and Stage signature evidences relevant new assessments</li> <li>2. Training provided in line with TNA. Appraisal targets met</li> </ol>	<p>Operational Manager, Assistant Team Managers</p> <p>Operational Manager, Assistant Team Managers</p>	March 17

	<p>of complexity presented by children and young people under supervision.</p> <p>8.3 Management oversight should be better targeted to make sure that key tasks are not missed, particularly where there is a high risk of harm.</p>	<p>3. Duty manager countersigning to be supplemented by use of Risk Report and Manager benchmarking exercises.</p>	<p>Operational Manager, Assistant Team Managers</p>	
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### Appendix 3 Management Board Sign Off

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

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN'S EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 July 2016	AGENDA ITEM:	14
TITLE:	FAMILY SUPPORT AND CHILDREN CENTRE REVIEW FINDINGS		
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

- 1.1. This report outlines the findings from the Family Support and Children Centre's Review, that was committed to being completed in February 2016 ACE report and outlines the next steps to review the offer to families.

2. EXECUTIVE SUMMARY

- 2.1. This review consulted with families and staff across the Early Help services and Children's Centres Advisory Boards. It also researched into other Family Support organisations across Reading and what support they offered as well as exploring what type of Family Support our statistical local authority neighbours undertook.
- 2.2. There was consensus amongst staff and families as to the outcomes families and their children need help with as well as the key areas of risk for children and their families which could limit their success in achieving positive outcomes.
- 2.3. The mapping exercise appeared to demonstrate that there is a wealth of other Family Support type organisations operating in Reading, however this support is mainly mother and toddler type groups or specialist groups for families with particular needs e.g. disabilities, health issues. There are far fewer organisations offering targeted 1-1 support for vulnerable families within the home or parenting programmes.
- 2.4. Research into what our statistical neighbours offered in terms of Family Support was limited in terms of difficulties in accessing this information, although there was greater information gained regarding Children Centres.

3. RECOMMENDED ACTION

- 3.1. That Committee notes the findings of the Family Support and Children's centre review.
- 3.2. That Committee request a follow up report that outlines a proposal for future service delivery and offer in the Autumn of 2016 once the information and data from the Transformation process can be used with this review.



## 4. POLICY CONTEXT

- 4.1. Reading's Early Help Strategy (2013 - 2016), agreed by ACE committee in 2013 sets out the following strategic priorities:
- Intervening early before issues, needs and costs increase; it is vital that strategy begins to manage demand not just meet demand, as we aim to see services focused on reducing cost to the council across children's services.
  - 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', ensuring we are being creative in meeting needs rather than delivering services. 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;
  - Making it easier for families to access advice, information and support, building the capacity of communities and individuals to develop services and to support each other
- 4.2. An Early Help offer will continue to provide support to families in Reading, but this needs to be a partnership led model of delivery. In particular working and challenging partners to increase the voluntary sector, schools and health sector Early Help provision whilst Reading Borough Council (RBC) moves to targeting its resources to meet vulnerable children's needs as a priority to prevent future failure.
- 4.3. 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.
- 4.4. The Directorate of Children's, Education and Early Help Services are currently initiating a programme of transformation across five pillars of change. These include:
- Building effective partnerships which support the needs of Reading's children and families
  - Enhancing early help, early intervention and prevention
  - Reviewing and transforming Special Educational Needs and disability services
  - Enhancing the effectiveness of Children's Social Care services
  - Raising attainment
- 4.5. Consultants iMPower Consulting Ltd have been commissioned to work alongside the Directorate over the coming months, in order to provide external advice and challenge to the identification of opportunity areas for service improvement, and enabling the delivery of required budget savings and improved service outcomes.
- 4.6. As part of this work, iMPower will produce a number of deliverables that will compliment and strengthen the valuable insight gained from the initial review of Family Support and Children's Centres. Their work includes:
- Mapping of current spend on early intervention and preventative services, across the tiers of need/thresholds 'windscreen'. From this exercise, iMPower will be able to comment on the appropriateness of the resultant distribution of spend.

- Three Effectiveness reviews to understand the extent to which particular services are working with the right people at right time and understand the outcomes achieved by these services.
- Facilitating reviews of a sample of Looked After Children's cases. This work will build a greater understanding of the drivers of demand and explore how demand on Children's Social Care Services could have been avoided if early help, early intervention and preventative services had been available, offered or had been more effective. The case reviews will further build the understanding of which services have effectively managed demand on Social Care services and strengthen the understanding of the requirements for early help services in Reading.

4.7. In light of the above, it is recommended that the initial review of Family Support and Children's Centres is considered alongside the outcomes of iMPOWER's work before work is undertaken on the development of proposals for the future. This will allow the proposals to be informed by an improved level of insight and a clearer understanding of the role of Family Support and Children's Centres within the wider transformation of the Directorate of Children's, Education and Early Help Services.

## 5. THE FINDINGS

### 5.1. The Review process

5.2. The Family Support and Children Centre's review consulted with families and staff across the Early Help services and Children's Centres Advisory Boards. It also researched into other Family Support organisations across Reading and what support they offered as well as exploring what type of Family Support our statistical neighbours undertook.

### 5.3. Discussions with staff

5.4. Staff from across the Early Help services were invited to participate in facilitated discussions to explore key areas such as:

- What are the key outcomes that families and their children need help with
- What are the key priority areas of need or risks for children and their families which may limit their success or achieving positive outcomes
- Which are the target groups of families that RBC should support

5.5. A number of key outcomes were identified by staff where families and their children needed help with:

- Children to be healthy (both mental and physical health)
- Access into education, employment or training
- Children to be safe in the home and community
- Children to be achieving in school (including readiness for school and attendance in school)
- Positive family relationships
- Making a positive contribution to the community (including reduction in anti-social behaviour)

5.6. There was fairly common agreement amongst the staff around the main risks which, when present, would reduce the likelihood of the above outcomes being achieved. The main risks were identified as:

- Low level consistent neglect (parents not being able to meet child's basic needs)
- Parents mental health and substance misuse issues
- Child's mental health and substance misuse issues
- Conflict - either between parents and/or between parents and children

- Children exposed to risk e.g. Children Sexual Exploitation (CSE), bullying, cyber bullying
- 5.7. Staff found it less easy to identify target groups of families. Rather than target groups, there were comments around levels of intervention and ensuring:
- There was a clear criteria for intervention - use of thresholds
  - Not letting families get to crisis point before intervention - early intervention
  - Early intervention - in terms of age
  - Families who want support (pre-Common Assessment Framework) get support
  - Support for complex, multiple needs families
- 5.8. There was also a discussion re what a Family Support offer must do should do and what it could stop doing in the future. There were no suggestions around what Family Support should stop doing in the future. With regard to ‘must do’ there were comments around providing intensive support to families, as well as some of the statutory duties i.e. Parenting Orders, Education Supervision Order’s. There were also comments around the need to offer 1-1 support as a ‘must do’ and parenting groups as a ‘should do’ as well as the idea of a family hub, similar to current Children Centre’s but open to a wider age range.
- 5.9. Feedback from Children’s Centre Advisory Boards (AB)
- 5.10. The five Children Centre’s Advisory Boards were invited to participate in providing their views in response to three key questions regarding supporting children and families within Children’s Centres. This took the form of small group discussions in the AB meeting by the Chairs followed by written responses collated from the boards.
- Who are the families we most want to see accessing the Children’s Centres and why?
  - What are the most important services provided by our Children’s Centres?
  - How are these services helping families?
- 5.11. Who are the families we most want to see accessing the Children’s Centres and why?
- 5.12. The responses indicated the boards considered all families should continue to be able to access Children’s Centre services as well as those with higher and more defined need. However, the majority of responses considered targeted/vulnerable families to be the highest priority. There were a range of groups highlighted including:
- Vulnerable families with low level needs
  - Families living in poverty
  - Children subject to a Child Protection (CP) /Children in Need (CiN) plan
  - Parental mental health, well-being, isolation
  - Families new to the area/Country
  - Parental substance misuse
  - Families who have experienced domestic violence
  - Housing issues including homelessness
- 5.13. How are these services helping families?
- 5.14. The Boards provided a wide range of responses that have been grouped into similar outcomes for families.
- Integrated and early support services that families can access locally which support long term gains-moving families out of poverty and closing the gap in outcomes for children.
  - Ensuring children are ready for nursery through universal services.
  - Improving outcomes for families through adult education, employment and volunteering
  - Improving parenting skills and confidence and prevent escalation of need

- Improving health and well-being for families

5.15. Review of other Family Support provision in Reading

- 5.16. In our research we identified a number of Family Support type organisations across Reading not delivered by Reading Borough Council. Some of these are part funded by RBC whilst others are not. Many of these offer universal services (open to all) who may need advice or information concerning certain topics e.g. debt or finances. Whilst others offer more specialist support. This specialist support appears to be around health issue e.g. diabetes, mental health, autism and support may be in the form of advice, information or group activities. There are many organisations who offer support for families who have children with Special Educational Needs and Disability (SEND). These organisations e.g. MENCAP, Dingley Specialist Early Years Centre, Berkshire Autistic Society, typically offer group activities, advice, support and/or information for these families.
- 5.17. There appears to be far fewer organisations that offer 1-1 type Family Support within the home. Examples of these are HomeStart.
- 5.18. There is also a wealth of mother and toddler groups across Reading, most of which are open to all families with U5 year olds, however many of these are delivered in faith buildings which may restrict accessibility for some families.
- 5.19. Discussion with Families
- 5.20. There were two focus groups held with families as well as two online questionnaires - one for families who had been supported by family workers and one for Children's Centre parents. There were approximately 330 responses- the vast majority being completed by Children's Centre parents. 30% of the responses came from families living in East Reading, 26% from Caversham and 28% from Tilehurst.
- 5.21. Families were asked to consider various aspects of the key outcomes for children and the risks and barriers to them achieving these outcomes. There was general agreement between each of the group's responses. Most families thought the key outcomes for children were:
- Health - physical and emotional
  - Being safe inside and outside the home
  - Positive family relationships
  - Having basic needs met i.e. food, shelter etc.
  - Have opportunities and choices and being able to make their own decisions.
- 5.22. The first three of the above were also identified by the staff group as being key outcomes for children.
- 5.23. There was general agreement as to the top five areas of risk for children of not achieving these outcomes:
- Unhealthy relationships with peers e.g. bullying
  - Parents not meeting child's basic needs
  - Not being engaged at school/risk of exclusion
  - Family breakdown e.g. conflict between parents
  - Child's mental health/substance misuse
- 5.24. There was also much consistency between the risk areas identified above by families and the staff group. The one anomaly identified by the staff group, but not the families was 'parents mental health and substance misuse issues'
- 5.25. Responses indicated the five most important areas they thought families were most likely to need support with were:

- Health - child's physical and emotional well-being
- Family routines and boundaries e.g. parenting support
- Health - parents physical and emotional well-being
- Positive family relationships
- Housing issues/Money - access to benefits

5.26. Findings re Family Support and Children Centre's support from Statistical Local Authorities

5.27. Ten similar Local Authorities were canvased as to their current Family Support review both in children's Centre's and other teams that offer Family Support. This detail is in the appendix. There is not a single approach that all are using, as you might expect, but some themes are worth considering:

- Majority of Children's Centre's have moved to a Cluster model
- One Local Authority has developed family hubs and others are exploring this.
- There is a mixture of universal and targeted work undertaken in most Centre's.
- Health provide the universal offer in one local Authority
- All Children Centre's are offering Family Support through different referral routes.
- In most local Authorities that were contacted referrals come through one front door and then allocated to appropriate services
- All Local Authorities provided parenting courses
- Common threads were Family assessments, Outcome tools, Thresholds - reactive and proactive work.

5.28. There does, however need to be recognition that like RBC many Local Authorities face significant budget pressures and it is likely they will be going through similar review exercises.

5.29. In terms of Family Support outside of Children Centres there was much commonality within the statistical neighbours we had feedback from.

- One front door/no wrong door for referrals where there was a concern about a child.
- The use of a threshold document to determine levels of support as well as Troubled Families criteria
- Step up and step down between Social Care and early intervention teams around Family Support. Although there were some differences re whether Family Support /Early Help teams worked with CiN or CP cases.
- Whole family and key worker approach to support with use of an assessment, CAF or Early Help assessments as well as some screening tools e.g. CSE, Domestic Violence, Teenage pregnancy
- A range of Parenting programmes delivered i.e. Triple P, Webster Stratton as well as some locally developed programmes
- Outcomes were measured, but in a variety of ways, Outcome Stars, Use of Troubled Families criteria, Sign of Safety scaling and pre and post programme scorings
- Structurally, the majority of Family Support services were based within a locality model within Early Help services which were located within Children's Services
- Teams often appeared to have a 'standard' and 'intensive' option, as well as some having specialist workers within their intensive teams e.g. Adult drug and alcohol worker
- Many authorities had a time limit to the amount of support offered and a case would be reviewed if extending the work for longer than a year.

5.30. Conclusions

5.31. There was much agreement amongst the staff and families as to the outcomes which many families need support with. This was also true of the risks, which if present, can reduce the likelihood of the outcomes being achieved. In this way the focus and offer which a Family Support service should contribute to is clear.

- 5.32. It is also evident whilst there are a myriad of voluntary and faith organisations offering some form of Family Support; this is mainly in the form of mother and toddler type groups or for those families with children who have SEND. It would appear there are very few organisations which offer 1-1 support within the family home around multiple issues. Again this would suggest a model of Family Support which is required if families are to achieve the above outcomes.
- 5.33. The research into our statistical neighbors did not highlight any radical differences in either the structure or model of delivery of Family Support as that offered in Reading.
- 5.34. Next Steps will therefore be:
- Complete the work with IMPOWER that will be reporting back to the Director of Children's, Education and Early Help by end of August 2016.
  - Using the review and IMPOWERs findings build a proposal that has a revised Family Support and Children's Centre offer to local children and young people and their families by end of September 2016.
  - Report to ACE in October 2016 that outlines this proposal and seek public consultation on the proposal.
  - Complete the public consultation by January 2016.

## 6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1. Our Family Support offer, including the work in Children's Centres supports these two 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;

## 7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1. 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".
- 7.2. The review process included two ways to listen to the views of families. A short survey was used with families that we are currently working with, where workers visited or sat with families and completed the survey using tablets. In addition to this the same survey was made available online via the Council's website mainly for our wider Children's Centre users to complete.
- 7.3. Secondly two target groups of families, currently supported by Family Workers were invited to participate in a focus group discussion, and ten families participated in these discussions.
- 7.4. A full consultation process will be planned if the proposal that will be outlined in the Autumn of 2016 requires a significant change in offer to local families and children.

## 8. EQUALITY IMPACT ASSESSMENT

- 8.1. At this moment an equalities impact assessment is not required, but when the Family Support and Children's Centre consultation proposal is developed further this will need to be undertaken.

## 9. LEGAL IMPLICATIONS

9.1. None for this report.

**10. FINANCIAL IMPLICATIONS**

10.1. None for this report at this stage. However full financial information will be included in the proposal report back to ACE in the Autumn of 2016.

**11. BACKGROUND PAPERS**

11.1. None used for this report.

READING BOROUGH COUNCIL

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

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	15
TITLE:	THIRD QUARTER REPORT CHILDREN'S SERVICES IMPROVEMENT BOARD		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGH WIDE
LEAD OFFICER:	IAN WARDLE	TEL:	0118 937 2067
JOB TITLE:	MANAGING DIRECTOR	E-MAIL:	ian.wardle@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 At the meeting of the ACE Committee on 29 June 2015, the Committee agreed to establish a Children's Services Improvement Board (CSIB) to oversee the implementation of the Improvement Plan and service improvements in Children's Social Care. The Committee also agreed to the appointment of an Independent Chair.
- 1.2 The CSIB meets monthly and this report is the third in a series of quarterly reports to ACE Committee. This report covers the meetings held in February, March and April 2016.
- 1.3 The CSIB has continued to provide support, challenge and oversight of the comprehensive Improvement Plan including the associated performance framework. Many of the tasks and activities in the Improvement Plan have been completed and some are now considered to be 'business as usual' for the service. As a consequence, it has been necessary for CSIB to become increasingly focussed on impact particularly in relation to performance, the quality of evidence in quality assurance findings, staff recruitment and retention and the consistency of practice.
- 1.4 The CSIB was originally established for a period of twelve months and it is proposed that its role and remit is reviewed over the next quarter with the intention of bringing proposals on the future governance arrangements for Children's Services to the ACE Committee. The role of CSIB will be reviewed



in relation to other governance arrangements within the Council, the roles of both the LSCB and the Children's Trust and in light of the findings and recommendations of the recent Ofsted inspection once the report is published. In developing the proposals it will be essential to ensure robust governance arrangements providing the appropriate levels of challenge and scrutiny to secure further sustained improvement in Children's Social Care whilst ensuring there is no unnecessary duplication of reporting arrangements.

## 2. RECOMMENDED ACTION

- 2.1 That the report be noted;
- 2.2 That Members identify any issues that they would like to see as a focus for the next quarter; and
- 2.3 That Members support the review of the role of the CSIB and agree to receive a report outlining proposed governance arrangements.

## 3. POLICY CONTEXT

- 3.1 At the ACE Committee on 29th June 2015 it was agreed that a Children's Services Improvement Board be set up to oversee the implementation of the Children's Services Improvement Plan. The remit of the Board is to provide impactful support and challenge through leadership and partnership working, ensure that the 'voice of the child' informs practice and actions of staff and to enable improvements to be made possible by doing the right things at the right time.
- 3.2 The Terms of Reference and objectives are attached at Appendix 1.
- 3.3 The priorities agreed at ACE were based upon 6 key themes:
  - Leadership and Governance
  - Partnership working
  - Quality and Consistency of practice
  - Workforce development
  - Performance management and quality
  - Improving services for Children Looked After and Achieving Permanence
- 3.4 The Board has now met nine times, has been well attended by partners and well served by officers and has received a wide range of reports, including the new LAC data matrix and the Quality Assurance Framework.

## 4. CONTRIBUTION TO STRATEGIC AIMS

- 4.1 The work of the CSIB is aligned with the Strategic Priorities of Reading Borough Council as set out in the Corporate Plan and in particular ‘safeguarding and protecting those that are most vulnerable’.

## 5. PROGRESS ON PRIORITIES

- 5.1 Leadership and Governance - following a three month period, where the Director of Adult Care and Health Services covered both the Adults and Children’s Directorates; an appointment was made in February 2016 to secure continuity of leadership for the position of Director of Children, Education and Early Help Services. Since the Director of Children, Education and Early Help came into post in February 2016, a number of significant senior roles have been filled on a permanent basis, including the Head of Safeguarding, the Head of Transformation and Governance, the Head of Education and the Head of Early Help. The CSIB has recognised that the establishment of a permanent senior leadership team within Children’s Services is key to ensuring the capacity to secure and embed further improvement. The implementation of the proposed arrangements for service remodelling in Children’s Social Care is underway with arrangements in place to minimise disruption to children and families. The CSIB has received regular updates on the implementation of the new service model and will continue to focus on the arrangements to manage risk during the period of transition. The updated Corporate Parenting Strategy is on track for delivery.
- 5.2 Partnership Working - partners continue to be well represented and engaged in the work of CSIB and it is positive to note that one partner provided interim cover for the chairing arrangements prior to the new Independent Chair taking up the role in April. The RSCB provides regular reports including progress on the development of multi agency strategies on Neglect and Female Genital Mutilation (FGM) and information on audit activity undertaken across the partnership.
- 5.3 Quality and Consistency of Practice - establishing a culture that drives improvement in the quality and consistency of practice is central to the success of the Improvement Plan. The Board has acknowledged that embedding quality and consistency has been difficult during a period of significant churn in terms of staff turnover. It is anticipated that recent improvements in the stability of the workforce, successful recruitment of permanent social workers and the establishment of a permanent leadership team will create a better climate for embedding quality and consistency of practice. The Quality Assurance Framework is now in place but it is too early to identify sustained impact as audit work is at an early stage of becoming regular systematic activity within the service. The recent appointment of a permanent Principal Social Worker will be central to supporting and enabling staff and managers to deliver quality and consistency of practice supported by effective management oversight. The Board has expressed concern about the frequency and quality of supervision and will maintain a focus on this important area over the next quarter.
- 5.4 Workforce Development - the two substantial actions concerning the

development and implementation of the Social Worker recruitment programme and the review of models of sector-led improvement and the rollout of the management/leadership development programme are all on track. The recruitment activity is well resourced and focused but although it is having some success this is against a backdrop of high attrition rates between November and February which has left the authority with a large number of agency social workers and a high number of vacancies to fill. The bulk recruitment activity, together with the Reading Offer, has attracted an encouraging number of permanent social workers and since this work is so essential to securing improvements in service quality the CSIB has asked for monthly updates.

- 5.5 Performance management - the report received by the CSIB in April 2016 provided an update on five actions and included the completed actions regarding the review and development of the Purple book indicators. The new series of dashboards are now nearly all in place and provide the framework for the monthly management of performance within the service. It is evident to the CSIB that there has been a clear focus on the work to secure a robust structure for the performance management framework and its associated infrastructure. A programme for gathering the views on the quality of the service from children, young people and families has been established and this has been included in the work programme for the Corporate Parenting Strategy. Similar progress has been made with the Participation Strategy and is outlined in the annual report 'You said, we did'.
- 5.6 Services for Looked After Children and Permanency - there are processes in place to monitor the NYAS contract, the use of independent visiting and the planning for children through the Solutions Panel. The CSIB has welcomed improvement in the completion of PEPs and the increased focus, supported by audit activity, on the quality of these plans. The CSIB has expressed concern about the high number of looked after children placed outside the borough and the impact this may have on the quality of support they receive. There have been some improvements in permanency planning and this will remain a focus with the aim of improving the speed of early matching to a long term family, the quality of care and the provision of adoption and special guardianship support services and the achievement of delivery targets. The development of the fostering and adoption dashboard is still under development but it has been reported that this will 'go live' during the summer.
- 5.7 In summary, the CSIB continues to recognise the enormous amount of work that has been undertaken to deliver the Improvement Plan over the last nine months. Officers have provided clear and timely reports to the Board and these have identified areas of progress together with those requiring further improvement. As many of the tasks and activities in the Improvement Plan have been completed the CSIB is becoming more focussed on evaluating impact particularly in relation to performance, the quality of evidence in quality assurance findings, staff recruitment and retention and consistency of practice.

## 6. EQUALITY IMPACT ASSESSMENT

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

## 7. LEGAL IMPLICATIONS

7.1 There are no known legal implications.

## 8. FINANCIAL IMPLICATIONS

8.1 The CSIB has no budgetary responsibility.

## 9. BACKGROUND PAPERS

- Minutes of CSIB meetings
- Children's Services Improvement Plan highlight reports and reports by other officers to the CSIB have been used to complete this report

## Appendix 1

### Reading Borough Council Children's Services Improvement Board

#### Objectives for the CSIB

The main objectives for the Board are to ensure that:

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

## READING BOROUGH COUNCIL

### REPORT OF DIRECTOR OF CHILDREN EDUCATION AND EARLY HELP SERVICES

TO:	ADULT CHILDREN AND EDUCATION COMMITTEE		
DATE:	4 July 2016	AGENDA ITEM:	16
TITLE:	ADOPTION ANNUAL REPORT 2015-16		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN, EDUCATION AND EARLY HELP	WARDS:	BOROUGHWIDE
LEAD OFFICER:	Satinder Gautam / Jean Ash	TEL:	0118 9373770 (ext 73770)
JOB TITLE:	HEAD OF SAFEGUARDING	E-MAIL:	Satinder.gautam@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 the Adoption Service in the last year in the form of the attached Adoption Service Annual Report 2015-16.
- 1.2 Members will note the adoption performance through 2015-16 and the positive family-finding efforts of the team to ensure that children have a permanent family. The benchmarked performance sets Reading Borough Council's Adoption Service in the top quartile in relation to the percentage of children who were adopted in the last year.
- 1.3 To demonstrate progress this year, we have used the benchmarking data for the children we have placed for adoption in 2015-16.
- 1.4 Whilst children whose Adoption Orders were granted in in 2015-16 waited longer than the timescales required by the Department for Education (696 days for those who were adopted in the year), we have improved the timescales for children currently in the system so that the majority of children were placed for adoption well under the 420 days requirement (343 days on average - see appendix 2).
- 1.5 In relation to indicator A2 (the average days between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family), the average number of days reported in the Adoption Scorecard was 398 against a target of 121 (on the 3 year rolling average).

- 1.6 Using the benchmarking standard, this shows that those children who were placed in the last 12 months waited on average 117 days which included a particularly complex case. If this case were not included, the average number of days would have been 79.25 which is well below the 121 day target (see Appendix 3).
- 1.7 As the Adoption Scorecard is based on a 3 year rolling average, we know that performance will improve given our current statistics which is encouraging both for children who are waiting for permanent homes and for their prospective adopters.
- 1.8 In 2015-16 we also placed 13 children in sibling groups. There were 5 sets of 2 siblings and 1 set of 3 siblings. This demonstrates our commitment to ensuring that children are placed together wherever possible.
- 1.9 At the stage of Placement Orders being made by the courts, 10 of the 25 children were already 3 or more years of age. Of these 10, 6 were 5-8 years of age. Adoption for children aged over 3 is usually considered to be more difficult to achieve. All 10 children who were 3 or more years of age at the time of the Placement Order were also part of a sibling group to be placed together, making it more difficult to find placements for them and their 3 younger siblings.
- 1.10 Health uncertainties regarding health and development capacity of individual children, known behavioural issues / trauma and attachment needs for some of them, the impact of parental health issues and unique placement circumstances have all contributed to the timescales taken to achieve adoption.
- 1.11 14 sets of adopters have been approved in the last year. This is a slight decrease since last year. The service received an average of 7 new enquiries per month and has increased recruitment activity, including local advertising and the “Home for Good” project.
- 1.12 Reading recognises the complexities in placing our children and has joined a second adoption consortium in order to maximise access to a larger group of adopters and is proactive in achieving permanence for children.
- 1.13 This is a positive improvement in the last year, particularly for children and their ‘forever families’.

<b>2. RECOMMENDED ACTION</b>
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2.1 It is recommended that the Committee notes the progress made within the Adoption Service in the last year.

### 3. CONTRIBUTION TO STRATEGIC AIMS

3.1 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.

3.2 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 including in relation to adoption performance.

3.3 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. EQUALITY IMPACT ASSESSMENT

4.1 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.

4.2 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.

### 5. LEGAL IMPLICATIONS

5.1 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.



**6. FINANCIAL IMPLICATIONS**

6.1 There are no financial implications arising from this report.



**Reading**  
Borough Council

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**READING BOROUGH COUNCIL  
ADOPTION AGENCY**

**ANNUAL REPORT 2015 - 2016**

## 1. PURPOSE AND SUMMARY OF REPORT

1.1 This report outlines the work undertaken by the Adoption Service from 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016. The main objective of the service was to ensure that all children in Reading who require permanent placements through adoption are provided with an adoptive family who can meet their identified needs. The key priority is to ensure that children are placed in a timely fashion with families who will offer security and stability; families who are able to provide therapeutic re-parenting, enabling children to recover from early trauma and loss. The team also seeks to ensure that there are sufficient adopters available to meet the diverse needs of these children. This involves assessing potential adopters for both the children looked after by Reading Borough Council and other Local Authorities. In addition the team aims to offer a high standard of post - placement and post adoption support to ensure the ongoing stability and duration of the placement. This includes ensuring post adoption support plans are robust.

1.2 The report updates the actions in relation to the National Minimum Standards for Adoption (Performance Indicators: *CF/C23 percentage of looked after children placed for adoption or with Special Guardianship Orders* and the key timescale that a proposed placement with a suitable prospective adopter should be identified and approved by the adoption panel *within 6 months of the decision that the 'child should be placed for adoption'*

1.3 The report also addresses two national targets established within Adoption Scorecards (namely:

- *A1: The average time between a child entering care and moving in with its adoptive family (for children who have been adopted). The performance threshold has been set at 426 days for 2013-2016.*
- *A2: The average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family. The performance threshold has been set at 121 days for 2013-2016.*
- *A3: The percentage of children waiting less than 16 months between entering care and moving in with their adoptive family*

## 2. POLICY CONTEXT

- Adoption Service Regulations 2005
- Statutory guidance on Adoption 2013
- The Adoption Agencies (Miscellaneous Amendments) Regulations 2013
- Adoption National Minimum Standards 2011 and 2013

- The Children and Families Act 2014
- Adoption and Children Act 2002
- Care Standards Act 2000
- Action Plan for Adoption 2012
- Family Justice Review 2011
- Education and Adoption Act March 2016

### 3. CHANGES WITHIN THE SERVICE

3.1 There have been a number of significant management changes to the service during the period of this report. The following is an outline of the staffing changes in the Adoption team:

Team Manager	<p>Full time Team Manager left on 30.11.2015. The Assistant Team Manager acted up into the Team Manager post from 01.12.2015. This arrangement continued until March 2016 when the Acting Team Manager commenced a period of sick leave.</p> <p>Current full time interim Team Manager (agency) started 18.4.16</p>
Assistant Team Manager	<p>Full time interim Assistant Team Manager (agency) was appointed 21.12.15. They remained in post until 4.3.16</p> <p>From 01.04.16 to date an experienced Higher Specialist has been appointed to act up as Assistant Team Manager (28 hours). This arrangement will continue until the substantive Assistant Team Manager returns to Assistant Team Manager post full time.</p>
Higher Specialist SW	<p>Currently acting up as Assistant Team Manager (28 hours per week) will continue until 1<sup>st</sup> July 2016 at the latest. From 1<sup>st</sup> July 2016 the post holder will commence a term time working arrangement.</p>
Family Finding (FF) Indep SW	<p>Recruited in March 2016 to cover Higher Specialist whilst the latter is acting as Assistant Team Manager</p>
Higher Specialist SW	<p>Full time - in post since August 2014</p>

Assessment and FF SW	Full time - worker who had been in post since May 2013, left in April 2016
Assessment and FF SW	Full Time - No change - in post since November 2014
Assessment and FF SW	Full time - No change-in post since May 2014
Post Adoption SW	Full time - No change-in post since October 2011
Post Adoption SW	Full time - No change- in post since 2003

The staff changes in the adoption service since November 2015; particularly within the management structure has had some short term impact on the quality assurance in the team. However, the team have developed further knowledge and skills in relation to adoption assessments and family finding and this has led to robust plans being made for children and matches being made which best meet the needs of children.

It is testament to the high level of commitment, resilience and skill base in the team that robust family finding, assessment and adoption support services continued to be delivered .

#### 4. LEGISLATION

- 4.1 The Adoption Agencies (miscellaneous Amendments) Regulations 2013 came into effect on the 1<sup>st</sup> July 2013. The 2 stage adopter assessment process has been established within the service as a result. All adopter assessments now need to be completed within six months.

#### 5. OFSTED INSPECTION

- 5.1 Ofsted carried out their last adoption inspection of Reading's adoption service in 2010. This was graded as 'good' in all outcomes with an overall rating of 'good'. All actions as recommended were undertaken and work continues to address these issues including;
- The adoption panel continues to offer advice in relation to contact for all children presented for matches with prospective adopters and with plans of adoption. This advice is clearly recorded in the panel minute extract and recorded on the child's file;
  - All recruitment documentation (including that for agency or independent workers) includes details of references and DBS checks having been taken up. Business Support for Family Placements now coordinate this aspect of recruitment activity relating to agency and independent workers to ensure consistency across the service.

5.2 The inspection of local authority adoption services is now integrated into a new Single Inspection Framework and covers all aspects of local authority Safeguarding and Looked After Children's services following the journey of the child. These inspections are unannounced.

## 6. ADOPTION PANEL

6.1 A separate report on the Adoption Panel is compiled by the Adoption Panel Adviser as part of her role within the Berkshire Adoption Advisory Service and Consortium. The Panel report provides an overview of adoption activity across the whole of Berkshire, recording the number of Panel Adviser/Panel presentations between 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016. The numbers reported there can be slightly different to those given for ADM decisions within the same timeframe e.g. some April 2015 agency decisions would have been dealt with by Panel in March and counted in the latter's previous year statistics.

6.2 Panel Adviser/Panel activity for Reading this year included the following:

Children: 21 individual children had a decision of 'adoption as the plan' processed. This is greater than in 2014-15 when the figure was 6 children.




Adopters: 13 sets of adopters had approvals recommended by Panel during the year. This is greater than the 11 sets of adopters recommended during 2014-15

Matches: There were 10 children who had matches recommended with adoptive families during the year. This is less than in 2014-15 when matches for 23 children were recommended.

## 7. STATISTICS - CHILDREN

### 7.1 Adoption Activity

The Percentage of looked after children placed for adoption or with a Special Guardianship Order - This is a cumulative figure, and the year-end figure stood at:

- 22/125 (17.6%) of children who ceased to be looked after by RBC in the last financial year became the subjects of Special Guardianship Orders. This exceeded performance in benchmarked Local Authorities. Using December 2015 data:
  -  South East Region averages were 9%
  -  Statistical Neighbour averages were 10.5%
  -  England averages were 11.00%
- 25/125 (20%) of the children who ceased to be looked after by RBC in the last financial year were adopted. 24 Adoption Orders were made as a result of agency adoptions and 1 via a private application by the foster

carers. This is an increase in the total number of adoptions from 19 in the previous year. Figures below will refer to the 25 adopted children, but where the Placement Order is used as a milestone the cohort is reduced to 24 as a result of 1 child being a “relinquished baby” accommodated under section 20 of the Children Act rather than as a result of care proceedings in court.

Appendix 1 evidences Reading Borough Council’s (RBC) strong record in adopting a comparatively high percentage of its looked after children population. It has been long standing practice in the authority to pursue adoption plans for a high proportion of its looked after children, including those who are harder to place due to being older, part of a sibling group, their own health issues, parental health issues, cultural background or a combination of the above. This does impact negatively on RBC timescales. Using December 2015:

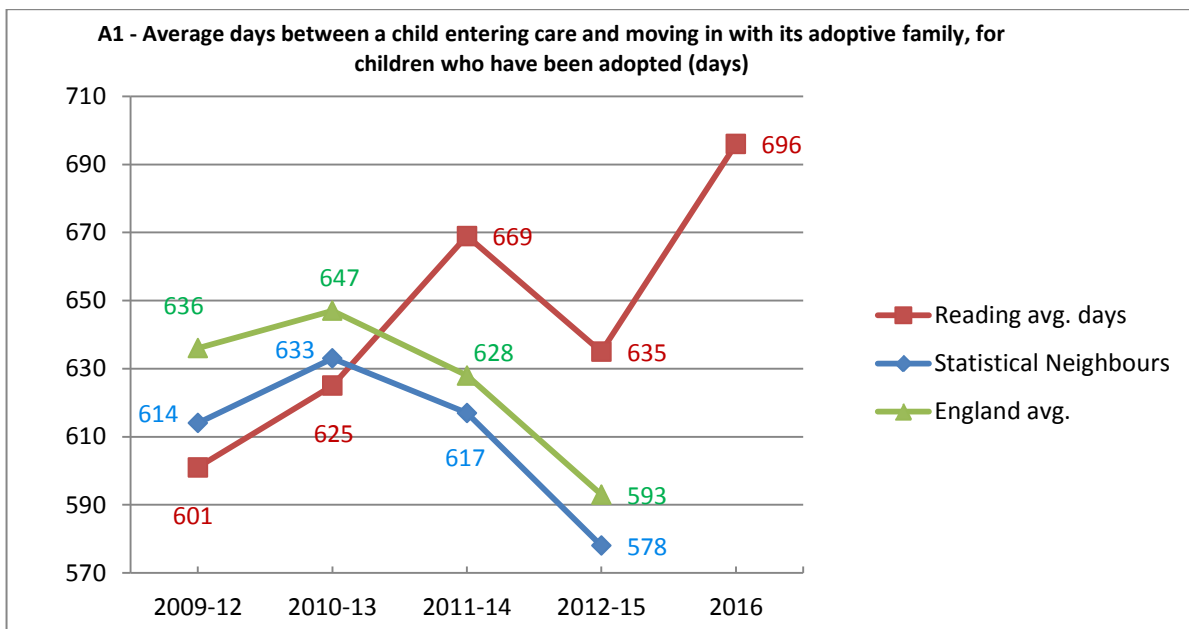
- ✚ the Reading Borough Council adoption agency had adopted 22% of its looked after population
- ✚ South East Region adopted 18%
- ✚ Statistical Neighbour averages were 16.8%
- ✚ England average was 17%

Year	No’s of Children Adopted in Reading
2012-13	18
2013-14	26
2014-15	19
2015-16	25

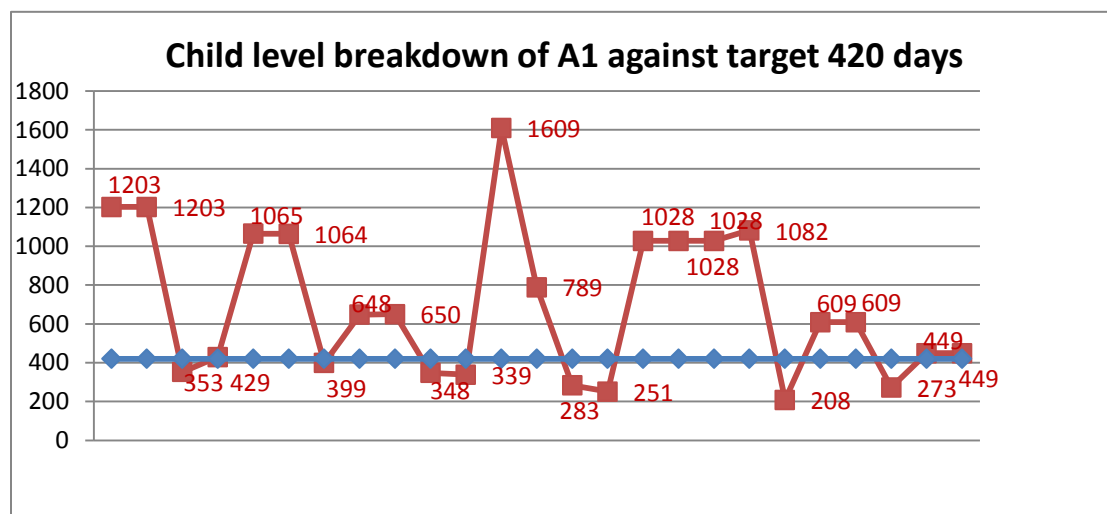
## 7.2 National Key Performance Indicators (the Adoption Scorecard)

The Government has set three increasingly challenging year on year targets (A1, A2 and A3).

A1: the national target of 420 days.

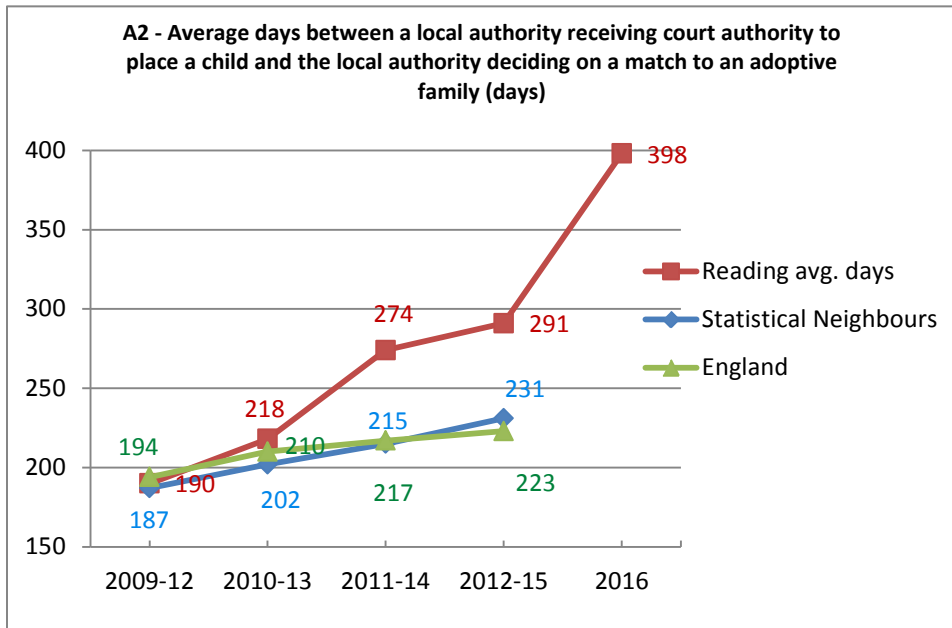


The analysis of performance for each of the 25 adopted Reading children against this target is shown in the graph below

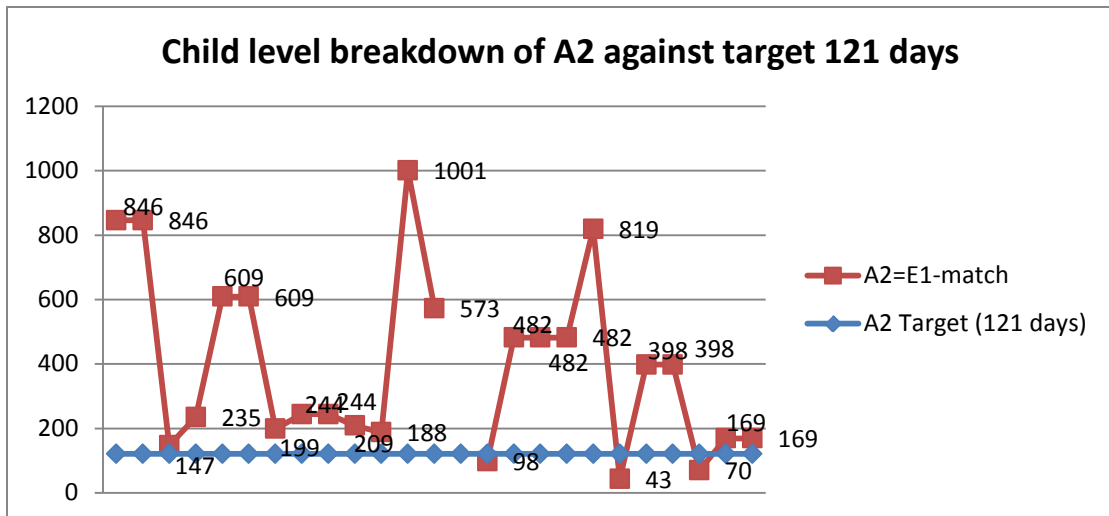




**A2: the national target of 121 days**



The analysis of performance for each of the 25 adopted Reading children against this target is shown in the graph below



A3 The percentage of children who wait less than 16 months between entering care and moving in with their adoptive family.

A3 - The percentage of children who wait less than 16 months between entering care and moving in with their adoptive family					
Year	Wait duration	RBC % of children	Statistical Neighbours	England	South East
2009-12	21 months(639 days)	68%	58%	56%	
2010-13	20 months(608 days)	46%	54%	55%	
2011-14	20 months (608 days) until 2011-13, 18 months(547 days) for 2014	41%	47%	51%	
2012-15	16 months	30%	45%	47%	46%
2016	16 months	44%			

These tables show that at 31.3.16 Reading's performance for:

A1 was an average of 696 days against a target of 420

A2 was an average of 398 days against a target of 121

A3 was 44% compared to 45% as last year's average for statistical neighbours.

For all three indicators therefore average timescales achieved for adopted children in Reading fell short of targets.

Factors Which Negatively Impacted On Timescales for Adoption:

There are a number of factors which have a significant effect on timescales for adoption and usually more than one of these factors would impact on outcomes for individual children in this cohort of 25.

- Delay at an early stage of the children's looked after journey For 8/24 adopted children it took 12 months or more from the point of entering care to a Placement Order being made. 7 of these were adopted as sibling groups and the 8<sup>th</sup> had a sibling placed with them subsequently. These were all

“historic” cases where children entered care and had Placement Orders made between 2010-2013.

In order to improve early planning, a new tracking tool was implemented in May 2015 and in addition to attending the Permanency Tracking Meetings, the Adoption Team Manager also started to attend the Legal Tracking Meetings in order to promote early parallel planning activity including Foster To Adopt placements.

- Sibling Groups

In total during the period 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016 RBC adopted 13 children in sibling groups

These are positive outcomes for the children, but sibling placements have taken longer to find.

- Age:

At the stage of Placement Orders being made by the courts (giving permission to place for adoption), 10 of the 25 adopted children were already 3 or more years of age. This is the age in reality when it starts becoming more difficult to find adoptive parents. Of these 10, 6 children were between 5-8 years of age.

All 10 children who were 3 or more years of age at the time of the Placement Order were also part of a sibling group to be placed together, making it more difficult to find placements for them and their 3 younger siblings.

In addition to the above issues, other factors such as uncertainties regarding the health and development capacity of individual children, known behavioural issues/trauma and attachment needs for some of them, the impact of parental health issues and unique placement circumstances have all contributed to the timescales taken to achieve adoption. These factors for example can be seen for 11 of the 13 children placed as siblings groups. Strategies to try to address such issues are discussed in meetings such as the Permanency Tracking Meetings.

In order to address these challenges Reading joined a second adoption consortium in order to maximise access to the largest group of prospective adopters at as early a stage as possible (described below). Practice also changed from advertising in adoption periodicals (with long advertising and response delays) and reliance on the national Adoption Register to standardising the use of Link Maker (formerly Adoption Link) as a way of reaching more adopters quickly. The latter also facilitates adopter-led matches.

### 7.3 More Recent Placement Performance

The national Performance Indicators reported above using the prescribed formula do not capture sustained improvement in performance made during the last year in for Reading children as they record timescales for those who were adopted in the year. If we look at the 2015-16 performance for children earlier in their adoptive journey i.e. children placed during the year, the performance against these same indicators was significantly better:

- ✚ For A1 an average of 350.8 days against the 420 day target was achieved. This average would have been even better but it was significantly increased by the circumstances of one child for whom the timescale was 789 days (the next highest being 497; the lowest for 2 children being 188). This improvement should be represented in next year's PI.
- ✚ For A2 an average of 127 days against the 121 days target was achieved. Again performance would have been even better but this average was significantly increased by the same statistical outlier as in A1 for whom the timescale was 573 (the next highest being 169 days; the lowest for 2 children being 13 days). This improvement should be represented in next year's PI too.

Appendices 2 + 3 show the timescales achieved for each of the 13 children placed in 2015-16. In addition to this improved performance in making timely adoptive placements, 4 Foster To Adopt placements were made in this time period as a result of early joint work between the Children's Social Work Team and the Adoption Team.

## 7.4 Other Areas of Activity Undertaken By The Adoption Team

The Adoption Team was also supporting the placements for 7 children placed with adoptive parents awaiting adoption orders at 31<sup>st</sup> March 2016. Their age range and ethnicity has been broken down for the purpose of performance monitoring but is not reported in a publically available document as the low numbers may make individuals identifiable.

These adoptive placements are subject to monthly monitoring in the Permanency Tracking Meeting which addresses reasons for any delay in applications to adopt.

Of the 21 Agency Decision Maker decisions that adoption should be the plan for a child, by the 31<sup>st</sup> March 2016, 5 children were waiting for their Placement Order. The earliest of these had a decision made on 22.2.16. Progress is monitored by the Adoption Team and preliminary consideration is given to potential links (as far as is possible at this stage)

As of March 2016 the full range of family finding activity was required for 7 children who had Placement Orders but no identified link to prospective adopters. This represents a year on year decrease from:

- 11 in 2014-15
- 30 in 2013-14

An increase in the numbers of children placed with extended family members and connected persons within care proceedings under Residence and Special Guardianship Orders has been indicated as one of the reasons for this. This has been counter-balanced to some degree by the increase in earlier parallel planning activity (pre-Placement Order) and has not to date translated into lower total numbers of adoptions made in the year.

In July 2015 an Adoption Activity Day event was held whereby prospective adopters met children requiring families whilst participating in child friendly activities. From this event four children were linked and have been subsequently placed with their adoptive families.

## 7.5 Monitoring

In addition to the Permanency Tracking and Legal Tracking Meetings which scrutinise progress for individual children, a monthly, service-wide Performance Board monitors holistic performance outcomes.

## 8. STATISTICS - ADOPTERS

### 8.1 Overall Picture

14 sets of adopters have been approved this year. This has been a slight decrease since last year. Two prospective adopters were recommended for approval in March and were ratified in April 2015. One case had been deferred from the adoption panel. Three applications were not suitable to progress to stage 2. The draft sufficiency suggests that 22 adopters should be recruited annually.

5 of the 13 children placed in 2015-16 were placed with adopters assessed by Reading Borough Council (includes Foster To Adopt placements). This is a reduction compared to the percentage placed in 2014/15. As more adopters living in Reading are now being assessed this is creating more of an inter-dependency with other adoption agencies, particularly prospective members of the new Adoption Thames Valley Regional Adoption Agency.

There were 13 children placed with adopters in the last financial year. These sets of prospective adopters were approved by:

- Reading Borough Council (including Fostering to Adopt placements)
- Other non-consortia Local Authorities
- Other Berkshire consortium Local Authorities (including Fostering To Adopt placements)
- Adoption South Central consortium (ASC)
- Voluntary Adoption Agencies

## 8.2 Recruitment

There was consistent effort to ensure that the service continued to directly recruit adopters to meet the needs of the children we are currently family finding for. As Reading is a geographically compact unitary authority, placements will always be required primarily outside of the RBC boundary. The Sufficiency Strategy for 2015-17 therefore proposes continuation of adopter recruitment within the Reading area as well as further development of the arrangements with other local authorities and Voluntary Adoption Agencies.

There were 78 initial enquiries between 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016 from people interested in adopting.

The service received on average 7 new enquiries per month. All of these were invited to attend Information Days and/ or offered initial home visits.

- There was again a recruitment campaign for Black History month in October and Adoption Week in November. The Adoption and Fostering Teams also attended the Royal Berkshire show. In addition there was some advertising in the local papers in other Local Authorities targeted for their ethnically diverse populations. Although there was some initial interest from this initiative, the numbers of responses were small. All

initial enquirers are asked where they heard about adoption in order to obtain feedback regarding the effectiveness of different recruitment strategy. The RBC Recruitment and Assessment workers, who recruit foster carers and adopters began focusing on using targeted social media and developing the RBC website as part of a recruitment project plan.

RBC also launched the “Home For Good” project in partnership with the Reading Church Network in November 2014 in order to improve access to this community of prospective carers. Funding for a part time worker for 2 further years was committed in 2015. In 2015-16 this worker has:

- Facilitated 2 information events, both of which resulted in enquiries being made to Reading Borough Council.
- Regularly attended church meetings and services in more than 25 churches with a specific focus on recruiting adopters and foster carers.
- Supported a local adoptive family running two breakfast play events for adoptive and foster families (informal events for families to meet, offer and receive support and exchange experiences
- Worked with a specific church which is keen to set up a support group for adopters and foster carers in the holidays and would offer child care/ youth work for the children.
- Planned further links with C of E schools and nurseries with the view to increase the pool of enquirers of adopters and foster carers.
- Planned further links with other faith groups and also in connecting with denominations which are not linked in with RCN, such as Catholic churches, and Seventh Day Adventists.

### 8.3 Assessments

The Adoption Service continued to undertake rigorous and thorough assessments of adopters in order to safeguard and promote the welfare of children.

As of 31 March 2016 there were 2 assessments in Stage 1 (adopter led self learning) and 6 were in Stage 2 (Social Worker led adopter assessment). In common with all the other Local Authorities in the South England BAAF regional group, difficulties have been experienced in completing Stage 1 within 2 months as outlined in the 2013 Regulations. Changes have been made in practice to ensure that inter-agency checks and also reference checks are started right at the very beginning of the process (as of the carer’s formal application). An electronic system for obtaining DBS (police checks regarding

any criminal convictions) was commissioned and implemented during this year. As a result these checks are typically returned in 3 months for prospective adopters (compared to 7 months which these could take previously. However this remains a challenging area. Completing the Stage 2 assessments, getting them to Panel and approved by the Agency Decision Maker within the four month specified timescale has also remained a challenge.

In order to make progress with these timescales, the Recruitment and Assessment workers have begun working with RBC colleagues to improve the interactivity of the website and to develop secure sites for individual prospective adopters to store the work they are progressing within the Stage 1 assessments. In this way workers can see who requiring assistance with completing the paperwork is. In September 2015 RBC commissioned Cornerstone (an adopter-led social enterprise which has obtained DfE funding for piloted work in providing adopter-led mentoring and training for adopters) to provide specific training and assistance to adopters.

#### 8.4 Ethnicity of adopters

The ethnicity of approved available RBC adopters on 31 March 2016 included

- White British couples
- Mixed ethnicity relationships
- Several other ethnicities

There is clearly more development required in increasing the number of adopters from different ethnic backgrounds.

#### 8.5 Location

Of the approved, available adopters on 31 March 2016, 3 of the 12 sets of adopters would not use Reading as their nearest town. The majority lived within the RBC boundary.

#### 8.6 Monitoring

The recruitment, assessment and linking of children to approved RBC adopters is monitored monthly in specific adoption performance meetings. This forms part of the information fed into a service-wide Performance Board.

### 9. DISRUPTIONS

There have been no known disruptions of adoption placements for Reading children in 2015-16. Equally there were none in 2014-15.



## 10. POST ADOPTION SUPPORT

A combination of significant managerial changes and absence due to sickness and annual leave presented particular challenges in collating data at the specific time when the Adoption Leadership Board return was required. As a result some of the data in this section of the report is different to the ALB data. A system has therefore been devised to capture this information routinely on an ongoing basis.

The post-adoption work continues to expand with the increased numbers of referrals, particularly in relation to birth relative counselling. The work is covered by 1.5 Post Adoption Workers and its partnership with the Berkshire Adoption Advisory Service.

There are five distinct legislative areas of work to address:

- Contact arrangements
- Counselling of adopted adults
- Work with birth parents
- Post adoption support assessments and provision
- Mediation Service (BRIC)

Reading, along with the other Berkshire Unitary Authorities, continues to work in partnership with the Berkshire Adoption Advisory Service to administer the Adoption Panel and carry out much of the post adoption work such as Letter Box and Direct Contact, and work with birth parents. Other activities and groups are run jointly with the local authorities within the Berkshire Consortium. The Berkshire Adoption Advisory service provides a separate annual report on their activities.

The RBC Adoption team:

- received 27 new referrals for counselling for adopted adults (*Schedule 2 - Adoption and Children Act, 2002*); the Post Adoption Worker has facilitated 3 reunions this year.
- received and processed 8 letterbox/life story queries
- undertook intermediary work between 3 adopted adults and birth families - 1 progressed.
- directly provided post-placement support to 3 children placed out of the area (in line with the placing authority's responsibility for 3 years following the Adoption Order). This was generally fulfilled by commissioning services local to adopters in 2015-16.

- has organised an annual adopter's picnic. This has enabled workers to get feedback from attendees (adults and children) and has provided peer support for adopters.
- facilitated a bi-monthly support group for adopters. Demand for support for people affected by adoption is increasing. Between 2 to 9 adopters attend the support group. The group has provided the opportunity for peer support and also opportunity to focus on topics identified by adopters. These topics have included:
  - ✚ information on the Adoption Support Fund. Feedback: the attendee's found the information and subsequent discussion useful.
  - ✚ early brain development/attachment and school issues. Feedback: appreciation of the opportunity for open discussion
  - ✚ attachment and caring for teenagers. Feedback: positive, good, helpful presentation with good opportunity to ask questions and hear of practical strategies.
  - ✚ trauma/nurture time lines and attachment styles of children.

Overall the feedback from adopters attending the support group was very positive. Informal networks of support were also being developed between adopters.

Generally the Post-Adoption Workers liaise with CAMHS and schools as required, along with an RBC representative from the virtual school for Looked After Children. The Post Adoption Worker's role in relation to schools is to support teachers and staff to appreciate the significance of trauma histories, implications for attachment and the impact for adopted children. The workers supported 6 families with meeting at schools and attended ongoing Team Around The Child meetings in relation to 2 families. They referred 1 family for post-adoption advice and support to the Options therapeutic team which is based in RBC's fostering service. They also supported 1 family in the process of obtaining input from the Child and Adolescent Mental Health Service.

There were 10 requests from adoptive families for formal adoption support assessments. 5 resulted in the provision of continued post adoption support.

From May 2015 the Department for Education introduced the new Adoption Support Fund to provide a wide range of therapeutic support for adopters.

Reading has made 12 referrals for Adoption Support Fund packages (including 2 in progress)

## 11. PARTICIPATION AND INFORMATION

Reading Adoption Agency provides full information for members of the public and users of the service, including leaflets and a Statement of Purpose, all of which can be accessed on Reading Borough Council's website or in hard copy.

The Adoption Service routinely obtains feedback from service users at various stages of the adoption process, and incorporates this within service development. These include:

- feedback after presentations to the Adoption Panel
- post adoption - support group
- the annual adopter's picnic
- information from Independent Reviewing Officers who see children in adoptive placements on their own.

Specifically Cornerstone (as an adopter-led independent organisation) was commissioned at the end of March to undertake an exercise in seeking adopter feedback regarding the services and support offered to them. This was actually undertaken in May and the results are being collated at the time of writing this report. The need to increase stakeholder engagement in participation generally has been recognised as one of the Adoption Team's service development priorities.

#### Working Arrangements With Other Adoption Agencies.

2015-16 saw the progress of the Education and Adoption Bill with it finally becoming an Act in March 2016. This has triggered the move away from consortia working arrangements and the work instead to create new Regional Adoption Agencies. Reading is working with partner organisations to create the Adopt Thames Valley Regional Adoption Agency

#### Consortia Membership

Reading Borough Council's Adoption Service had been an active member of the Adoption South Central Consortium (ASC) since the latter was launched in November 2014. This was comprised of 10 (which subsequently became 11) Local Authorities and 2 Voluntary agencies. The mutual benefits were the increased size of the pool of available adopters for children, reducing the cost of monitoring and supporting very long distance adoptive placements, increased confidence in the quality of locally delivered adoption support services, developing standardised tools service initiatives and finally the ability to joint fund specific initiatives such as adopter conferences. However in line government requirement to create new Regional Adoption Agencies, this consortium has been disbanded.

In addition to membership ASC Reading continued to contribute to the pan-Berkshire Adoption Advisory Service and the associated consortium

arrangements. This included holding joint preparation groups, information sessions and profile sharing events as well as undertaking joint staff training.

### Regionalisation

It is fitting that the report ends with the section relating to the creation of the Adopt Thames Valley Regional Adoption Agency as this is the future for Adoption service. In 2015-16 Reading has been working with the respective partners to create this organisation which is now likely to be comprised of:

- 8 Local Authorities - Reading; West Berkshire; Wokingham; Bracknell; Windsor and Maidenhead; Oxfordshire; Swindon + Milton Keynes.
- 1 Trust - Slough
- 1 (or possibly 2) Voluntary Adoption Agency - PACT (and possibly Barnardos)
- 1 Social Enterprise - Cornerstone

A project plan is being implemented with the assistance of a DfE allocated Coach. A Project Lead and Project Worker have been commissioned to work with the organisations involved in order to progress this work. A Project Team and Project Board have been active and it is hoped that a paper will be taken to council committees in October 2016 to decide on the particular model to be adopted.

Jean Ash

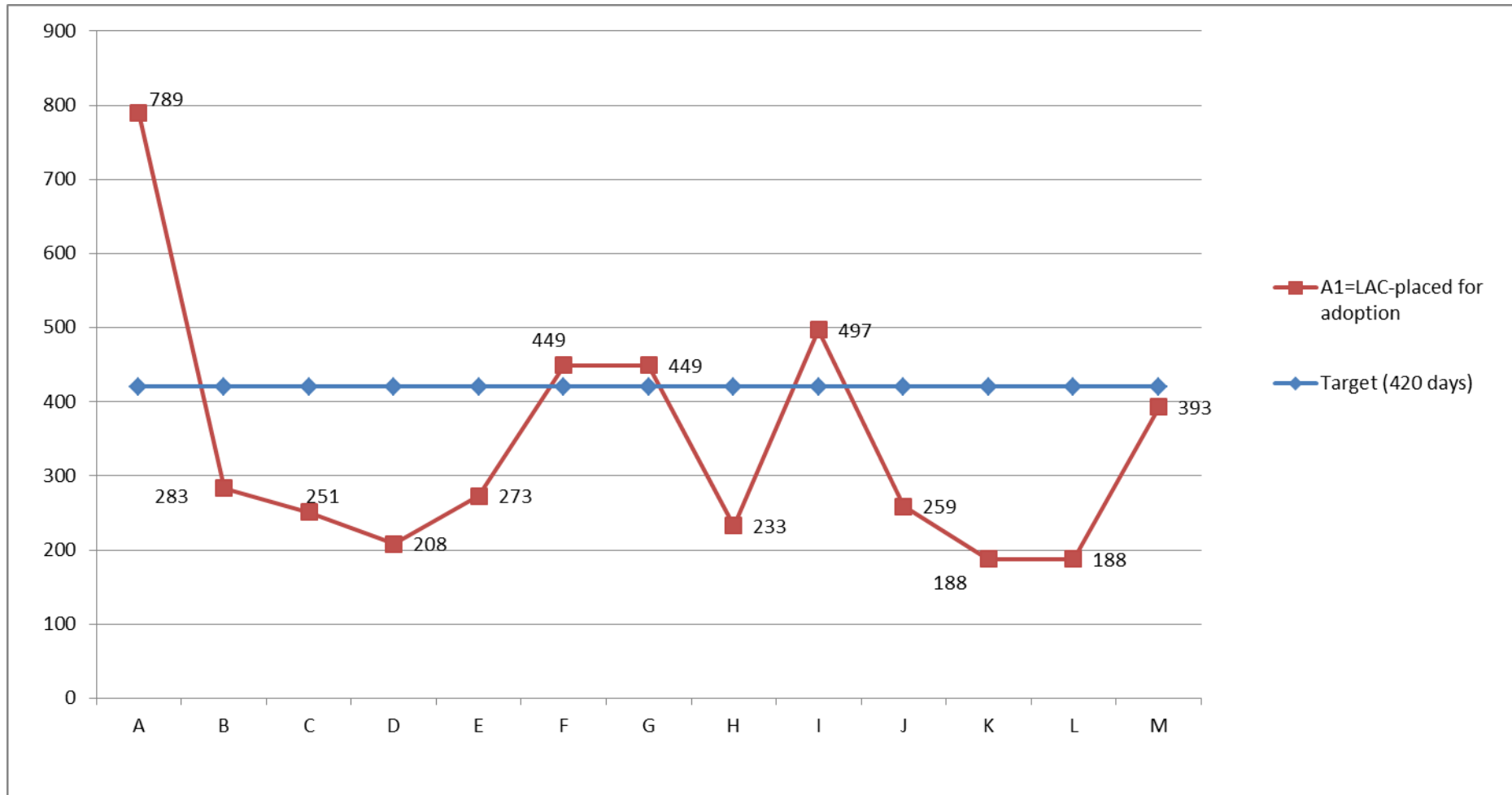
Service Manager

Appendix 1 Benchmarked Performance Re Adoption In The Year As A Percentage Of Children Leaving Care Population

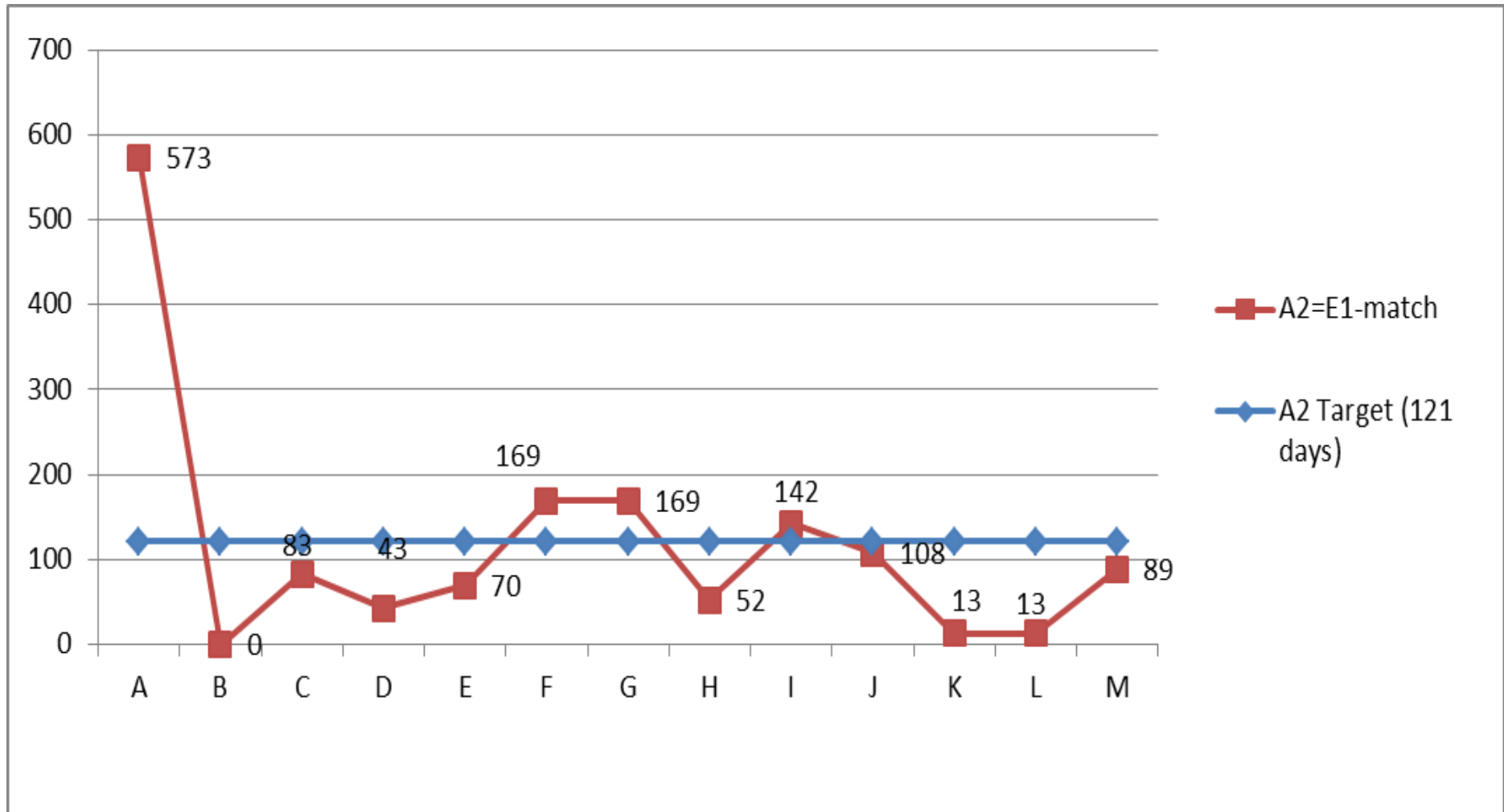
Local Authority, Region and England		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change from previous year
870	Reading	18.00	12.00	18.00	10.00	17.00	12.00	20.00	19.00	27.00	22.00	-5.00
989	South East	13.00	13.00	14.00	11.00	13.00	10.00	11.00	14.00	17.00	18.00	1.00
	Statistical	13.56	12.88	15.11	15.56	14.90	12.10	12.50	13.80	16.30	16.80	0.50
970	England	14.00	13.00	13.00	13.00	13.00	11.00	13.00	14.00	17.00	17.00	0.00

		Quartile bands							
Local Authority, Region and England	Trend	Change from previous year	Latest National Rank	Quartile Banding	Up to and	Up to and	Up to and	Up to and	
					including	including	including	including	
870	Reading	↓	-5.00	28	A	12.75	17.00	21.00	37.00

Appendix 2. RBC Performance For Each Child Placed 1.4.15-31.3.16 Using Performance Indicator A1



Appendix 3 RBC Performance For Each Child Placed 1.4.15-31.3.16 Using Performance Indicator A2



## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	17
TITLE:	BERKSHIRE TRANSFORMING CARE PLAN		
LEAD COUNCILLOR:	RACHEL EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	All
LEAD OFFICER:	GRAHAM WILKIN	TEL:	x73882
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Graham.Wilkin@reading.gov.uk

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1.1 NHS England has set up a set of boards across the country to oversee the reforms required by the Review post-Winterbourne "Transforming Care for People with Learning Disabilities and/or ASD and/or Mental Health problems whose behaviour challenges others and services". The Berkshire Transforming Care Board consists of all the CCGs and Local Authorities in Berkshire. It has drafted The Berkshire Transforming Care Plan which was submitted by the CCGs to NHS England on 16<sup>th</sup> May 2016. The plan outlines the proposal to reduce the number of in-patient Assessment and Treatment Unit beds for this cohort of people and use the resulting resource to provide an intensive intervention service to support this cohort to live safely in the community and reduce admissions to A&T Units.

1.1.2 RBC will need to commission skilled, specialist care provision and find suitable, affordable accommodation for a small increase in numbers of very high needs, high cost individuals.

1.2 Appendix: Berkshire Transforming Care Joint Health and Social Care Plan.

#### 2. RECOMMENDED ACTION

2.1 To note Berkshire's vision to close down 50% of the in-patient service and develop an intensive intervention service in the community thus reducing the reliance on Assessment and Treatment units to support people with a learning disability and/or autism and mental health conditions.

2.2 To work with the West of Berks and Wokingham Health and Well Being Boards to identify resource and budget to ensure the transformation takes place by March 2019. This includes joint working to commission specialist social care and appropriate accommodation within the community.

#### 3. POLICY CONTEXT

- NHS England have a national requirement aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that



challenges, including those with a mental health condition, in line with *Building the Right Support - a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). This plan has arisen from the report of the Winterbourne View

- NHS England has set up a Berkshire Transforming Care Board to lead the governance of this plan. There is a representative on this board for the Directors of Adult Social Care. Two operational groups (one for East and one for West of Berkshire) report into this group. Each Local Authority area has agreed the plan through its Health and Well Being Board.

#### 4. THE PROPOSAL

##### 4.1 Current Position:

A central part of the action plan resulting from the National review post Winterbourne View was “to ensure that people with challenging behaviour only go into hospital if hospital care is genuinely the best option and only remain in hospital for as long as it remains the best option”. By June 2014 it was expected that all individuals should have been receiving personalised support and care in their community and that when hospital based care is necessary the aim should always be that of recovery, improvement and returning to the community as soon as feasible.

More recently CCGs have been urged to avoid reliance on inappropriate or over extended hospital placements and are requested to “work with providers of specialist services to ensure that CTPLD’s have the additional, intensive support they need to keep people out of hospital, including in crisis”.

Reading have approximately 8-10 in-patients in this cohort at anyone time. Over the last 18 months, 10 patients have been discharged from hospital, seven of which have a care package funded by RBC averaging over £1000 per week each.

The care packages for this cohort are funded from Adult Social Care budgets, often shared with CCG “Section 117” money if there are mental health needs and Continuing Health Care money if there are physical health needs. Both CHC and s117 splits are currently being challenged and negotiated with the Health Service.

The Berkshire Transforming Care Plan (TCP) brings together work undertaken by a range of key stakeholders: Local Authority Commissioning Managers and operational leads, Carers, Berkshire Health Care Foundation Trust Clinical teams and Managers, 7 CCGs and NHS England, to articulate a proposed way forward to deliver high quality, needs led intervention to people with Learning Disabilities and/or ASD and/or Mental Health problems whose behaviour challenges others and services.

##### 4.2 Options Proposed

The appended Transforming Care Plan (TCP) has been jointly developed with the 6 local authorities and the seven CCGs and shows how services will be transformed for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

The Berkshire Transforming Care Plan is aligned to the national plan ‘Building the Right Support -to develop community services and close 50% of the inpatient facilities by March 2019. The vision is to improve the pathway for people with learning disabilities and challenging behaviour by reducing reliance on in-patient beds and increasing access to intensive specialist community services.

The Berkshire plan is built on agreed values and principles, and identifies specific actions to ensure that all services are planned through clinical engagement and accountability, commissioned and provided in line with national plan and the regional 'Positive Living Model' for people whose behavior may challenge.

The Positive Living Model will aim to support:-

- 1) Person Lead Planning
- 2) Advocacy
- 3) Carer support & Respite
- 4) Positive Behaviour Support
- 5) Specialist Social Care
- 6) Intensive Intervention Service

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

This cohort of people usually require intensive support in the community and high cost packages of care. There is high risk of breakdown of care package and it is difficult for this cohort to acquire and maintain tenancies.

The Plan aims to close 50% of the inpatient beds by March 2019 and use the same staff resource to provide an intensive support service in the community to prevent further admissions and support on discharge. Therefore, suitable affordable accommodation in the community must be identified and either specialist care providers need to be brought into the area or existing providers need specialist training to be able to meet the needs of these people. The specialist providers could be third sector or commercial. We propose to publish a public request for Expressions of Interest, probably jointly with neighbouring local authorities, which we hope will attract a good range of providers to work with to develop the specification. We will co-produce this specification with people who have lived experience in the cohort. We need to negotiate reasonable funding splits with the CCGs and build in budget resource for Adult Social Care.

## 5. CONTRIBUTION TO STRATEGIC AIMS

- RBC Corporate Plan 2016-19.  
Safeguarding and protecting those that are most vulnerable:
  - Our commissioning of care services needs to be better aligned to the future needs of people and the Care Act.
- RBC Learning Disability Strategy published March 2016.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The Berkshire Transforming Care delivery plan will be co-produced with people with lived experience and support from the 6 Berkshire Learning Disability Partnership Boards.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 Once the plans for the proposed new services are developed in more detail it will be necessary to carry out an Equalities Impact Assessment on the possible impact on people with disabilities.

## 8. LEGAL IMPLICATIONS

- The services will be compliant with The Care Act 2014
- The procurement of new community provision will be subject to the Contract Procedure Rules of the participating partner local authorities.

## 9. FINANCIAL IMPLICATIONS

This plan covers a very small cohort of people. Over the last 18 months there have been 10 Reading patients discharged: seven of these have current social care packages with a total annual cost of £397k. At the end of March 2016 there were eight Reading in-patients, two have existing packages with RBC of £107,000 and £125,000. If beds are reduced by 50%, at any one time, there will be about 4 people living in the Reading community who would previously have been in hospital. These people average over £1000 per week so the potential pressure on the RBC revenue budget is over £200k per year.

NHS England has recently agreed with the LGA and ADASS that there will be a dowry payment for all people discharged after 5 years as a hospital in-patient however there is no detail on how many patients this would cover and how much the dowry payment will be.

Some patients will be eligible for s117 funding (split with the CCGs) and some to Continuing Health Care funding. NHS England has recently announced it will provide a dowry for people who leave hospital after a stay of 5 years or more. However the details of how many Reading people that would cover and how much the dowry would be have yet to be confirmed.

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

### 1. Revenue Implications

	2016/17 £000	2017/18 £000	2018/19 £000
Other running costs - Adult Social Care external supported living Joint cost across 3 West of Berks Local authorities to procure and/or train specialist external provision	£10	Up to £100 £20	£200
<b>Expenditure</b>			
<b>Income from:</b> Continuing Health Care and Section 117 Mental Health		Potential sharing of placement costs	Potential sharing of placement costs
<b>Total Income</b>			
<b>Net Cost(+)/saving (-)</b>			


## 2. Risk Assessment.

The West of Berkshire Project Group that has met regularly for two years and this group has an aspiration that there will be joint commissioning across the 3 authorities and the CCGs for these community services for this high needs cohort. Each authority on its own has too few people in this cohort to be able to attract cost effective specialist provision or training. This joint commissioning has failed to get started due the lack of capacity of the three local authority commissioning teams to meet and develop the new services.

There needs to be a budget to ensure the new community provision is in place prior to the closure of the beds. No money has been identified for this step-change.

## 10. BACKGROUND PAPERS

### 10.1 Berkshire Transforming Care Joint Health and Social Care Plan


  
*Newbury and District  
Clinical Commissioning Group*

  
*North and West Reading  
Clinical Commissioning Group*

  
*South Reading  
Clinical Commissioning Group*

  
*Wokingham  
Clinical Commissioning Group*

  
*Bracknell and Ascot  
Clinical Commissioning Group*

  
*Windsor, Ascot and Maidenhead  
Clinical Commissioning Group*

  
*Slough  
Clinical Commissioning Group*

## **Berkshire Transforming Care Joint Health and Social Care Plan**



May 2016

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## NHS Berkshire Transforming Care Joint Health and Social Care Plan to transform services for people with Learning Disabilities and/or Autism or with a Mental Health condition who display challenging behaviour.

8. Proposed work streams - What we need to work on	
Work Stream	Description
• Joint commissioning and integration	To align financial processes between health and social care in local authority/CCG areas. To explore joint commissioning across Berkshire for people with exceptionally complex needs. To share best practice and jointly management market across the County where possible
• Communication and Engagement	To design a comprehensive list of stakeholders and how best to engage them To create a Berkshire wide TCP communication plan To consistently and effectively communicate and engage all key stakeholders
• Workforce Development and Culture	To undertake a cultural audit within each local LDPB areas To create and deliver a workforce development programme for staff To grow a cultural change programme with people with lived experience at the centre
• Children and Young People	To engage children and young people services fully To develop new joint ways of working To ensure people using services have person lead plans that sees them through their life course
• Autism	To engage fully with local people with Autism and the services that support them To include people with Autism in all relevant developments To enhance current support for people with Autism
• Service Reconfiguration	To deliver the intensive Intervention Service and redesigned specialist beds To reduce the reliance on bed based services by enhancing local community provision To grow more robust housing and support solutions To further develop meaningful day occupation and employment opportunities To enhance services to effectively meet the needs of children and young people in transition To reconfigure services to further support people with Autism
• Risk Management –	To create a shared Financial, Quality and Relational risk plan with effective mitigation To mitigate risks through a robust Programme Management Approach and a Programme Management Office

A full proposal will be presented to the Transforming Care Partnership Board that will be fully worked up through engaging people with lived experience as a blue print for delivering the Transforming Care Plan locally. The board will engage programme management support to coordinate the delivery of this process with leadership at Director level to head up each work stream. A co-production group will be an integral part of the each of the work streams to plan and support the delivery of the main objectives to deliver the vision for supporting people to lead meaningful lives.

Each of the 6 local authorities will retain local autonomy to deliver the main objectives through developing shared Berkshire wide principles that will be centred on empowering people with a learning disability and/or autism and their families to live the lives they want and choose.

The Programme Management Approach will be across agencies, geographical and organisational boundaries and focus on strengths within the system. People with a learning disability and or autism will be meaningfully represented at every level of the decision making process.

### **The Berkshire Transforming Care Partnership**

The Berkshire Transforming Care Partnership Board and all stakeholders hold a shared vision and commitment to support the implementation of the national service model to ensure that children, young people and adults with learning disabilities, behaviour that challenges and those with Mental health and Autism receive services to lead meaningful lives through tailored care plans and subsequent bespoke services to meet individual needs.

The 6 Local Authorities in Berkshire already have well established Learning Disability Strategies or Plans, this joint Transforming Care Plan will be aligned to services that are already commissioned and the Board will ensure that the implementation plan is co-produced through collaborating with people with lived experience and their Carers.



BFC

joint-autism-commissi LD-strategy-2014-19.p



BFC



Slough's Learning  
Disability Plan FINAL.p

[http://www.reading.gov.uk/media/4847/Support-for-People-with-Learning-Disabilities-Strategy/pdf/LD\\_Strategy\\_\(Part\\_1-3\).pdf](http://www.reading.gov.uk/media/4847/Support-for-People-with-Learning-Disabilities-Strategy/pdf/LD_Strategy_(Part_1-3).pdf)

<http://info.westberks.gov.uk/CHttpHandler.ashx?id=33954&p=0>

The map below shows the areas that form the key partnerships in Berkshire who will jointly implement the “Positive Living Model” and recognise that those with a learning disability and/or autism and challenging behaviours are not best served by long-term hospitalisation.

The Transforming Care Partnership Board and operational groups recognise that there are challenges ahead due to the geographical spread, the mix of some good but inconsistent provision of choice and the complexity of having 7 CCGs and 6 Local Authorities to work together to deliver a shared vision. The CCGs and Local Authorities recognise that significant change is required in the way that services are commissioned and provided across Berkshire.



## Governance and stakeholder arrangements

Berkshire CCGs and Local Authorities were part of the NHS England Thames Valley Network to develop a commissioning framework and model that enables, empowers and supports people with learning disabilities with or without autism whose behaviour may be challenging. This programme of work spanned six months and included meaningful involvement of people with learning disabilities and or autism in every aspect of the work. This also included a significant amount of collaboration with family carers and other support groups in a variety of sectors.

Whilst this programme was underway, Berkshire West system created a strategic plan for the delivery of the Transforming care agenda using a collaborative and systemic approach.

The Berkshire East system worked in a more iterative way across agencies and the system to enhance local provision and enable local people to live ordinary lives.

Both the East and West of Berkshire hold monthly multi-agency meetings, which include Local



Authority, CCG and Provider representatives. These meetings have focussed on Transforming Care and acted as the project delivery groups.

Berkshire CCGs commissioned external project support and subject-matter expertise to facilitate the change process and a formal governance structure was put in place that reported up through all represented organisations at tactical and strategic levels.

Since the most recent changes creating Transforming Care Partnerships has seen the advent of Senior Responsible Officers (SROs), there has been a joining up of resources between the West and the East and there is now a governance structure covering all key stakeholders across the whole of Berkshire.

The specialist service is provided for adults with a learning disability over the age of 18. The nursing staff and members of the MDT work closely with the six locality-based Community Teams for People with Learning Disabilities (CTLDS). Staff liaise with Community Mental Health Teams (CMHT), Out of hour's mental health services and acute mental health in-patient services. Staff work closely with independent sector providers of support to people with learning disabilities to enable safe and supportive transfers of care.

The service model is underpinned by a whole system approach to admission only when necessary, providing proactive community support and returning people to the community in a timely way with ongoing support strategies to maintain health and wellbeing.

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### **Blocks and Barriers**

Berkshire is a complex area with 6 local authorities and 7 CCGs, however, there is a shared vision to commission appropriate community based support to reduce the reliance on in-patient beds. This will be achieved primarily through the Berkshire CCGs de-investing resources from a block contract with the main provider for Mental health and Learning Disability services and re-investing this resource to support the redesign of services; this will be in the form of an 'Intensive Intervention service in the community and enhanced support within the community teams. Ensuring the wider community support across health and social care will also be key to delivering this.

One of the key risks and barriers for commissioning an Intensive Intervention Service through diverting health resources to support people in the community is the increase in financial pressures for the 6 local authorities to house people appropriately with the right supports. Some of these pressures will be met through capital funding from NHS England for adaptations to improve people's living space.

The TCP is cognisant of the risks to social care and the need for these risks to be better understood given the increasing pressures and demand. The move to reducing inpatient provision especially for those people who have been in services for some time will inevitably impact the Local Authorities however to what extent is largely unknown. Work will be undertaken to understand the fuller impact for health and social care.

The Berkshire Transforming Care Partnership Board recognises that the CCGs and the local authorities will need to work together to develop a processes for joint commissioning with a vision to agree pooled budgets to overcome budget pressures and support people out of hospital.

### **Improving Support Planning and Delivering Outcomes**

The Transforming Care Partnership Board will agree systems to ensure that everyone has a person-centred support plan with clear outcomes that can be monitored and are based around the principles set out in the Model of Care below on page 7 which was created by people with lived experience, family carers, providers and commissioners. The Positive Living Model is person-centred; housing and support will focus on achieving the best outcomes for the individual thus

reducing the reliance on in-patient beds to sustain people's lives in the community.

The support planning and outcomes will be linked into ensuring that there are housing options and money available to adapt properties for people to live safely within their own communities.

The CCGs and Local Authorities will develop plans to ensure that there is access to improved use of data and information to inform remodelling and commissioning for people that are currently using in-patient services as well as children transitioning into adult services to plan for the coming years.

### **Positive Behavioural Support Model**

Positive behavioural support is a multi-component framework for;

- (a) Developing an understanding of the challenging behaviour displayed by an individual, based on an assessment of the social and physical environment and broader context within which it occurs;
- (b) with the inclusion of stakeholder perspectives and involvement;
- (c) using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support; and
- (d) that enhances quality of life outcomes for the focal person and other stakeholders.



The Transforming Care plan will link to the 6 Local Authority Learning Disability Strategies/ Plans to ensure a system wide approach is applied through utilising resources that are already available to people delivered through the community teams for people with learning disabilities (CTPLDs).

An Intensive Support Service will be developed and delivered through working with existing learning disability teams of trained staff to provide outreach services to people that are discharged from hospital and to ensure only those that require an admission are admitted. The Care and Treatment Review process led by CCG commissioners will further support this process and ensure that recommendations derived from the CTRs are delivered through robust communication. Good levels of communication will ensure that people can continue to live safely with the right support in their community.

### **Improving Services**

The Transforming Care Partnership Board will aim to ensure that specialist support for people with learning disabilities and behaviour that challenges is improved through seeking opportunities for increasing behavioural specialism. The Transforming Care Programme Board will work towards developing integrated care pathways to ensure people receive the right services at the right time from the right people and this will include agreeing a set of standards and principles for all future commissioning of learning disability services. There will be close working with the CAMHS Transformation Boards – in Berkshire west this is the multiagency Future In Mind group and in the east of Berkshire this is via the East Berkshire Transforming Children's Health Board.

### **Improving Commissioning**

Identifying needs early is an important aspect of commissioning the right services. Commissioning services for younger people transitioning to adult services offers a prime opportunity for this. We will also work to establish joint commissioning pathways to ensure we have the right services in place. Out of area placements will be reviewed to ensure that where appropriate people are supported to move back to the area. We will consider how we can use Section 75 (lead commissioning and pooled budgets) to develop a continuum of care between health and social care.

### **Improving Funding Arrangements and Value for Money**

Social Care and NHS agencies will work together to ensure that we share a common understanding of health and social care funding criteria. We will also look at using pooled budgets to deliver better integrated care. High-cost placements will also be reviewed to ensure they provide value for money by delivering high quality outcomes.

### **Improving Support for Carers and Providers**

People caring for a family member who has challenging behaviour are a vital and valued part of the support available. We will ensure that carers are properly supported. We also explore how better to support providers and customers. In this respect workforce development initiatives through training, advice and peer support networks will be developed.

---

### **Describe the health and care economy covered by the plan**

The Berkshire health and care economy is diverse with 6 Local Authorities and 7 CCGs (outline below). Whilst the CCGs are co-terminus with the Berkshire boundary, not all individual CCGs are co-terminus with the Local Authorities.

Local Authorities	CCGs
Bracknell Forest Council	Bracknell and Ascot CCG
Slough Borough Council	Slough CCG
Royal Borough of Windsor & Maidenhead	Windsor Ascot and Maidenhead CCG
West Berkshire Council	Newbury and District CCG
Reading Borough Council	South Reading CCG
	North West Reading CCG
Wokingham Borough Council	Wokingham CCG

The CCGs commission health care provision on a collaborative basis with a single contract with Berkshire Healthcare Foundation Trust on a block contract (BHFT). The commissioned service consists of:-

1. Assessment and Treatment Units; Little House in Bracknell with 7 beds and the Champion Unit in Reading with 9 beds
2. Health component to community team for people with a learning disability. There are 6 CTPLDs who are all co-located within the Local Authority and therefore work together. The

service leads for the CTPLDs are jointly funded by health and social care, however, are separately supervised by BHFT

A range of advocacy services are also commissioned by the local authorities.

Berkshire West CCGs and the Local Authorities commission voluntary and the independent sector to provide advocacy and support services e.g. Mencap.

Across Berkshire, in and out of area providers are commissioned on a spot-purchase basis to provide support packages or placements for individuals requiring additional support post-discharge.

Currently health and social care commission separately with no collaborative commissioning or pooled budgets.

Provider relationships; CCGs and Providers review and keep up to date on performance through monthly meetings. Additionally service and commissioner meetings take place regularly to keep up to date on performance, in-patient activity, CTRs, discharges plans. BHFT is a key partner in the Transforming Care Partnership both in terms of planning and delivery. Residential care services are commissioned by the local authorities from a wide range of local, regional and national specialist providers. Placements are made out of the area where local provision is not available to support individual needs but our aim is to place locally wherever possible.

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### **Describe governance arrangements for this transformation programme**

Prior to the establishment of the TCPB governance arrangements have been separate for each half of the county and are now unified under the new Senior Responsible Officer (SRO) role. All parties have signed up to the structure and meetings are underway. The Tactical pan Berkshire workshops commenced in April 2016.

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### **Accountability**

The TCPB is accountable to the Chief Accountable Officers in East and West Berkshire and Chief Executives of the 6 Local Authorities and the Health and Well-Being Boards. Progress reports are shared with the Berkshire West Partnership Board that has Director-level representation from Reading, Wokingham and West Berkshire Councils. In the East of the County, meeting minutes and updates are reported in to the Joint Strategy, Planning and Development Committee.



Meeting	Chair	Membership	Frequency
Transforming Care Partnership Project Board	Gabrielle Alford – Director for Joint Commissioning Berkshire West CCG and Senior Responsible Officer for Transforming Care in Berkshire	Lead CCG Commissioning Managers Local Director/s for Adult Social Care Programme Director Berkshire East CCG Head of Learning Disability services – BHFT Director of Finance, Performance & Information BHFT (This board will be extended to include Children’s Commissioning Director)	Monthly/Bi Monthly
Pan Berkshire Tactical workshops	Gabrielle Alford	Members of the Operational groups Direct Health and Social Care Staff and Third Sector People with Lived experience and Carers	Quarterly
East TCP Operational Group	Nadia Barakat	Local Authority representatives CCGs representatives BHFT representatives The Wellbeing Collective	Monthly
West TCP Operational Group	Sarita Rakhra	Local Authority representatives CCGs representatives BHFT representatives The Wellbeing Collective (This operational group will extend membership to include Children’s commissioners, safeguarding leads to support the Transforming Care Plans)	Monthly

### **East TCP Operational Group**

<u>Name</u>	<u>Job Designation</u>
Nadia Barakat	Head of Mental Health and Learning Disabilities Commissioning , CCGs
Hannah Doherty	Head of Service, Bracknell CTPLD
Louise Kerfoot	Head of Service, RBWM CTPLD
Simon Broad	Head of Service, Slough CTPLD
Colin Archer	Head of Learning Disabilities –Berkshire Healthcare Foundation Trust
Alan Sinclair	Interim Director of Adult Social Services, Slough Borough Council
Niki Cartwright	Interim Head of Strategy and Commissioning, CCGs

### **West TCP Operational Group**

<u>Name</u>	<u>Job Designation</u>
Gabrielle Alford	Director for Joint Commissioning, Berkshire West CCGs

Jackeline Weise	Senior Commissioning Manager, RBC, ASC
Jenny Miller	Senior Commissioner, Adults Commissioning Team   Directorate of Adult Care and Health Services
Roz Haines	Business Manager – Adult Social Care West Berkshire Council
Paul Coe	Service Manager West Berkshire Council
Karen Felgate	Service Manager Contracts and Commissioning West Berkshire Council
Colin Archer	Head of Learning Disabilities –Berkshire Healthcare Foundation Trust
Isla Middleton	Consultant Psychiatrist , Learning Disability Specialist Services –BHFT
Mike Stillman	Market Development Manager – Wokingham Borough Council
Julie Stevens	Operational Commissioning Manager – Wokingham Borough Council

### **Autism Services**

The 6 Local Authorities in Berkshire commission autism services and the CCGs commission an Autism Assessment and Diagnosis service for adults.

The diagnosis of autism in children and young people is provided through the CAMHs service with additional support from paediatricians for younger children. Additional support has been commissioned into provide family support pre and post diagnosis through the voluntary sector and children’s integrated therapy service.

### **Programme Interfaces**

This is an area of development and the Transforming Care Partnership board will look to ensure that plans are appropriately embedded into the health and social care system, to include Children’s commissioning, CHC, MH services, Housing and Autism Partnership Boards.

The TCP interfaces with a number of existing programmes and Boards including:

- Learning Disabilities Partnership Boards
- Autism Partnership Boards
- CAMHs Transformation Future in Mind (East & West Berkshire)
- Transition Groups within the LAs

The Programme will link in with housing and children’s services further to ensure that this programme of work is fully embedded.

### **Describe stakeholder engagement arrangements**

The Transforming Care Programme Board specifically commissioned an independent consultant with considerable experience in mental health and learning disability care to lead a customer voice project.

The aim of the customer voice exercise was to identify people's experiences of the care that is provided in Berkshire for those with a learning disability and/or autism that have behaviours that challenge.

This was delivered through reviewing hospital care and for people with lived experience and their carers to identify a range of suitable and different types of services in community settings. It was important to hear that whatever services are provided or will be commissioned in the future are able to meet a broad range of needs particularly in a time of real difficulty or crisis. These engagement events were also to communicate Berkshire's vision of developing a Positive Living Model and Intensive Support Service in the community.

The list below details people's experiences and the implementation plan will address each area in a systematic manner through involving people with lived experience to co-design their vision in areas that they would like to be improved. This will be achieved through improved communication and consistent engagement with the 6 Learning Disability Partnership Boards, development of a co-produced Charter and opening membership to people with lived experience on the Transforming Care Board to shape the care pathway.

### Hospital Care

Generally people felt that hospital care was **too long** and **centred around contracts and not the person** and people are **unsure about how to navigate through a complex system**.

### Positive Behavioural Support (PBS)

PBS approaches need to be **more robust** with a **stronger mandate to train, educate and deliver** across a range of services.

### Intensive Support Service (ISS)

Most carers felt **very positive** about a new ISS and think it will **offer hope** and a **fewer and reduce length of stay** or **avoid hospital admissions** altogether.

The big message is that staff, carers and people with lived experience want to be engaged in the development and testing out of a new service.

### What People with Lived Experience Required

Feeling safe, 'liking the staff', being close to important things like the shops, town and friends, having someone who 'understands people's feelings', 'helping to understand how to react to feelings'

### The CCGs have presented high level Transforming Care plans to the Learning Disability Partnership Boards.

Berkshire East CCGs have commissioned service user/ family feedback to understand the end to end experiences and impact of services. This information will be used to shape the range of services and provide a platform for co-production across Berkshire.

Berkshire West CCG organised a specific event for Carers to provide in-input to develop key elements of the 'Positive Living Model'

- People with lived experience of learning disabilities and or Autism - The main engagement routes for this wider group have been through LD Partnership Boards and LIGs. There has been number of info graphics and presentations delivered as well as an accessible newsletter. People have given their views and ideas through

- the regional work, pan Berkshire and in smaller localities and communities.
- People with learning disabilities and or autism who have used services because of behaviour that challenges - This specific group are currently being supported to share journeys and their views on what has worked well and what could be improved and how. This work is being undertaken by an independent third party organisation all the feedback used to design and test the model.
  - Family Carers – Family carers have been involved in the work from the start with two carer engagement workshops as well as range of activities to keep people informed and listened to. Family carers have been interviewed and the information has been used to design the new model. There is now a local Carers Champion who is directly involved in the development process.
  - Health and Social Care Support providers – The main health and Local Authority providers are an integral part of the overall programme and have a seat on all meetings and are part of every aspect of redesign. The main health provider is the second half of the coproduction partnership that is redesigning the pathway, increasing community support and reducing the reliance on beds. Operational staff from the specialist health and social care teams has been directly involved in a number of workshops over the past year redesigning the pathway. Independent social care support providers have been involved in a carer workshop to engage them in this work.
  - Local Authorities – Local Authority commissioners are on every relevant board and meeting. This work is fully multi-agency and the 6 local authorities are all signed up to this work operationally and strategically.
  - CCGs – The CCGs have been leading and directing this work and have been offering support and leadership for this programme.
  - Services for children and young people – This is the area of stakeholder engagement is the least developed within Berkshire and will be prioritised over the next 6 months.
  - Third sector – The voluntary sector have been engaged predominantly through the LD partnership boards and LIGS although several third sector organisations have been involved in the engagement workshops throughout this process.

An Experience Based Co-Design (EBCD) project has been launched in Berkshire; this involves service users, family members and staff working together to redesign learning disability services. The learning from this will inform our local services and subsequently rolled out other areas. EBCD in Berkshire will run for 12 months, beginning with a 6-month 'discovery' phase, in which local patients and staff will be interviewed about their experiences of a service. The patient narratives are video-recorded, and from these a 'trigger film' will be developed to stimulate discussion between staff and patients about potential quality improvements (and the film becomes a resource that can be used by other organisations). An important characteristic of the EBCD discovery phase is that it draws on rigorous, narrative-based research with a broad sample of users, rather than relying on a single representative on a committee or a few anecdotes.

Equally important will be the subsequent co-design phase, in which patients, families and staff will come together as equal partners in small change working groups to set priorities for quality improvement, and design and implement change.

It is recognised that more engagement is required with children and young people to ensure their views are reflected in service development.

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**Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers**



The programme has included people with lived experience at every stage and step of the way; this has been mainly in a consultative way although Berkshire has designed the new service model directly based on the input of people with lived experience, the Learning disability Carer Champion has been part of staff workshops and development sessions.

The new model is designed in a way that people with learning disabilities will be part of the leadership team in a formal way running, evaluating and developing operational support for people with complex needs. Using the co-production reflective tool Berkshire has 'got the basics right' comprehensively, and is 'really getting there' in its design for the future model of support. This reflective model will be useful in marking progress over the journey of the Transforming Care partnership.

There is a real desire within Berkshire to grow a collaborative culture and create a system based on co-production with people with lived experience. This aspiration is articulated in the strategy and includes enhancing personalised budgets, self-directed support and people with lived experience being actively and meaningfully involved in enhancing the lives of people with learning disabilities and or autism.

The Berkshire Transforming Care Partnership Board recognises that co-production with children and young people with a learning disability and/or autism is an area of development and will engage a board member from Children's commissioning to support this area of work. In addition in the future children and young people with learning disabilities and/ or autism will be invited to support project planning and implementation of the Positive Living Model

A learning disabilities Champion with an interest in or lived experience will be identified to engage with local people, feed in views and develop the model.

## **Baseline assessment of needs and services**

### **Provide detail of the population / demographics**

A commitment of this plan, and those mentioned within it, is to collect data in relation to the following groups. This will form part of our next Joint Strategic Needs Assessment (JSNA).

- 1) Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- 2) Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- 3) Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- 4) Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

5) Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

### Improving Information

The CCGs and local authorities recognise that a greater understanding of the needs of people with challenging behaviour is required and commissioners will address gaps through working with public health to provide more robust information through the local Joint Strategic Needs Assessments.

**Table 1:** Projecting Adult Needs and Service Information (PANSI) projections for people aged 18-64 with challenging behaviour for the six authorities is as follows.

Local Authority Area	2014	2015	2020	2025	2030
Reading	47	47	47	48	49
West Berkshire	42	42	42	42	42
Wokingham	44	43	44	45	45
Bracknell Forest	33	34	35	35	35
Slough	42	42	44	46	48
Royal Borough of Windsor and Maidenhead	39	40	40	41	42
<b>Total</b>	<b>247</b>	<b>248</b>	<b>252</b>	<b>257</b>	<b>261</b>

Although the numbers of people are relatively small and are not predicted to grow significantly we know that services for people with challenging behaviour can be difficult to commission in the immediate locality and that if we are to achieve our aim of enabling more people with challenging behaviour to be supported in the community we will need to improve our understanding of the needs of the individuals affected and extend and enhance services in a number of key ways.

2015	Bracknell	Reading	Slough	W&M	West Berks	Wokingham
Predicted LD prevalence 18-64	1,816	2,583	2,287	2,137	2,259	2,339
Predicted LD prevalence 64+	341	403	289	564	577	580
Children (2014 data)	467	120	1026	467	391	462
<b>Total</b>	<b>2,624</b>	<b>3,106</b>	<b>3,602</b>	<b>3,168</b>	<b>3,227</b>	<b>3,381</b>

2030	Bracknell	Reading	Slough	W&M	West Berks	Wokingham
	1,912	2,672	2598	2,246	2,244	2,435
	539	558	446	770	854	838
	490	124	1166	491	387	481
	2,941	3,354	4,210	3,507	3,485	3,754
% change	11.21	10.80	11.69	11.07	10.80	11.10

### LD with challenging behaviour 18+

Local Authority Area	2014	2015	2020	2025	2030
Reading	47	47	47	48	49
West Berkshire	42	42	42	42	42
Wokingham	44	43	44	45	45

Bracknell Forest	33	34	35	35	35
Slough	42	42	44	46	48
Royal Borough of Windsor and Maidenhead	39	40	40	41	42
<b>Total</b>	<b>247</b>	<b>248</b>	<b>252</b>	<b>257</b>	<b>261</b>

<b>Year 2014</b>	<b>Bracknell</b>	<b>Reading</b>	<b>Slough</b>	<b>RBWM</b>	<b>West Berkshire</b>	<b>Wokingham</b>
Children with moderate LD known to schools	450	*	907	581	346	364
Children with severe LD known to schools	*	105	92	39	*	75
Children with profound and multiple LD known to schools	17	15	27	*	45	23
Children with autistic spectrum disorders known to schools	237	322	316	321	663	526
Children with LD known to schools	<b>467</b>	<b>120</b>	<b>1026</b>	<b>620</b>	<b>391</b>	<b>462</b>
Children likely with challenging behaviour (severe/ profound LD)	<b>17</b>	<b>120</b>	<b>119</b>	<b>39</b>	<b>45</b>	<b>98</b>

### Autism

Data obtained from <http://www.poppi.org.uk> and <http://www.pansi.org.uk/> predicts that in Berkshire 2015:

- 5527 people of 18-64 will have an autism spectrum disorder
- 1238 people over the age of 64 will have an autism spectrum disorder

The CCGs and Local Authorities will establish further detailed analysis of this data to inform our future plans.

### Analysis of inpatient usage by people from Transforming Care Partnership

The CCGs commission 16 in-patient beds within Berkshire; these beds and learning disability services are commissioned through a block contract with Berkshire Healthcare Foundation Trust. This includes the community teams for people with learning disabilities.

In addition currently a further 12 beds are commissioned out of area which are funded either by the CCG or from within the block contract.

The 2 Assessment and Treatment Units within Berkshire:

#### Campion Unit

- The service is delivered from the West of the county. There is an agreed pathway between the service and the Community Teams for People with Learning disabilities (CTPLDs), most admissions are planned with the individual service user/ family/ carer.
- The Care and Treatment Review process provides the platform to ensure that key recommendations are followed up in the best interest of the person in the unit. Unplanned out of hours requests for admission are channelled through the emergency duty teams and the BHFT urgent care service.
- The service will operate within the 18 week; referral to treatment milestone as laid out by regulation and subsequent additions within contract year.
- Progress of referrals is reviewed at CTLD team meetings and at the monthly LD forum.

### Little House

- The service is delivered from a single stand-alone unit based in the East of the county and operates with same principles as the Campion unit.

Below outlines the inpatient use in Berkshire in Q1 – Q3 2015/16 across Berkshire which highlights a difference between the East and West of the patch both in terms of numbers and admissions.

The Berkshire plan includes retaining the commissioning of 11 beds for specialist health provision. This is to ensure that when people with learning disabilities are in need of this level of specialist care, they get the right care in the right place, provided locally in a timely manner, with their admission being for the shortest possible time. We will use our existing community teams, supported by the new Intensive Intervention Service to avoid and reduce admissions where ever possible. However some people will require specialist services and where these are necessary our teams will work to ensure these admissions have a clearly defined reason for the admission and planning for discharge will begin from the point of admission - to ensure people are only within inpatient services for the period required therapeutically.

	Newbury & District	Reading North & West	Reading South	Wokingham	Q1 15-16 (Berks West)	Bracknell	Slough	WAM	Q1 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	7	3	7	6	23	2	3	5	10	33
Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder Asperger's Syndrome)	1	1	4	0	6	1	1	2	4	10
Numbers of patients discharged to community settings	2	1	2	1	6	0	1	1	2	8

	Newbury & District	Reading North & West	Reading South	Wokingham	Q2 15-16 (Berks West)	Bracknell	Slough	WAM	Q2 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	8	3	5	5	21	2	3	5	10	31
Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder Asperger's Syndrome)	3	1	0	0	4	0	1	1	2	6
Numbers of patients discharged to community settings	2	0	2	0	4	2	0	0	2	6

	Newbury & District	Reading North & West	Reading South	Wokingham	Q3 15-16 (Berks West)	Bracknell	Slough	WAM	Q3 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	7	3	6	5	21	1	3	5	9	30

Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	3	0	2	2	7	1	0	0	1	8
Numbers of patients discharged to community settings	0	0	2	1	3	1	1	1	3	6

The chart below highlights the number of people in CCG commissioned hospital/health beds which are currently out of area.

	Newbury & District	Reading North & West	Reading South	Wokingham	Q3 15-16 (Berks West)	Bracknell	Slough	WAM	Q3 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	2	1	2	2	7	0	1	1	2	9
Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	0	0	0	0	0	0	0	0	0	0
Numbers of patients discharged to community settings	0	0	0	0	0	0	0	0	0	0

Of the 9 people identified in the table above – there have been 8 CTR's (for 1 person it was not considered in their Best Interest due to plans for discharge in place at the time).

Of these 9 people:-

- 1 person has now been discharged back into Berkshire into a supported living service
- 2 people were identified as being ready for discharge in 6 months – suitable community services are being identified and responsible commissioner issues being addressed
- 1 person has had a period of leave under section to a community based service in Berkshire but had to return to the hospital placement due to concerns for their wellbeing at the time
- 1 person had discharged plans in place however the identified placement withdrew the offer of a community placement due to behaviour displayed early in the transition – alternatives being identified
- 1 person was not ready for discharge at the time of the CTR but is now ready and a community based service has been identified pending agreement of funding between CCG/LA
- 1 person is subject to restrictions due to the Ministry of Justice and remains in their current placement
- 1 person remains not ready for discharge and suitably supported in the current placement – alternative local provision is also being explored
- 1 person remains appropriately placed in a step-down/rehabilitation service following discharge from a long period of detention in secure services

The assessment and treatment units within the TCP area of Berkshire is only accessed by those registered with a Berkshire GP. On occasion there are requests out of county to admit a patient in to either Little House or the Campion Units however no patients have ever been admitted from out of county. Individuals are either discharged into the community (with/ without package) or in some cases places in independent hospitals out of the county. This is due to the longer term needs of individuals which would not be best served by the assessment and treatment units.

There are instances where individuals who have not previously been resident in Berkshire are placed by either CCGs or LAs out of the area in a supported living/ residential environment. Subsequently these individuals once registered with a local GP become the responsibility of the CCGs and would then be able to access the assessment and treatment unit if at risk.

Individuals who are repatriated back by either LA or CCGs from out of area (placements) will also be able to access the assessment and treatment units.

Individuals who are placed out of area by Berkshire LAs whose placement subsequently breaks down are often refused admission to assessment and treatment units within that placement area which leads to pressure on the Berkshire system to admit. This will be improved through mapping the current use of in- patient beds and scoping the development of joined up health and social care strategies to secure better accommodation, systems and services to support people to remain in their own home.

The current housing provision will be strengthened through developing the provider market through a joint health and social care procurement framework. The Capital investment from NHS England will be utilised to adapt properties so that people can be placed into appropriate accommodation.

#### NHS England Specialist Commissioned Services

There are currently 16 Berkshire patients in out of area NHS England specialist Commissioning beds. The Board will seek to ensure that there are robust transition plans through mapping where people in this care pathway to plan future services that are sustainable and conducive to the person's wellbeing.

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#### **Describe the current system**

The CCGs commission health care provision on a collaborative basis with a single contract with

Berkshire Healthcare Foundation Trust on a block contract (BHFT). The commissioned service consists of:-

1. Assessment and Treatment Units; Little House in Bracknell with 7 beds and The Champion Unit in Reading with 9 beds
2. Health component to community team or people with a learning disability. There are 6 CTPLDs who are all co-located within the Local Authority and therefore work together. The service leads for the CTPLDs are jointly funded by health and social care however are separately supervised by BHFT.
3. Tier 4 CAMHs services are commissioned by NHS England.

### Berkshire Local Authority Learning Disability Commissioning

The six Local Authorities commission learning disability services separately for their own residents to meet their Care Act responsibilities through a range of methods including spot and block purchase arrangements to meet eligible needs. The Local Authorities are focussed on personalisation which is delivered through personalised budgets and direct payments.

Services commissioned include supported living, care home placements, day services, community support, and respite. Social care services provision is based on person centred planning to ensure that people receive quality services that meet their needs.

The Local Authorities in Berkshire also support individuals in transition from Children's services and employ specialist workers to support young adults with a learning disability reaching the age of 18.

All Local Authorities with social services responsibilities assess the care needs of any person who requires community care services and to provide or arrange services to meet their eligible care needs. The local authorities in Berkshire ensure that people are supported to live as independently as possible and in housing rather than institutional care. Support packages are implemented to maximise independence including supported living arrangements.

The CCGs and local authorities employ joint community teams for people with learning disabilities who are required to support adults with learning disabilities to be as healthy as possible and have the same rights, independence, choice and inclusion as those adults without learning disability. This is provided through a multi-disciplinary, integrated health and social care service for adults with learning disabilities resident in the Berkshire area and with a Berkshire GP.

These joint teams are contracted to ensure that they provide health and social care to adults with Learning Disabilities through an integrated interdisciplinary team. This includes a range of health and social care professionals, e.g. community nurses, occupational therapists, health care assistants, speech & language therapists, primary care liaison nurse and dieticians.

The CCGs and local authorities are committed to ensure that providers deliver high quality, evidence based services, which promote good, measurable outcomes for service users and their family carers to continuously improve these services through access to joint information systems. This involves working collaboratively with primary and secondary care services to raise their awareness of LD specific issues.

Berkshire Healthcare Foundation Trust is commissioned to provide a Children and Young People's Integrated therapy Team (CYPIT). This service is now developing to further integrate emotional health and wellbeing (CAMHs) services with physical health. A children's toolkit is available online for families and this is being expanded to incorporate strategies to support mental health and behaviour. An online support platform for parents and carers is due to open in Summer 2016.

Berkshire Healthcare Foundation Trust has a specialist nursing service that supports children with profound learning disabilities and provides much of the physical and nursing support to children.

The service will also provide support to parents and behaviour support is delivered through schools (mainstream and specialist).

Across Berkshire in and out of area providers are commissioned on a spot purchase basis to provide support packages or placements for individuals requiring additional support post admission.

The CCGs and local authorities have developed plans for 'Future in Mind for improving the mental health and wellbeing of children and the main objective is to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children and mothers at the perinatal stage whose needs escalate to require a specialist intervention, a crisis response or admission to an in-patient facility. This means that:-

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Women with emerging perinatal mental health problems access help quickly and effectively
- Vulnerable children access the help that they need easily. This includes developing Liaison and Diversion services and better links with SARC's.
- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires residential, secure or in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition.

The neurodevelopmental pathway (ADHD and ASD) is being developed within the main provider Trust in Berkshire and with partners with the following objectives for 16/17:-

- Enhance provision across the system for children and young people with ASD and Learning Difficulties.
- Review current Common Point of Entry and access arrangements into CAMHs services, ensuring access for the most vulnerable (includes step down from in-patient units, links to SARC's, Looked After Children's services, emerging Liaison and Diversion services for under 18's, forensic services, provision for children and young people with LD and ASD)

**When asked to process map and draw the current system staff and carers confirmed the following;**

The SWOT analysis below was derived from health and social care adult services engagement events. The Berkshire Transforming Care Implementation Plan will address the issues detailed below through looking at areas that work well and strengthening areas that require improvement. This work will be co-designed by putting the person at the centre of future planning.



<p style="text-align: center;"><b>Strengths</b></p> <p>Evidence of good clinical practice.</p> <p>Clinical expertise around Challenging behaviour exists.</p> <p>Examples of joint working across the County. All teams have a Proact Scip trainer.</p> <p>Clinical expertise around Challenging behaviour exists.</p> <p>1 definite Head of Service.</p> <p>A universal desire to provide high quality provision.</p> <p>People with Challenging Behaviour are prioritised.</p> <p>PBS experts within the service.</p>	<p style="text-align: center;"><b>Weaknesses</b></p> <p>An example of too many clinical hands offs in some teams.</p> <p>Significantly more unplanned admissions that planned.</p> <p>Multiple routes through the system for users.</p> <p>Many different sources of clinical guidance.</p> <p>Highly complex services.</p> <p>Many examples of duplications and gaps.</p> <p>Limited formal clinical leadership.</p> <p>Limited client and carer leadership of services.</p> <p>Very flat management structure with little definition</p>
<p style="text-align: center;"><b>Opportunities</b></p> <p>6 Community Teams for people with Challenging Behaviour exist</p> <p>6 Local Authorities.</p> <p>7 Health Commissioners.</p> <p>Clinical expertise around Challenging behaviour exists.</p> <p>16 beds in 2 units.</p> <p>PBS is already in place but not consistently used.</p> <p>Even more examples of opportunities and possibilities.</p>	<p style="text-align: center;"><b>Threats</b></p> <p>6 Community Teams for people with Challenging Behaviour exist</p> <p>6 Local Authorities.</p> <p>7 Health Commissioners</p> <p>Few examples of talent management or role development.</p> <p>Some confusion around pathways, processes and ways of working.</p> <p>Individual professional waiting lists in some areas.</p> <p>Some professional groups outside the service budget.</p> <p>Communication issues between teams and professionals.</p>

### **Voluntary Sector Commissioning:**

Autism Berkshire is commissioned by CCGs to provide support for families and children with autism. We will link this organisation in to developing future plans. Parenting Special Children is commissioned in Berkshire to support families particularly in the post diagnostic period.

Berks West CCGs commission voluntary and independent sector to provide information, advice, advocacy and support services e.g. Mencap, ASD Family Help, A range of statutory and non-statutory advocacy services, including self-advocacy are commissioned by the local authorities.

### **CAMHS**

CAMHS Tier 3 services are commissioned Berkshire wide; this includes the provision of an Autism diagnosis service, autistic spectrum disorder as well as specialist mental health pathways. An eating disorders service is in operation for those with complex needs and in 2016/17 the provision of a full community based eating disorders service will be available in line with the nation standards.

Tier 2 CAMHS services are commissioned by the local authorities. Berkshire West CCGs jointly commission youth counselling services.

The CAMHS Transformation Plans have funded additional behaviour support to children and families pre and post diagnosis of autism as well as blending counselling services.

### **Local CAMHS Transformation Plans**



Transformation plan-  
Reading Borough Cou



Transformation plan-  
West Berkshire Coun



Transformation plan-  
Wokingham Borough (



East Berkshire Local  
Transformation Plan F

The local transformation plans are also available on CCG websites in easy read formats with Frequently Asked Question sections. The website content has been developed in partnership with service users.

For example:

<http://www.southreadingccg.nhs.uk/mental-health/camhs-transformation>

<http://jsna.bracknell-forest.gov.uk/news/mental-health-services-children-young-people-transformation-plan>

### **NHS England Specialist Commissioned Services**

The specialist commissioner in NHSE currently commission Tier 4 in-patient facilities for children and young people with mental health problems and/or learning disabilities.

The fundamental challenge in delivering care in its current format is the number of partners involved in commissioning and delivering the services.

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### **What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?**

Berkshire will strengthen its local provision through working with people with lived experience to review the current provider market to develop bespoke and accessible accommodation to sustain people's wellbeing in their local community. One of the key challenges is that Berkshire does not have a single procurement strategy to support housing needs.

The Berkshire Transforming Programme has applied for capital funding to utilise this money to redesign and develop existing estate for supported living tailored to meet individual needs.

Estates and housing providers	
NHS Estate – owned by BHFT	Campion Unit with 9 beds, fit for current purpose The Little House with 7 beds, fit for current purpose
Bracknell Forest Council	Currently 5 properties owned by the council 4 x housing providers 5 bed respite unit and a day service unit
Slough Borough Council	3 x day centre. All fit for purpose (max 35 people p/day) 1 x Respite 8 bedded respite unit which is fit for purpose 1 x 8 bedded residential unit SBC currently commission 12 Supported housing providers
Royal Borough of Windsor and Maidenhead	1 x 4 bed property used for short breaks (property owned by NHS) 2 x 8 bed residential care homes (property owned by Housing Solutions – housing association) 2 x day centres, one owned by RBWM, one owned by Housing Solutions – day centre in Maidenhead purpose built, includes public library and café. 5 x care homes (4 x 6 bed, 1 x 4) bed, owned by NHS but transferred to Housing Solutions with a capital charge agreement. (hospital re-provision) 2 x supported living services in Maidenhead, owned by Housing Solutions (16 one bed flats) – good quality purpose built 1 x supported living service in Old Windsor, owned by Radian Housing – housing association (11 one bed flats) – good quality purpose built 9 x supported living service in Windsor, owed by Radian Housing – housing association (9 one bed flats) – good quality purpose built
Wokingham Borough Council	Council owned properties where support for people with a learning disability is provided. Acorn day centre (purpose built and equipped day centre). Hillside Park LD Supported living consisting of 9 self-contained flats The Council owns a number of supported living dwellings across the borough 1 x 4 units 1 x 3 units 1 x 2 units 10 x 1 unit In addition the Council works with 17 independent housing providers/housing associations providing 171 units across 47 sites. Support to residents is commissioned from a range of support providers. The Council also commissions a 8 bed respite unit for overnight and sessional day respite.
Reading Borough Council	1 x 6 bed LD respite unit for adults (RBC owned) 1 x 6 bed respite unit for LDD Children (RBC Owned) 8 x shared houses for supported living 2-5 beds each (RBC owned) 1 block of 6 one bed flats for supported living (RBC owned) 28 shared houses and flats owned by RSLs or private landlords currently used for LD supported accommodation. Landlords include Radian, Trinity Housing, Sovereign, Dimensions.
West Berkshire Council	Purley Park Trust 16 units of supported living Hillview House supported living and residential care Advance UK 21 units of shared accommodation – supported living across West Berkshire Sovereign Housing 3 houses for supported living – support delivered by Creative Support

	<p>A2Dominion – Pelham House – Supported Housing for 16 residents. Support provided by Dimensions.  Golden Lane Housing 12 units of Supported Housing in 2 houses  West Berkshire Mencap – Heffernan House West Berkshire  Sovereign - Blagden House Supported living for 5 adults  WBC also owns 3 Day Centres  Hungerford Resource Centre – 20 places (Pan-Disability), currently 4 LD users in rotation  Greenfield House Resource Centre – 20 places (Pan-Disability), currently 9 LD users in rotation  Phoenix Resource Centre – 20 places (Pan-Disability), currently 31 LD users in rotation</p>
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There is significant volume of estate within the county both LA and health owned. Further work will be undertaken to ensure that bespoke personalised service in appropriate services are provided through capital investment from NHS England.

### **Vision, strategy and outcomes**

#### **Our Vision**

By 2019, people in Berkshire with a learning disability and or autism will be fully supported to live good lives in their communities, with the right support from the right people at the right time.

#### **Our strategy**

- Strengthen the role of the community teams for people with learning disabilities and/or autism and develop a workforce strategy that provides consistency across services regardless of where people live, delivers equality and promote a positive culture.
- Promote greater support to Carers and families of people with learning disabilities and/ or autism.
- Offering people with learning disabilities and/ or autism a choice of where and who they choose to live with to lead everyday lives.
- Developing a provider market that will support people to realise their aspirations and maintain wellbeing.
- Collaborate and strengthen the role of the LD Partnership Boards to access engagement with people with lived experience to plan the 7 workstreams listed on page 4.
- Utilise existing beds differently and creatively to offer respite and short term interventions with robust plans for discharging people back into the community with the support from well-developed community teams for people with learning disabilities, the voluntary sector, housing and day care facilities.
- Promote greater access to advocacy to support choice and a voice for people with lived experience.
- Strengthen the role of Primary Care to support health and wellbeing.

The Berkshire Transforming Care plan will dovetail with the local learning disability and autism strategies to deliver the vision.

People will have a positive experience regardless of where care is provided, with access to good housing options, to live safely exercising their right to choice to achieve the following outcomes:-

- Focus on improving quality of life and support to reduce behaviours that pose a risk to self and others through a robust workforce development to improve standards of care through increased knowledge and experience to support people to live meaningful lives.
- To reduce the reliance of referrals to hospital and avoid hospital admissions through increasing life opportunities in the community. This will be achieved through developing an 'Intensive Intervention service in the community, specialist interventions and Positive

Behavioural Support as well as personalised care and support.



Housing that is right



Support from community (teams & providers)

### Describe your aspirations for 2016/17 - 2018/19

The Programme Board will ensure that people have the best opportunity to lead ordinary lives through the right support system to meet their individual needs. The Board will ensure that the vision for the future is further articulated through involving people with lived experience to co-design services to support people out of hospital and into appropriate community placements.

This will mean working closely with Health and Social Care to support people to lead meaningful lives through access to:-

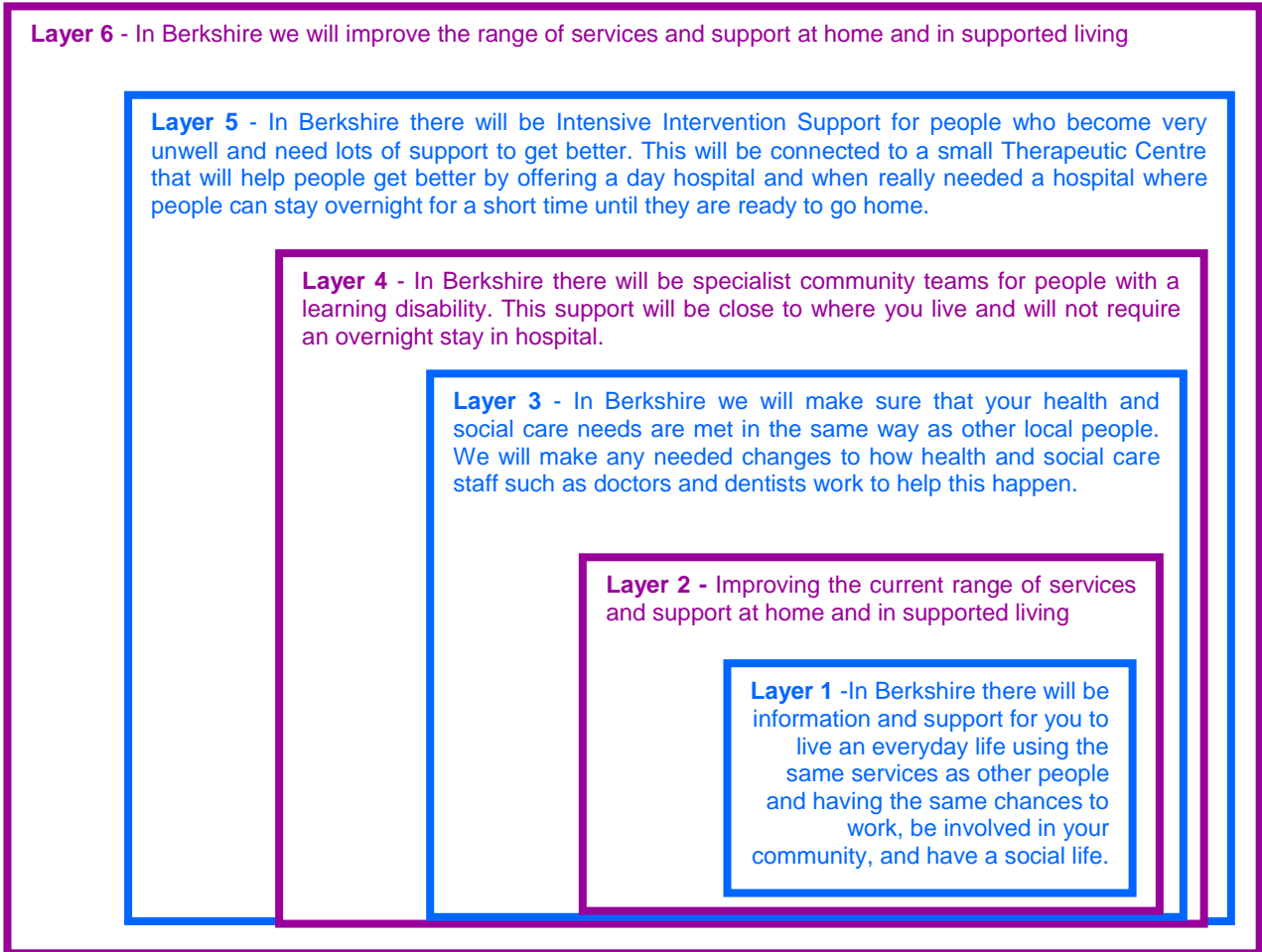
- 1) Individualised tailored care plans
- 2) Personal Health Budgets
- 3) A safe environment designed to meet the person's holistic needs
- 4) Meaningful easy read information to navigate through to services
- 5) Well trained staff regardless of people receive services
- 6) Choice to design own services
- 7) Personal Health Plans

- 8) Carers Information, Advice and Support
- 9) Positive Behaviour Support
- 10) Education, Support and Housing
- 11) Timely and meaningful diagnostic support

**What support will look like in the future?**

In order for us to deliver this vision, Berkshire will ensure that it has the following in place:-

There are going to be 6 layers of support for people:



**Intended Benefits for People with Lived Experience**

People with learning disabilities, family carers, clinical staff and local authority managers have identified the benefits to people. The benefits relate specifically to 5 cohorts outlined. The benefits will be measured through audit, evaluation and formal Periodic Service Review of the redesigned service.

**Berkshire has committed to supporting and empowering people with Learning Disabilities to ensure that they can say;**

“I get to take positive risks and be fulfilled”

“People who support me use positive approaches”

“My life changes because of my needs and wants and not because of how services are designed”

“I can live in safety with the help I need”

“I have a voice, I am listened to and it makes a difference”

“I am part of my community and I have the lifestyle I choose”

“It’s about my Life course not about service transitions”

“When I need more support I get exactly what I need for as long as I need it”

#### **Benefits to Performance**

- Reduced numbers of unplanned admissions.
- Reduced length of stay.
- Reduce overall admissions.
- Increase number having their needs met in the community.
- Reduce readmission within 12 months.
- Increase number treated in the community.
- Extend out of hours capability per day.
- Extend days of community working per week per week.

#### **Benefits to Quality**

- Least restrictive environments for individuals.
- Admissions only when absolutely necessary.
- Lengths of stay determined by clinical need.
- Improved communication throughout pathway.
- Improved joined up nature of service.
- Improved Customer experience.
- Increased range and intensity of specialist community interventions.
- Increased Support and capacity within Community Teams for people with Challenging behaviour and for those with other needs.

#### **Benefits to Cost**

- Reduction in out of area placements by 75%.
- Reduction in Local Authority costs relating to placement breakdown.
- Management of efficiency targets within BHFT.
- No additional recurring investment required from CCGs.
- No additional recurring investment required from BHFT.
- Reduction of costs related to avoidable admissions and readmissions.

### **How will improvement against each of these domains be measured?**

- A bespoke balanced scorecard approach developed using key metrics based on each of the agreed benefits above.
- Increased personalised budgets.
- Experience feedback from people using services.
- Coordinated and collaborative commissioning across health and social care.
- Local people, People with lived experience and other stakeholders will be engaged in evaluating improvement against each domain using, Citizens Juries, Periodic Service review and learning events.

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### **Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.**

Positive Behaviour Support is the central principle around which services are developed. It is a multi-layered framework for improving the quality of life of people with learning disabilities and or autism whose behaviour challenges services. The focus is upon the person and others with whom the person has a close and significant relationship.

- All staff working directly with people with Learning Disabilities and or autism have sufficient knowledge, training and support to promote their psychological wellbeing and to identify early indicators of behavioural difficulty.
- Health promotion widely available for people whose challenging behaviour may be caused by a physical issue.
- Mental Health Promotion widely available for people whose challenging behaviour may be caused by psychological distress.
- People with Learning Disabilities with behaviour that challenges are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
- Positive Behaviour Support is the methodology of choice for all practitioners and there is sufficient skill, knowledge and delivery of intervention using Positive Behaviour support approach.
- People receive help outside 9-5 Monday to Friday and carers get help needed with other tasks such as house maintenance and shopping, including respite and preventative support via Mencap, ASD family help.
- Support gradually increases when needed and can be stepped up and down at any time.
- The tiered approach is used to offer a spectrum of care from prevention through to emergency intervention.
- The model is based on building blocks that people can use to build a bespoke service for each individual.
- Individuals are empowered to be in control of their lives, making choices and gaining increased independence.
- The Positive Living Model works for people through their life course and “becoming an adult will be about the party not the cliff edge!”
- Case coordinators and radical person centered planning are in place and effective.
- Community teams include dedicated specialist expertise in challenging behaviour using Positive Behaviour Support and manage the risks associated with this particular group.
- Direct support and intervention for staff in social care agencies and organisations from Intensive intervention practitioners is widely available.
- Multi agency Positive Behaviour Intensive intervention teams that provide direct training and intervention to individuals, carers and families are present in each county.
- Creative Housing solutions are in place for people with very complex needs and behaviour that challenges.



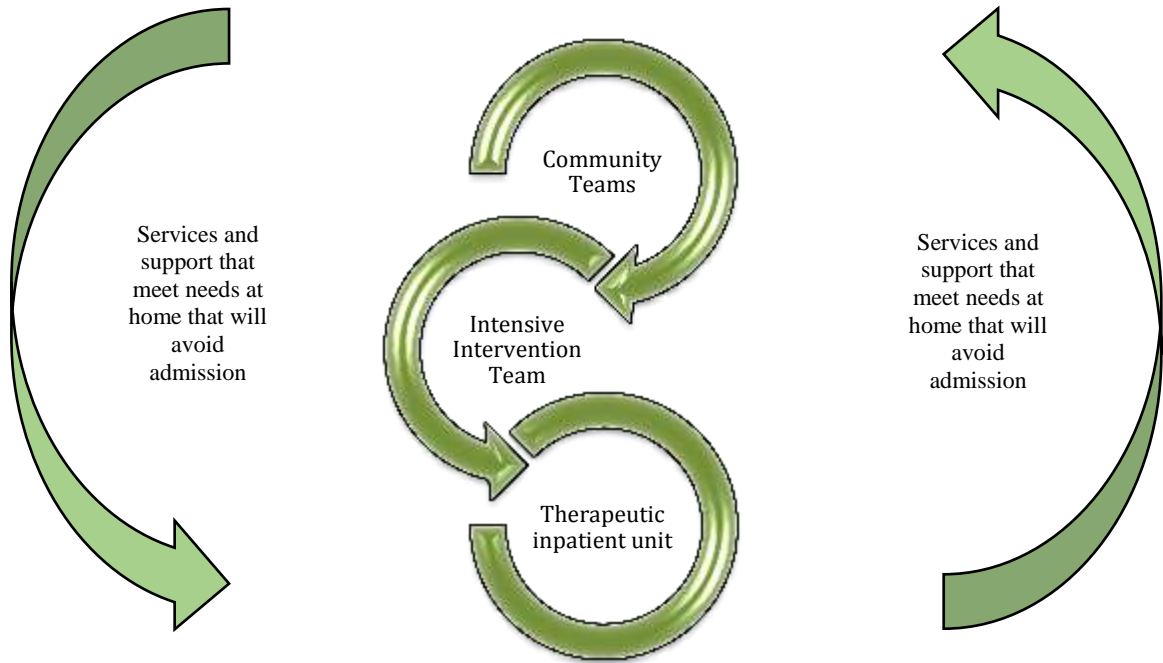
- Comprehensive and robustly funded Advocacy and Carer Support is in place and accessible.
- Periodic Service Reviews run by People with Learning Disabilities and or autism, Carers and Professionals.

**Overview of your new model of care**

**The Proposed redesigned service**

A process of triangulation of all the local information, national drivers, Positive Living Model, customer voice work and commissioning intentions was undertaken this was then compared against the financial resource available and the following proposal was created.

There will be four core elements of the redesigned service, community teams for people with learning disabilities (CTPLD), an intensive intervention team (IIT), Supports and Services that will meet people’s needs at home (SSH) and a therapeutic Inpatient Unit (TIU).



The community teams will be strengthened through increased resource and a reduction of pressure from the work currently associated with supporting people with behaviour that challenges that are in crisis. The teams will be able to respond more proactively and preventatively to people whose behaviour that is challenging as well as those needs of people whose behaviour is not challenging as a result of increased capacity.

The Intensive Intervention team will offer support and consultation to the community teams, will work in partnership with them as people’s behavioural needs become more intense, will pick up direct case work for people who require that level of intensity and specialism, enable people to access the therapeutic inpatient unit as and when required in a planned way, speed up discharge as a result of working alongside communities to ensure a state of discharge readiness and reduce the rate of readmission by working with people post discharge for 12 weeks.

The Therapeutic Inpatient Unit will provide planned and emergency day and overnight services to individuals for whom it is clinically indicated. The specialist multi-disciplinary team will assess needs,

design and implement therapeutic programmes of care that require the physical environment a building based unit can offer. The therapeutic inpatient unit will also act as a resource hub for the intensive intervention service and sessional activity such as Sensory Integration can be provided.

### **McKinsey 7S Framework in relation to the redesigned service**

The framework was developed in the early 1980s by Tom Peters and Robert Waterman, two consultants working at the McKinsey & Company consulting firm, the basic premise of the framework is that there are seven internal aspects of an organisation or service model that need to be aligned if it is to be successful. This framework has been used within the project workshops with staff and will be the basis of the internal implementation once the redesign has been agreed.

### **Strategy - The plan devised to maintain and build high quality provision, excellent customer experience and cost efficiency.**

The learning Disability services in Berkshire have created a vision that everyone locally has signed up to.

'Developing excellent services in local communities with people and families, improving their health, wellbeing and independence. – The best care in the right Place for people with Learning Disabilities'

### **Style - The style of leadership adopted and embedded within the service and wider organisation**

Conscious Leadership is the model of leadership identified as most aligned to the service model and the culture of the provider as an organisation.

A conscious leader is someone who leads by serving and thereby inspires their followers to do the same. Someone who empowers people to make decisions and take controlled risks with the responsibility and awareness for the consequences for all. Someone who recognises how we are all connected and therefore every action we take has a consequence beyond ourselves.

This is what is meant by conscious leadership and it offers a powerful and sustainable approach to all areas of life and sits very comfortably within a context where people who use services are empowered and enabled to live aspirational lives however complex their support needs may be.

Being aware and responsible for our own actions - and responses to the actions of others - is having the power to change the future and make a difference in our organisation and the wider system. The major implication of this is that leadership is not restricted to a few but that everyone has the ability - and indeed the responsibility - to lead.

### **Shared Values - These are the core values of the service that are evidenced in the culture and the general work ethic.**

The values assumed within this proposal and those at the core of the people who have worked together across professions, boundaries and agencies on this project are the three that BHFT have identified for their organisation as a whole:

- **Caring** for and about you is our top priority.
- We are **Committed** to providing you with good quality, safe services.
- Working **Together** with you to develop innovative solutions.

These Values effectively articulate the foundations that the new service model has been built on

and they work in harmony with the CCGs Values.

### **Systems - The daily activities and procedures that staff members engage in the redesigned service**

The Intensive Intervention team will work alongside the local CTPLDs to meet the needs of individuals with learning disabilities and challenging behaviour (with or without autism and mental health needs) who require a period of intensive, focussed assessment and intervention that is beyond the capacity of the CTPLD. It will also work closely with the inpatient service to deliver care in the least restrictive environment, and to avoid inappropriate or unnecessarily long admissions.

#### **The key objectives of the proposed Intensive intervention model are:**

- To provide a flexible, proportionate and timely response to crises so that service users receive care in the least restrictive environment, consistent with their clinical and safety needs and with the minimum of disruption to their lives.
- To develop preventative input in order to avoid future crises.
- To actively encourage continued and meaningful involvement of the service user, family and carers.
- To add value to the lives of all adults displaying significantly challenging behaviour. IIT members will work in partnership with other stakeholders to commission, create, and strengthen capable and resilient environments.
- IIT will contribute to the planning and support of local services in order to facilitate the return of people currently in out of area placements.
- To work closely with generic mental health services to ensure people with learning disabilities can access their specialist skills during crisis.

#### **Staff - The workforce plan including Human Resources issues.**

The service is modelled on three core staff groups, leadership, specialist skills and direct behavioural support. Within those three will be a number of sub sections of staff groups and grades. The staff will be located in three teams and will all have dedicated time within the Core Intensive Intervention team.

As part of the implementation phase a full workforce plan will be created with details of the numbers as well as the training and development requirements. The Tiered model of service will underpin the workforce plan and enable the service to plan for skills and expertise needed to sustain the service in the long term.

The table below outlines the types of professionals required to work within the new Intensive Intervention Team and how some of the professionals would remain within other teams and offer expertise to the Challenging behavior service. It is crucial that the Community Learning Disability Teams are supported and empowered and that a culture is developed that encourages equality and equal status across the whole pathway.

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#### **What new services will you commission?**

The commissioning section outlines Berkshires Clinical Commissioning Groups intention to redesign the current service specification that forms part of the contract with Berkshire Foundation NHS Trust

to deliver health services to people with learning disabilities.

It is the intention to disaggregate the existing specification in order to commission a more defined provision for people with learning disabilities and or autism whose behaviour may challenge.

This work is part of the system wide Berkshire Transforming Care Partnership.

The section of the plan sets out a high level narrative that indicates to the system an intention to work collaboratively and in co-production with the existing provider to remodel services in line with the national Model.

There is a truly compelling vision for the redesign of services, reducing inpatient beds and investing in bespoke community intensive support services. Berkshire intends to maintain the high quality of services currently offered and enhance them further by redesigning aspects of the provision to better meet the needs of this discrete but incredibly vulnerable group of people and their families.

### Commissioning Intentions Summary

Segment	Covering:	Supported by:
1. New specialist health pathway for people with a learning disability and or autism whose behaviour challenges	Individuals will have robust and effective community support In the form of a challenging behaviour pathway that will enable them to live supported lives in the community and receive intensive intervention as and when required to prevent hospital admission. If a short stay in a health resource is clinically indicated this will be offered locally and the whole process will be orientated around returning the person to their chosen life in the community	Stakeholder sign up Individual organisation vision JSNA Regional Positive living model National winterbourne Concordat NTDI JIP Partnership Boards
2. Improving quality and outcomes	A) Reduction in numbers of people requiring in patient beds B) Reduction in length of stay C) Enhancement of individuals lives through increased choices, better care, better communication and more control thus reducing challenging behaviour D) Reduction in the impact of challenging behaviour on individuals lives and their carers lives E) Increased alignment with other key plans around, carers, continuing care, specialist social care, mental health, access to physical care	Detailed metrics to be provided in the commissioning specification  Sign up from key stakeholders such as Health and Wellbeing Boards and learning disability partnership board
3. Sustainability	In five years, the numbers of people in Berkshire requiring a specialist health bed per year should be reduced by 50% and that the default position for almost everyone is robust personalised planning, positive behaviour support, a comprehensive pathway of care that	Detailed metrics to be supplied in the financial plan to be produced in 2016/17

	increases in intensity as and when required and an integrated specialist health offering that enables people who may display challenging behaviour to live in a community setting of choice.	
4. Improvements to Housing, Care and Support	To increase life opportunities for people to live in their community through commissioning appropriate housing and support services to sustain people's wellbeing through personalised care plans and a trained workforce aligning personal health and social care budgets and increasing access to direct payments to increase choice.	Mapping current provision within Berkshire and market development in 2016/17.
5. Improvement interventions	To achieve the desired state the key improvement interventions planned are a meaningful pathway between the community team and a highly specialist behavioural resource centre. A new intensive intervention service to support individuals and their carers whenever needed and the building based resource centre able to provide positive behavioural support to individuals and their circle of support around them throughout their life course.	Contract expectations included in the financial plan to be produced in 2016/17

Segment	Key Line of Enquiry	Response
a) System vision	What are the specialist health commissioning intentions for people with Learning Disabilities and or Autism and behaviour that challenges?	To implement the national model For Berkshire Foundation NHS Trust to work in co production with CCGs to redesign existing services and to reduce bed numbers in order to deliver Intensive intervention service and Positive Behavioural support. For individuals and their carers to be central to all planning throughout their life course.
	How does the vision include the six Cs of compassionate care and meet the Winterbourne Concordat deliverables?	<b>Care</b> - These commissioning intentions focus on delivering high quality care in peoples local communities offering an increasing intensity of intervention as and when required <b>Compassion</b> - The Positive Living Model has been built on stories from individuals with learning disabilities, experiences of people using assessment and treatment services, carers and other stakeholders. All messages from these people have strongly indicated that a compassionate community model is what they want <b>Competence</b> – The commissioning intentions outline a community support model that requires highly trained competent staff <b>Communication</b> – The model is designed as a pathway and effective communication will be essential to the success of the services <b>Courage</b> – Taking the steps towards reducing bed numbers and reinvesting in community intensive support requires a belief in the vision and a courageous leap of

		<p>faith from the system</p> <p><b>Commitment</b> – These commissioning intentions will require time and effort from key stakeholders and a true commitment to the improvement of health and wellbeing of this vulnerable group of individuals</p> <p>These commissioning intentions meet the winterbourne deliverables by significantly reducing ATU beds, enabling individuals to receive tailor made community intensive intervention, keeping the individual and their family at the centre of the planning and delivery of care and the whole model being underpinned by positive behavioral support approaches.</p>
	<p>How do the commissioning intentions address the following aims:</p> <p>a) Improving health outcomes for this specific group?</p> <p>b) Reducing Health inequalities for this specific group?</p> <p>c) Increase quality of experience for individuals and their families?</p>	<p>The improving health and lives learning disability observatory. Health Inequalities in people in the UK by Professor Eric Emerson state that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. The health inequalities result, to an extent, from barriers they face in accessing timely, appropriate and effective health care.</p> <p>Individuals with lived experience of using assessment and treatment units and their carers were interviewed as part of developing the Thames valley ‘Positive Living Model’ and all of them strongly indicated that they believed they could have been more effectively supported in their communities and that moving away from home into a hospital setting had been a detrimental transition for them.</p> <p>The specialist health elements within the Berkshire plan that are outlined in these commissioning intentions focus on improving health outcomes, reducing inequalities and enhancing the experience of users and carers by;</p> <ul style="list-style-type: none"> <li>• Enabling the person to be at the centre of all care planning and delivery</li> <li>• The circle of support around an individual being trained and using positive behavioural support methodologies</li> <li>• Clinicians with significant expertise in positive behavioural support being present in the community teams</li> <li>• There being an intensive support service available to intervene in a flexible way in and out of hours as and when required to wrap around an individual offering tailor made support</li> <li>• A small number of beds that are available locally to people as part of a pathway that can be accessed in a short term way if and when individuals require them</li> </ul>

		<ul style="list-style-type: none"> <li>The specialist health interventions in this document being part of the 6 elements within the Berkshire plan</li> </ul>
	Who has signed up to the strategic vision? How have the health and wellbeing boards and the Partnership boards been involved in developing and signing off the plan?	The Health and Wellbeing Boards and Learning disability Partnership Boards have signed up to the Berkshire Plan and were part of developing the Berkshire Transforming Care' report that initiated this programme of work. The specific commissioning intentions will require formal sign off prior to co-production work with the key provider.
	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included?	There is a clear 'You said, we did' document for the creation of the regional 'positive living model' which included individuals and carers from Berkshire and further local listening exercises have been completed during 2015, some focussed on individuals with learning disabilities and two for Carers. A Customer voice exercise is being undertaken currently and a large scale event is being planned for April 2016
Current position	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed?	Yes, an assessment of the current state has been undertaken and forms part of the Berkshire Transforming Care report. There is also work underway to include increased data around this service user group in the JSNA
	Do the interventions identified below take into consideration the current state?	The interventions are designed around all the information gathered regarding the current state and the desired future state.
	Does the two year detailed commissioning intentions document provide the necessary foundations to deliver the strategic vision described here?	The two year detailed commissioning document is in train and would be the next step of the programme and completed
	How have the community and clinician views been considered when developing plans for improving outcomes?	Community and clinician involvement has been extensive in the production of the 'Berkshire plan and these specific specialist health elements would require additional Berkshire stakeholder engagement during the planning phase
	What data, intelligence and local analysis were explored to support the development of these commissioning intentions?	Current contracts and specifications, JSNA, admission and treatment data for Berkshire and local trend analysis over the past 3 years. Learning disability annual reporting data. Public health data and national prevalence information all supports these commissioning intentions

	How are the plans for improving outcomes aligned to local JSNAs?	The new services will improve a range of inequalities in the JSNA including individuals receiving health care close to home, enhanced engagement with primary care, reduced incidents of untreated mental ill health and reduction in challenging behaviour attributed to a health or psycho social need
The transformational interventions required to move from the current state and deliver the commissioning vision for people with a learning disability and or autism with behaviour that may challenge.	<p><b><u>Intervention One</u></b>  <u>To reduce the number of purchased assessment and treatment beds by 50% by 2019</u></p> <p><b><u>Expected Outcome</u></b></p> <ul style="list-style-type: none"> <li>• For significantly less people to find themselves in bed based specialist health services</li> <li>• For the system to respond by increasing the type and availability of specialist social care housing for this group</li> <li>• For intensive support in the community to be commissioned as a viable alternative to hospital assessment and treatment beds</li> <li>• For specialist skills and knowledge to be transferred to community support settings</li> <li>• For the remaining beds to be redesigned as part of a challenging behaviour pathway.</li> <li>• For cost savings to be released and available for investment into community intensive support</li> </ul> <p><b><u>Investment costs</u></b></p> <ul style="list-style-type: none"> <li>• Financial costs will be minimal as the beds will be decommissioned and savings released for reinvestment</li> <li>• Non-Financial costs include collaboration and co-production with the provider and the risk of the community provision not being in place in advance of beds being decommissioned.</li> </ul> <p><b><u>Implementation timeline</u></b>  50% of contractual value of current bed based spend to be reduced between 2016 and 2019 releasing investment at that point for intensive support service</p> <p><b><u>Enablers required</u></b>  Intervention two needs to be planned and in place in advance of July 2016. Senior sign up from provider and operational project management of transition by provider. Remaining elements of the national model need to be in place to ensure success i.e. specialist social care and carer support/respice.</p> <p><b><u>Potential risks</u></b></p> <ul style="list-style-type: none"> <li>• Beds still required after reduction this causing clinical risk to individuals</li> <li>• Damage to provider relationship</li> <li>• Destabilise provider</li> <li>• Duplicated spend if out of area spend increases at the same time as decommissioned spend into intensive support</li> </ul>	
	<p><b><u>Intervention Two</u></b>  <u>To commission a challenging behaviour intensive service to be operational in 2016</u></p> <p><b><u>Expected Outcome</u></b></p>	



	<ul style="list-style-type: none"> <li>• Reduced need for bed based provision</li> <li>• Increased support in local communities</li> <li>• Reduction of challenging behaviour in people’s lives</li> <li>• Increased Carer support</li> <li>• Individuals living in their housing of choice</li> <li>• Intensive support when and where people need it</li> <li>• Increased skills and knowledge in the community</li> </ul> <p><u>Investment costs</u></p> <ul style="list-style-type: none"> <li>• Financial costs</li> </ul> <p>To be confirmed, the investment will be almost the same as the decommissioned bed savings released from intervention one. There will be project costs and pump priming required to mobilise the new service in advance of the bed reduction</p> <p><u>Implementation timeline</u></p> <p>Creation of service during 2015 with a 'go live' date of July 2016</p> <p><u>Enablers required</u></p> <p>Intervention two needs to be planned and in place in advance of July 2016. Senior sign up from provider and operational project management of transition by provider. Remaining elements from the positive living model need to be in place to ensure success i.e. specialist social care and carer support/respite.</p> <p><u>Potential risks</u></p> <ul style="list-style-type: none"> <li>• Beds still required after new service in place causing clinical risk to individuals</li> <li>• Damage to provider relationship</li> <li>• Destabilise provider</li> <li>• Duplicated spend if out of area spend increases at the same time as decommissioned spend into intensive support</li> </ul>
	<p><b>Intervention Three</b></p> <p><u>Commission a model that ensures all users and carers are at the centre of all care planning</u></p> <p><u>Expected Outcome</u></p> <ul style="list-style-type: none"> <li>• Individuals at the centre of all planning for them, no action without their involvement\</li> <li>• Robust and independent advocacy in place for all individuals</li> <li>• Life course planning not just for childhood transitions</li> <li>• Individuals significant others supported to be actively part of planning and evaluating care</li> <li>• Individuals empowered and supported to challenge care decisions not in their best interests</li> </ul> <p><u>Investment costs</u></p> <ul style="list-style-type: none"> <li>• Financial costs</li> </ul> <p>Low levels of financial investment required, part of the national model implementation project – transforming care partnership</p> <p><u>Implementation timeline</u></p> <p>For this to be in early implementation stage by April 2015 and fully embedded by</p>

	<p>December 2015 in advance of bed reduction and new service model being on line.</p> <p><u>Enablers required</u> This is a key element from the Berkshire plan and will be implemented as part of the transformation project. This intervention will be enabled by cultural change across the system and building on pockets of local best practice and learning from national examples of good practice.</p> <p><u>Potential risks</u></p> <ul style="list-style-type: none"> <li>• If this intervention isn't successfully implemented then the success of the other interventions will be at risk</li> <li>• The achievement of this intervention rests on a large number of stakeholders being committed to a sustained cultural change across the system</li> <li>• Circumstances around individuals can be complex leading to challenging conversations and dynamics. Skills and confidence in empowering people and in mediation will need to be in workforce plan</li> </ul>
	<p><b>Intervention Four</b> <u>Commission a positive behavioural support approach and training</u></p> <p><u>Expected Outcome</u></p> <ul style="list-style-type: none"> <li>• All staff and supporters in the lives of individuals with learning disabilities will have positive behavioural support training. This group to include GPs teachers, dentists and wider networks</li> <li>• People with a key relationship with an individual will have enhanced training specifically orientated around supporting that person. This group to include family members, support staff and health/social care staff</li> <li>• There will be professionals in community teams with advanced skills and knowledge in Positive behaviour support</li> <li>• The culture will shift to supporting people consistently in a different and positive way with confidence and compassion.</li> </ul> <p><u>Investment costs</u></p> <ul style="list-style-type: none"> <li>• Financial costs to be assessed fully and national funding opportunities to be explored.</li> <li>• Non-Financial costs</li> </ul> <p>There is a time cost from all involved in supporting people with learning disabilities so that the whole system has a basic awareness of the model and how to positively support people</p> <p><u>Implementation timeline</u> Preparation and implementation once commissioned will take 6 months and so this model would be in place by October 2015 and operational by July 2016</p> <p><u>Enablers required</u> Sign up from Local system Support from main provider Commissioning and funding of the model National support and potentially funding</p> <p><u>Risks</u></p> <ul style="list-style-type: none"> <li>• This element is crucial to the success of the whole model</li> </ul>

	<ul style="list-style-type: none"> <li>• Not having access to necessary training to ensure adequate numbers of psychology staff are fully skilled</li> <li>• Destabilising existing psychology teams</li> </ul>
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The outcomes of the above interventions aim to deliver:

- Enhanced Advocacy and Self Advocacy services
- More flexible support for carers and families
- Positive Behaviour Training
- An Intensive Intervention service to support people and their families when things become more challenging, to eliminate avoidable admissions and to support people when they are discharged from hospital bed based care.
- Bespoke support packages using personalised health budgets

#### **What services will you stop commissioning, or commission less of?**

- There is an aim of reducing the reliance on bed based hospital care by 50% with the funding being diverted to community support from the newly designed Intensive Intervention Team

#### **What existing services will change or operate in a different way?**

- The Community Teams for People with a Learning Disability (CTPLDs) will be working in a new way and will be undertaking a piece of workforce redesign to build the necessary skills that are required to meet people's needs in a new and innovative way focussing on; Health facilitation, Positive Behavioural Support and strengths based approaches for independent Living
- Redesign the local Inpatient Services and divert resources into the community through individualised support planning and identifying those people that are at a risk of admission.
- The local Inpatient Services will be redesigned to offer a wider range of therapeutic interventions in a resource centre approach. This may include, sessional interventions, peer workers, day assessments and therapeutic programmes and core inpatient programmes and may see people admitted to hospital for short periods when necessary.
- The CTPLDs to provide outreach support in people's homes.
- Strengthen the Care and Treatment Review process to ensure that there information available on people at risk of an admission and support people out of hospital into appropriate community placements.

#### **Describe how areas will encourage the uptake of more personalised support packages**

We will work with the existing mechanisms for using personal health budgets to support people with complex needs. This will be particularly focussed on those individuals for whom a solution has not been successfully sought.

The Berkshire CCG's are committed to further rolling out Personal Health Budgets (PHBs) across

our area for all patients who would benefit from them. In time this will include those with a learning disability, autism, as well as those in maternity, end-of-life and elective care. Our next step is to take what we have learned from offering PHBs to those with Continuing Health Care needs (CHC) and apply this in a new offer to people with learning disabilities. In doing so we confidently expect to further develop our processes and practice to facilitate the further roll out of PHBs to other patient groups.

We will develop this work jointly with appropriate local partners and with the relevant Local Authorities (LAs) in particular. The 6 local authorities that cover Berkshire have already taking part in an engagement exercise to launch this work and signed up to being involved in joint delivery and sharing of resources where appropriate and practical.

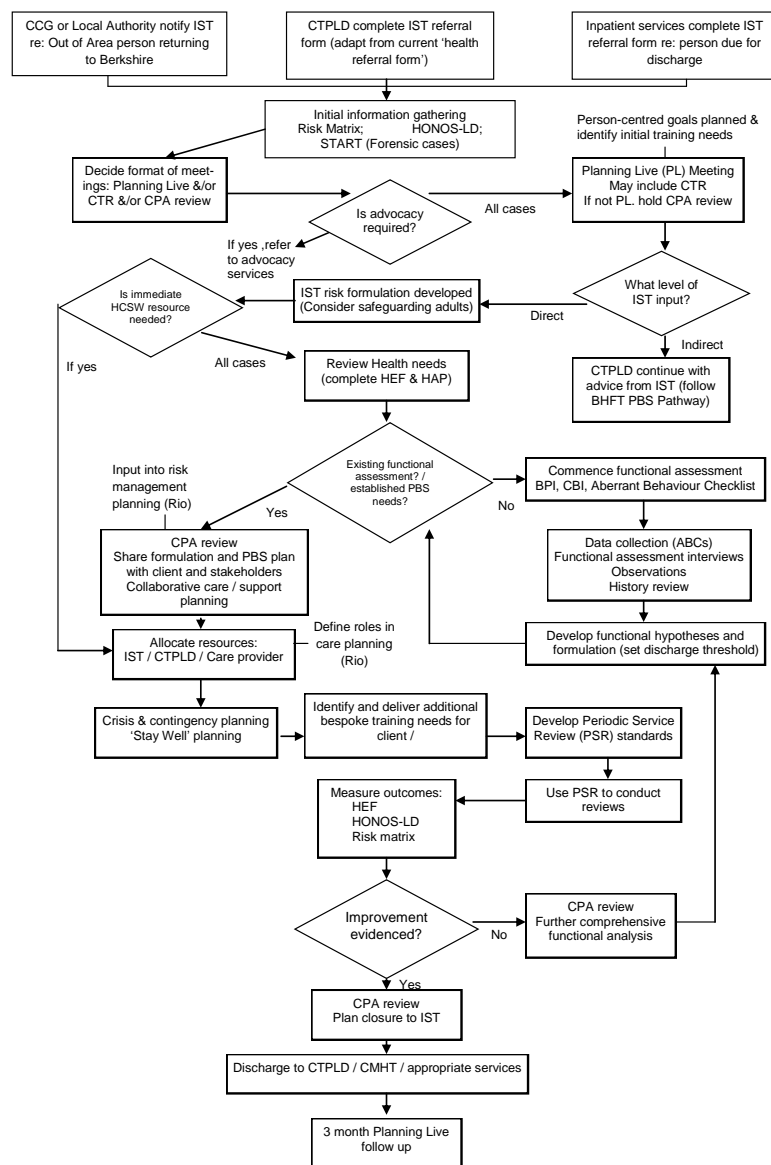
### **What will care pathways look like?**

See table below on Page 40 and in addition:

- People will have access to timely assessment and access to the Intensive Intervention Service.
- Access to technology to lead independent lives
- Well trained accessible staff to navigate through services from the point of referral to the end point
- Mental Health staff to have access to training to support people in community placements in during hospital stay
- Link into the local Crisis Care Concordat to have access to system wide support
- Access to Personal Health Budgets to support discharge planning
- Access to an Assessment and treatment Unit beds where this is clinically appropriate
- Timely access to community staff

### Areas that will need further development

- Pooled Health and Social Care budgets
- An at risk register that would provide an opportunity for early identification and support to avoid a hospital admission – the current CTR process supports people at risk but a more formal process and register will need to be developed
- A Forensic pathway will be developed with specialist commissioning for people detailed under a home office section
- Link and align the TCP to the local joint Learning Disability Strategies
- Develop closer links with Continuing Health Care, Education and Children's commissioning to strengthen the care pathway.
- Alignment with specialist NHS commissioning



**How will people be fully supported to make the transition from children’s services to adult services?**

In Berkshire West the SEND Joint Implementation Group meets regularly and is attended by the SEND leads in each of the 3 Local Authorities, the CCG Head of Children’s Commissioning (who is also the Designated Clinical Officer), provider leads from RBFT and BHFT, parent /carer representatives and voluntary sector representatives.

A key focus is transition into adult services and the implementation of Ready Steady Go. A workshop to improve transition is scheduled for 27 April and this workshop aims to better align EHCPs and Ready Steady Go principles so that ideally families have a single plan. Thames Valley Strategic Clinical Network has provided support in the development of transition arrangements in the area.

Partners have jointly completed a self-evaluation focussing on two questions:

1. How effectively does the local area identify children and young people who are disabled and /or have special educational needs?
2. How effectively does the local area meet the needs and improve the outcomes of children and young people who are disabled and/or have special educational needs?

The above includes CYP with and without an EHCP

A comprehensive Local Offer has been published on websites in each area and this information is updated regularly.

A Joint Agreement between the Berkshire West CCG Federation, the Berkshire Healthcare Foundation Trust, the Royal Berkshire Hospital Trust, West Berkshire Council, Reading Borough Council and Wokingham Borough Council, in respect of operational arrangements for children and young people with Special Educational Needs and Disabilities (SEND) aged 0 to 25 years is in place. This document covers joint arrangements for individual children and young people with SEN and disabilities.

Work is underway to improve arrangements for EHCP health reports for young people over the age of 16 years.

The Designated Clinical Officer undertakes strategic duties relating to the Children and Families Act. Discussions are underway with BHFT and RBFT to ensure that structures are in place to assure the quality and timeliness of EHCP reports. The service specifications for the provider services are being updated to reflect the requirements of the Act and to understand any changes in activity flows.

A funding panel is in place to consider requests to commission services that are in addition to those that are ordinarily available in the area. This includes requests for out of area placements/treatments.

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### **How will you commission services differently?**

The Board will lead a process for engaging people with lived experience to redesign the current care pathway.

The Board will also lead a process to develop joint Health and Social Care processes to ensure that people are not delayed in hospital due to budgets. In the future Berkshire TCPB will look to develop:

- Pooled budgets
- Personalised Budgets
- Co-production with providers to redesign and improve quality
- Outcomes based contracting across a pathway rather than traditional methods of counting activity
- Individuals and their circle of support will be directly and meaningfully involved and often in charge of creating bespoke specifications of care and then selecting the right people to provide that specified support

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### **How will your local estate/housing base need to change?**

The Transforming Care Board will carry out a mapping exercise to identify current and predicted needs to develop the local housing market use the capital investment from NHS England will

be used to adapt properties e.g. soundproofing and water proofing

- Reduction of existing bed based estate
- Creation of new inpatient service
- Increased numbers of supported living properties and RSLs

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**Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve ‘resettling’ people who have been in hospital for many years. What will this look like and how will it be managed?**

Berkshire will strengthen the CTR process to keep people out of hospital and provide access to greater community support through the Intensive Intervention Services and embed the Positive Living model in the community

Berkshire TCPB will seek to improve opportunities to develop the housing and care market to meet the needs of resettling people and greater involvement of the voluntary sector to promote choice and independence.

The following area will also be strengthened:-

- Co-production between the CCGs and The specialist Health provider
- Planned and in progress ‘resettling’ programme
- The new intensive Intervention Service and redesigned bed based service will be supporting the successful resettling process
- Housing and care options

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**How does this transformation plan fit with other plans and models to form a collective system response?**

This plan has been developed in collaboration with the 6 local authorities and 7 CCGs. Carers of people with a Learning Disability have been instrumental in supporting the development of the 6 key elements of the Positive Living Model and the pathway re-design that will support [people to remain well in the community.

We recognise that the vast majority of people aged 14 to 25 years of age have an Educational Health Care Plan (EHCP). Locally it is recognised that the vast majority of this group will also have mental health needs and for those under the age of 18 will be known to CAMHS. Therefore, the Future in Mind local Transformation Plans will address the needs of this cohort. Currently it is known that there is an overlap of transformation planning related to future in mind, SEND reforms (Children and Families Act and the Care Act), we are working together with local authorities to streamline this development.

- CAMHS – this will fit together and be part of the young People with learning disabilities project commencing 2016
- Children With disabilities programme – As above
- Adult mental health – this is done already and the new service will be directly linked to MH services
- Autism – This is already linked in and there are synergies between both strategies
- Dementia – This work needs further development and is being planned
- Carers Strategy – This is strongly linked and is referenced in both strategies and work plans

## What are the programmes of change/work streams needed to implement this plan?

The TCP Board will develop detailed implementation plans in collaboration with people with lived experience and agree processes with the 6 local authorities to support the development and strengthen:-

- Preventative strategies
- Carers support & Training
- Strengthen access to primary care
- Person centred care plans that meet the holistic needs of people
- Intensive Intervention in the community
- Pooled budgets
- Joint Health and Social Care Funding Panels
- Local housing provision
- Skilled workforce

There have been a range of work streams covering the 6 elements of the Positive living model and these are now being expanded to achieve the wider programmes of change that fit within the National model such as children and young people (Please refer to CAHMS Transformation Plans).

### Who is leading the delivery of each of these programmes, and what is the supporting team.

<b>Positive Living Model Element</b>	<b>Lead</b>	<b>Support</b>
Person Centred Planning	Local Authorities	Children Services
Advocacy	Local Authorities	Mainstream advocacy services
PBS	BHFT	Independent Psychologist
Specialist Social Care, Housing and Support	TBC	The TCP Operational Groups
Intensive Intervention Team	BHFT and CCGs	Independent consultants
Respite and carer support	CCGS	Carer Champion

### What are the key milestones – including milestones for when particular services will open/close?

<b>Milestone</b>	<b>Date</b>	<b>Lead</b>
Stakeholder Engagement	On-going	CCGs and LAs
Customer Voice Exercise	February 2016	Independent consultant
Co-Production to deliver the plan through developing an implementation plan.	May 2016	Programme Manager
Workforce Development within Community LD teams	March 2016	Programme Manager
Remodel in patient offering	April 2016	Berkshire Transforming Care Programme Board
Confirm detailed pathway and Operational Policy	February 2016	BHT and CCGs
Workforce plan created	March 2016	BHFT
Share HR consultation document	April 2016	BHFT
Commence HR change process	April 2016	BHFT
Recruitment new team	June 2016	BHFT
Change management within services	Ongoing	BHFT
Commence reduction of bed usage	September 2016	CCGs
Commencement of Intensive	September 2016	CCGs



community provision		
Evaluation of redesign	January 2017	CCGs and LAs

**What are the risks, assumptions, issues and dependencies?**

Risk	Grade	Mitigation
That the programme will not dove tail effectively the needs of children and adults and there will be gaps in provision	<i>Red</i>	<ul style="list-style-type: none"> <li>• <i>Board sponsors to directly engage and unblock</i></li> <li>• <i>A phase 4 plan to be created to develop this work</i></li> </ul>
Risk to local authority budgets for increased supports and housing	<i>Red</i>	<ul style="list-style-type: none"> <li>• There may be new revenue costs and work will be undertaken to understand the full risks and plans to mitigate</li> </ul>
Potential risk to quality and safety of clients and staff through transition period and mobilisation	<i>Amber</i>	<ul style="list-style-type: none"> <li>• Double running or pump priming will be required and a contingency plan is being produced</li> </ul>
Risk of insufficient Internal Engagement	<i>Green</i>	<ul style="list-style-type: none"> <li>• Workshops, newsletter, engagement events, focus groups, planning groups</li> </ul>
Risk of insufficient External Engagement	<i>Amber</i>	<ul style="list-style-type: none"> <li>• <i>News Letters, Presentations, listening events, conversations and the governance structure</i></li> </ul>
<i>Risk of co-production with people with lived experience not being as radical as the local vision</i>	<i>Red</i>	<ul style="list-style-type: none"> <li>• <i>Carer Champion role</i></li> <li>• <i>LD partnership Boards</i></li> <li>• <i>Self-advocacy groups</i></li> <li>• <i>People with lived experience on the new leadership team</i></li> </ul>

**What risk mitigations do you have in place?**

*See above*

## Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.<sup>1</sup>

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

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<sup>2</sup> Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

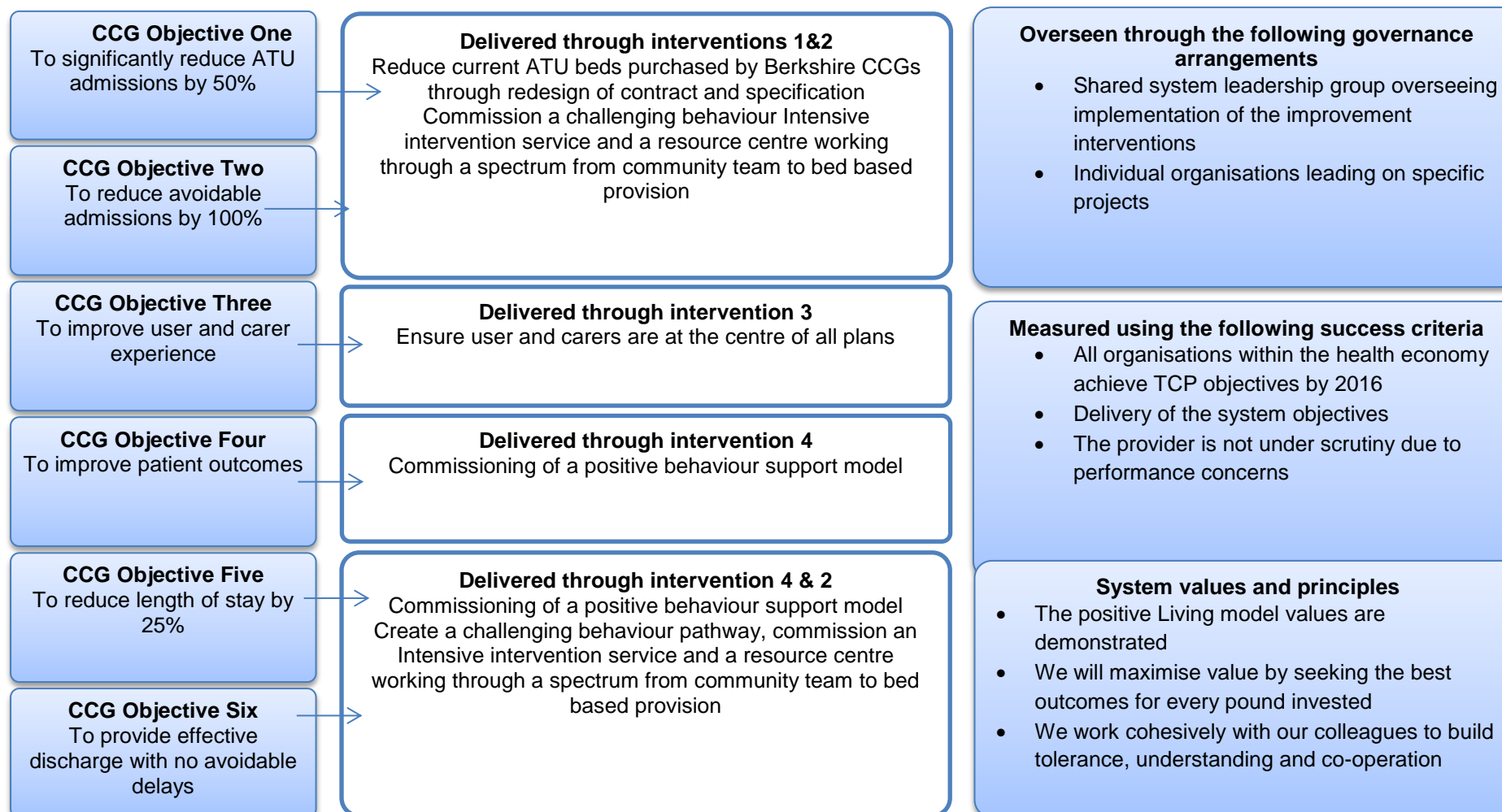
Indicator No.	Indicator	Source	Measurement <sup>2</sup>
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	Average census calculation applied to: <ul style="list-style-type: none"> <li>Denominator: inpatient person-days for patients identified as having a learning disability or autism.</li> <li>Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.</li> </ul>
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	This indicator can only be produced for upper tier local authority geography.  Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only.  Numerator: all those in the denominator excluding those on commissioned support only.  Recommended threshold: This figure should be greater than 60%.
3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty - Psychiatry of	HES is the longest established and most reliable indicator of the fact of admission and readmission. <ul style="list-style-type: none"> <li>Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism</li> <li>Numerator: admissions to psychiatric inpatient care within specified period</li> </ul> <p>The consultation took 90 days as the specified period for readmission. We would recommend that this period should be</p>

<sup>2</sup> Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		Learning Disabilities or diagnosis of a learning disability or autism.	<p>reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.</p> <p>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.</p>
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	<p>Two figures should be presented here.</p> <ul style="list-style-type: none"> <li>• Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register</li> <li>• Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available</li> <li>• Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme</li> </ul>
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	<ul style="list-style-type: none"> <li>• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism</li> <li>• Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks</li> </ul>
6	Proportion of looked after people with learning disability or autism for	MHSDS. (This is identifiable in	<p>Method – average census.</p> <ul style="list-style-type: none"> <li>• Denominator: person-days for patients in current spell of</li> </ul>

	whom there is a crisis plan	MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	<p>care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities</p> <ul style="list-style-type: none"> <li>• Numerator: person days in denominator where there is a current crisis plan</li> </ul>
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## **A: Learning Disability specialist health commissioning intentions for people whose behaviour may challenge**



READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULT SOCIAL, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	18
TITLE:	MARKET POSITION STATEMENT 2016-19		
LEAD COUNCILLOR:	CLLR EDEN	PORTFOLIO:	ADULT SERVICES
SERVICE:	COMMISSIONING	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 / THE PROPOSAL

The purpose of this report is to introduce the Market Position Statement 2016-19 to Adult's, Children's & Education Committee for approval. This is a document for existing or potential care providers in Reading to understand the council's demographics, current position and future intentions.

The document has been developed by the Commissioning Manager in collaboration with the Director of Adult Care and Health, and the Head of Service for Commissioning and Performance. The Lead Member for Adult Social Care has reviewed the document and approved it. The document was reviewed by the Corporate Management Team at their meeting on the 14<sup>th</sup> June 2016.

2. RECOMMENDED ACTION

The Adult's, Children's & Education Committee are asked to approve the Market Position Statement 2016-19

3. POLICY CONTEXT

The key purpose and aims of the document are to:

- Meet a number of requirements in the Care Act relating to managing and influencing the market
- Ensure the market is informed of the council's purchasing direction, enabling providers to respond in a way which benefits Reading residents.

- Encourage and inspire care organisations to develop in line with service user’s needs and what service users have told us they want.
- Highlight the growth and reduction of needs, influencing care provider’s business plans to grow and/or reduce in response.

The document reflects key demographic intelligence and the financial context for the council, as well as highlighting business opportunities for each sector. The document is clear about the financial challenges we face, and promotes wellbeing, prevention, early intervention and reablement as key drivers for services.

#### 4. CONTRIBUTION TO STRATEGIC AIMS

The Market Position Statement is an important contribution to achieving the Council’s corporate priorities, and references these on the first page. In particular, this document supports the following priorities:

- **Safeguarding and protecting those that are most vulnerable**

The MPS repeats our expectations for care services to provide good quality, safe, flexible services which meet the needs of our population, focussed on enabling people to live as independent a life as possible.

- **Providing the infrastructure to support the economy**

The MPS states the council’s offer to providers, including training, quality support, information and networking opportunities. Our commitment to supporting the care workforce is also clear in the document.

- **Remaining financially sustainable to deliver these service priorities**

The MPS states the Council’s financial position clearly, including acknowledging our responsibility and commitment to pay a fair price for care.

The Council’s three core values of being fair, caring and enterprising are reflected strongly throughout the MPS. The MPS also supports the corporate aim to promote equality, social inclusion and a safe and healthy environment for all.

#### 5. COMMUNITY ENGAGEMENT AND INFORMATION

The Market Position Statement is a key tool for engagement with care organisations in the borough, meeting a number of requirements for engagement with providers in the Care Act. Service user feedback is included in the document so that providers are able to develop their services in line with service user’s expectations.

#### 6. NEXT STEPS

This document is a continuation of a conversation with providers about what we need, and what they can provide. This will be supplemented with an annual Commissioning Intentions document, quarterly Provider Reference Groups and regular Care & Support Conferences.

#### 7. BACKGROUND PAPERS

Market Position Statement 2016-19





# Market Position Statement

Reading Borough Council  
2016 - 2019

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# Forward

We are pleased to present a refreshed version of Reading's Market Position Statement, setting out our vision for care and support services in Reading borough, and the Council's intentions as a strategic commissioner of services.

Strategic commissioning is about analysing and prioritising needs in our communities and designing and delivering services that target our resources in the most effective way.

We are moving fast. We're heading away from a traditional commissioning system of centrally purchasing a limited range of care for all clients and racing towards creating a consumer-led model where people are empowered to commission their own support and help shape the market so they have the choice they need and want.

This is an exciting development for providers who are racing alongside us - but we recognise that the market can be uncertain and we want to work with businesses to ensure we understand and mitigate risks where we can. Our financial position is very challenging, and will have a significant impact, so we must grasp this opportunity to commission services differently.

The Council is a significant purchaser in the borough, able to provide intelligence, stability and volume to the market. We want our market to be of good quality, enabling people to define and achieve their outcomes safely and independently. We want to work with businesses who strive for excellence and who believe partnership working is the best way to deliver that excellence.

Change is vital for us all, and our service users and the community must be at the heart of that change. We welcome close working with organisations who share our aims and vision.

## Our Corporate Priorities



**Councillor Rachel Eden**  
Lead Councillor for  
Adult Social Care



**Wendy Fabbro**  
Director of Adult Care  
& Health Services

# Introduction and summary

Reading Borough Council, like all other councils, is facing significant financial challenges.

We expect a savings target in excess of £40m over the next three years on top of the £65m we have saved over the past four years.

We must ensure that people who are able to regain or retain their independence are properly supported so we can focus our limited resources on those who need us more. We will continue to focus on investing in early intervention and prevention to reduce dependence on long term care.

We want providers to offer our citizens choice, quality and value so that Reading residents who need support can take opportunities to live independently and maintain their wellbeing.

By working together with you, our partners, we will find creative and cost effective ways of meeting the needs our most vulnerable residents.

We need providers to reduce costs and work differently by identifying sustainable business models based on reablement and prevention.

We recognise the economic and social value of supporting the growth of local and community initiatives and will particularly encourage micro-enterprises in future as part of a growing, vibrant, local market place.

## *Our priorities*

Adult Social Care priorities were agreed in 2015 and include:

- Enabling people to achieve and live full and independent lives
- Making best use of our resources
- Striving for economic growth through educational attainment and better access to employment
- Keeping vulnerable people safe

# Who is this document for?

Our Market Position Statement is for independent, voluntary and community organisations who currently provide care and support services or who are interested in providing care and support services to reading residents in the future..

We aim to help you understand how to do business with us using:

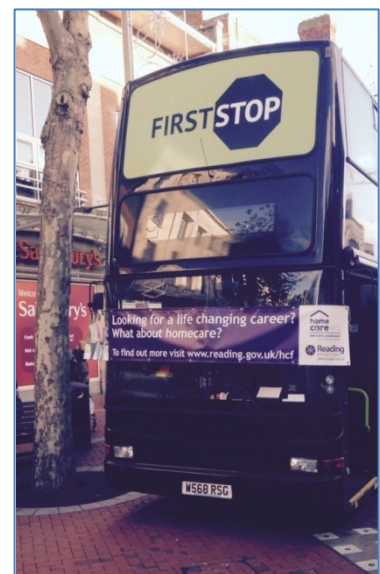
- the present and future demands for services in Reading
- the Council's vision for personalisation and independence.
- The Council's commissioning intentions
- the support we offer - including staff training, improving quality and setting up a business in the town.

We've gathered data from a variety of sources including the Joint Strategic Needs Assessment, commissioning strategies and customer surveys.

We hope that you can use this document to learn about future opportunities and how you can best develop your services to address local needs.

We aim to encourage innovative thinking, engagement and dialogue between you and the Council.

We will always follow proper procurement process in line with EU directives and the Council's Standing Orders, but these rules do not prevent meaningful dialogue before procurement.



## Our offer to providers

We see our providers as our partners - we aim to work with you in a number of different ways:

Our **Quality Team** is responsible for monitoring the quality of every provider we use and offers advice and guidance to help you meet the standards expected by CQC and those required by our contract.

We have recently developed a self-assessment tool for providers to help you identify where you are meeting (or exceeding) the required standard, any areas for improvement and the actions needed to address these issues..

We encourage you to sign up to **Reading's Dignity In Care Charter** to demonstrate your commitment to delivering services that put service users at the heart of what you do. Our Charter has 12 pledges towards dignity in care that were developed with service users, carers and providers.

Our **Workforce Development Team** offers a range of free and subsidised support and training opportunities for providers - including:

- Care e-learning and online social care e-assessments (like the Care Certificate),
- advice and guidance on training issues and
- a regular newsletter to keep you up-to-date.

We've also recently created a Registered Managers' Network to support people working in this often isolated profession.

We hold a **Care and Support Conference** twice a year where you can:

- gain insights into Government policy, innovative practice and updates on core standards.
- network with colleagues in your field
- build innovative partnerships outside your field and
- meet with commissioners and senior figures in the Council.

We also hold smaller Reference Group meetings which focus on topics like the impact of the Living Wage, the Ethical Care Charter and the Council's commissioning intentions.

We also invite providers on our to quarterly provider forums and hold engagement events before each significant procurement.

### *Our Offer at a glance*



## Listening to service users

We work with a number of groups and partnerships who hold regular meetings for service users, their carers, commissioners and providers:

- Older People's Working Group
- Carers Steering Group
- Physical Disabilities and Sensory Needs Network
- Learning Disabilities Partnership Board
- Learning Disabilities Carers Forum
- Access & Disability Working Group

These forums provide opportunities for service users and carers to share their experiences of using services and to work with commissioners and providers on driving up quality or developing new provision.

In addition, our Adult Social Care User Panel spans all services and allows people to become more involved in service developments through things like mystery shopping, appraising funding bids or sitting on interview panels. Recently the group completed some mystery shopping on the Council's information and advice provision online and by phone to identify areas for further improvements.

These groups always welcome new people and we encourage providers to promote these engagement opportunities to their service users, as well as accessing the minutes and reports of the various groups that are often available on the Council's website. See "Information and Links" at the end of this document.

We are aware that as a provider of services you often gain valuable insights into the views and needs of service users – we encourage you to share this feedback with us.

Healthwatch Reading is an independent organisation which supports people to have a stronger voice about local health and social care services. Healthwatch visit services, produces reports on the way services are run and makes recommendations to improve or help influence how services are set up.

As a consumer champion, Healthwatch Reading has an important role in encouraging people to have their say and challenge local services.

The views of service users (whether eligible for Adult Social Care funding or self-funded) on care and support is an important part of shaping the future of the local market. The range of engagement opportunities set out above has been used to gather feedback from people on priorities for care support, current experiences and gaps or areas for further development. This has informed the Council's Market Position Statement, and this will continue as the Council's work to shape the market develops.

## Using Service User Feedback

We work with providers to collect and monitor feedback from people about the services they use. It is a contractual obligation for our providers to have their own internal quality monitoring activity and that service user satisfaction is measured as part of this.

Service user feedback is a key measure of quality in the Supported Living Accreditation Select List (SLASL) and the Homecare Framework and it will form part of the annual quality assessment of providers to determine their revised quality score.

# What's most important to people who use our services?

## Personalising support

As more services users have personal budgets to choose and arrange their care and support new information is emerging about their preferences. We now know that they prefer support that gives them more contact with their family, friends and communities over more institutionalised support.

## Support to stay at home

When we interviewed people using homecare services in 2013, most people said how important their service is to enable them to manage their daily lives. Family carers also value the service to give them help with certain tasks or provide a 'back up' service so they are able to take breaks.

Although most people described their experiences of home care as positive, there were also a number of areas for improvement, including timeliness of visits, consistency of care workers and training for care workers.

They told us how important the services were to their daily lives, but also that there were some problems with short visits and workers arriving late.

We addressed these concerns when we commissioned our new Homecare Framework. All Framework providers have signed UNISON's Ethical Care Charter which includes commitments to paying travel time for staff and no 15 minute calls for personal care.



## Support to access services in the local community

Our last consultation on preventative services showed there were a range of views about the most important support, showing that it is important to offer choice and a range of provision. The Let's Talk Care consultation in 2013 showed that day care and activities for older people are valued services and older people want support to stay in touch with their communities.

## Neighbourhood Focus

Recent cross-Reading feedback from older people has been that they want to be able to access more services from local places like GP surgeries, community centres and libraries.

Patient and service user groups support the idea of care services being 'clustered' at a local level.

## Support to find employment

Working age adults with long-term conditions (including learning disabilities, autism, mental health needs and physical disabilities) told us they want more support to help them find and stay in paid work.

## Living independently

Users of Supported Living services have highlighted that being able to live independently is a key outcome for them, with help to manage money and maintain their flats rated as very important.

Family carers also talked about how they valued that supported living helped their relatives to develop social networks and maintain skills to live independently.

We used their feedback to shape the requirements for our new Supported Living Framework.

## Integrated Services

We know that people who need support want to tell their story only once, with professionals who work together and share pertinent information to ensure that the support they receive is relevant, timely and coordinated.

# Resources and Demand Profile

The social care market in Reading is traditional, though varied in terms of the range of independent, voluntary, charitable and faith organisations who provide it. This section is designed to help you understand and represent the wider market context and potentially to assist with funding opportunities or business development.

## Reading overview

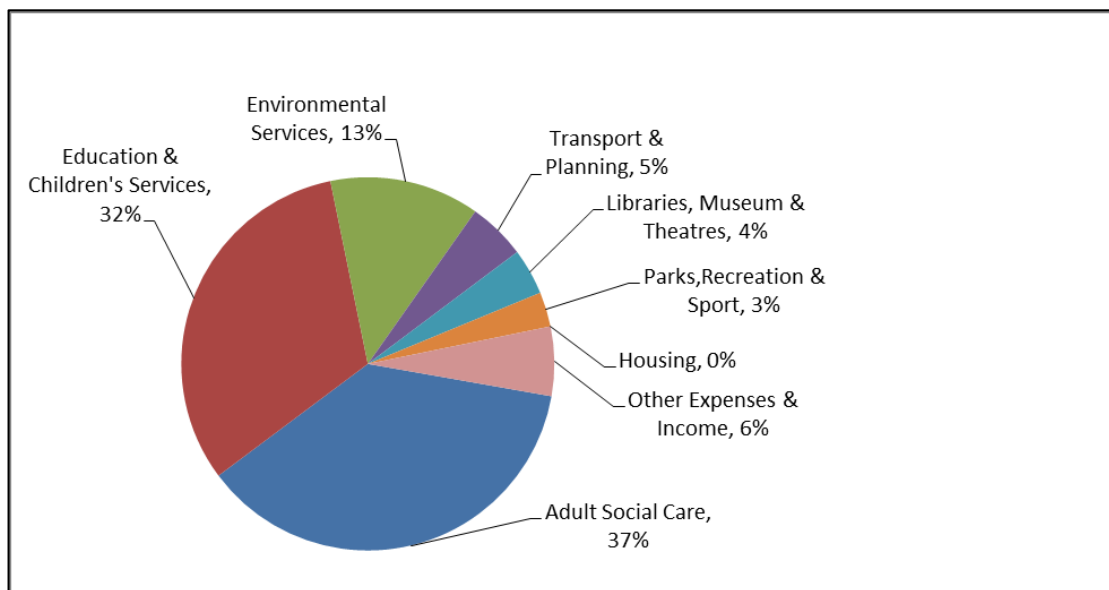
Reading is the fourth largest urban area in the South East. It is a UK top-ten retail destination with a thriving night-time economy, serving a population that extends far beyond the Borough's boundaries. There has been a huge structural shift from the town's working class origins of beer, bulbs and biscuits to a compact service economy specialising in business services.

Strategically located as a major transport hub and in close proximity to Heathrow, Reading is now home to the largest concentration of ICT corporations in the UK and is the service and financial centre of the Thames Valley and beyond.

Equally graphic is the scale of the gap between Reading's most and least prosperous neighbourhoods. Reading has, within a small geographic area, some of the most affluent and the most deprived neighbourhoods in the whole of the Thames Valley.

Reading has a diverse population across all income groups and a very wide cultural mix. It has extremes of both wealth and poverty in very small areas that are masked by statistics at borough and even ward levels<sup>1</sup>

We predict a steady rise in demand for Council funded services in the medium to long term as a result of demographic pressures. This won't be matched by an equivalent growth in public funding. In fact, since 2010 local authority funding has continuously declined.



Demand for social care in Reading is increasing, but can be influenced by a greater emphasis on prevention and independence. In recent years, the Council's focus has shifted towards providing short-term, intensive support to promote independence.

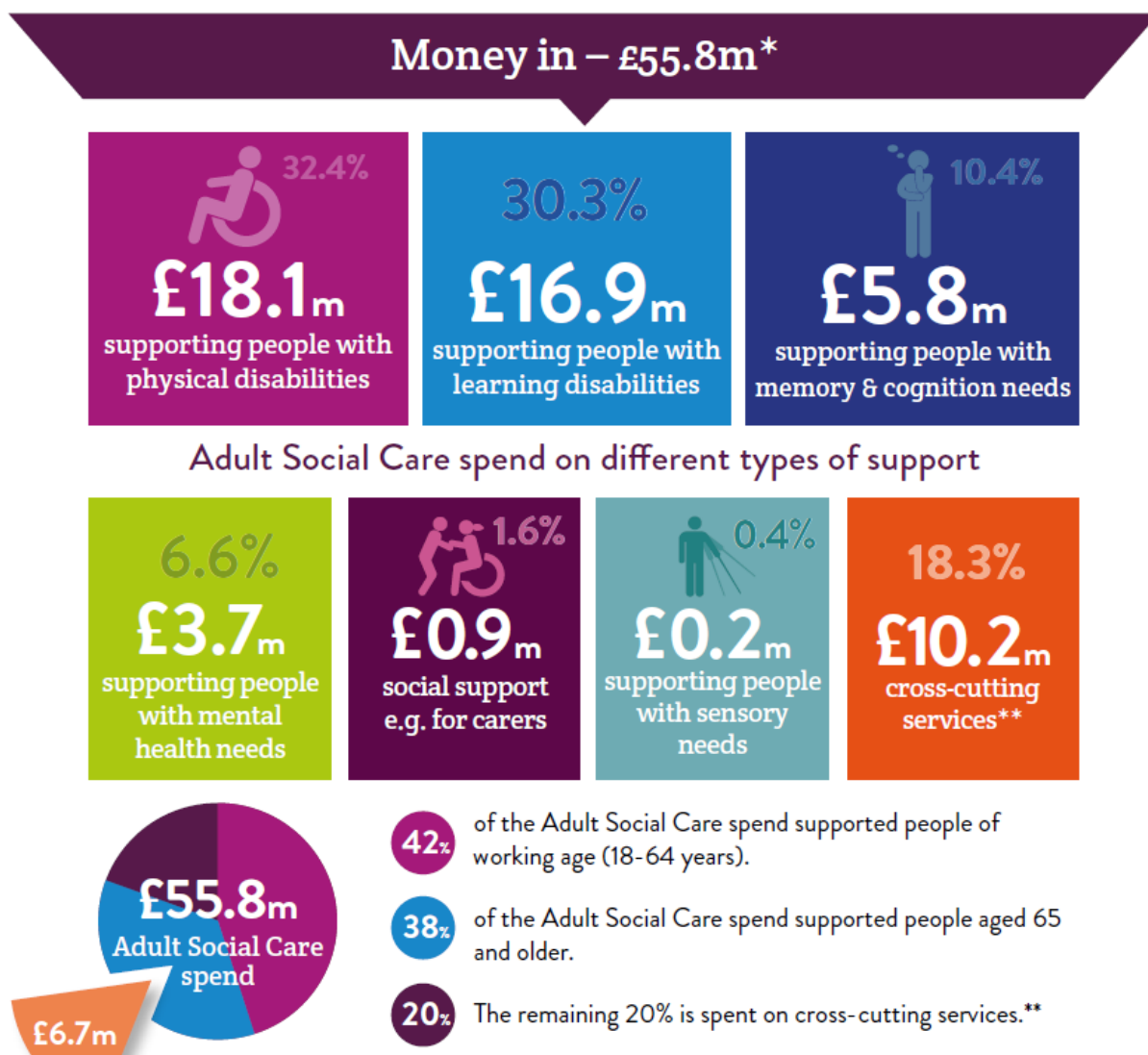
We project the older population in Reading will increase by 9% (1800) by 2020 and 23% (4400) by 2025. The number of people over 85 will increase by 15% (500) in 2020 and 30% (1200) by 2025. This is significant and suggests a rise in the complexity of needs as the number of people with dementia increases

<sup>1</sup> Poverty Needs Analysis



42% of the Council's net budget is spent on adult social care services. We currently have 19,400 people living in Reading who are 65 years and over - we estimate that this will go up to 26,700 by the year 2030. Last year we supported 2,890 adults (including 510 carers),.

42% of the Council's net budget is spent on adult social care services – the largest single area of spend for the Council.



## Employment

Reading presents a very mixed picture in terms of wealth, industry and workforce. Within Berkshire, Reading and West Berkshire represent the largest economies in employment terms. Reading has the highest number of filled jobs in Berkshire (115,310, compared to Wokingham's 86,770 and West Berkshire's 110,450) but the lowest rates of employment growth (10.6%, compared to Wokingham's 36.1% and West Berkshire's 31.9%)<sup>2</sup>. Reading also has one of the lowest proportion of working age residents either in or seeking employment (76.4%, lower than the South East's 80.1% and GB's 77.5%) and the highest unemployment rate in Berkshire (5.1%, higher than the South East's 4.4 and just in-line with GB's 5.7%).

<sup>2</sup> Berkshire Functional Economic Market Area Study Feb 2016

The social care sector is underrepresented within the Berkshire economy when compared with the wider regional average. Instead, Reading has a high representation of retail and financial services.

The data suggests a significant gap between people who are employed and skilled in Reading's high economic value areas and those who are unemployed and unable to engage with those service areas. It is valuable for the area to remain a mixed economy, with the ability to house and sustain people with a range of skills and income.

## Wages

Through the Home Care Framework and the Supported Living Framework, our providers pay the National Living Wage Foundation's Living Wage. This is higher than the Government's recently announced National Living Wage which replaces the National Minimum Wage. We expect all providers to ensure they are meeting their legal requirement to pay the National Living Wage, but have found many providers are unable to recruit and retain staff at this pay level, and already pay staff at the higher rate. There is a great deal of competition for low pay work in Reading, and the skills and demands on carers means that attracting good staff means paying a fair wage.

## The adult social care precept

We expect to make total savings of over £115m between 2011 and 2020.

Over the last five years the Government has cut the Council's income (Revenue Support Grant) by £39m resulting in major changes at the Council. By the end of this financial year we will have saved almost £65m from our budget since 2011 and lost nearly 700 roles.

In 2016/17 our Government grant (the Council's main grant income) will reduce by 30%. This is the highest 'cash cut' in Berkshire despite Reading having more residents, more visitors and significantly more demand on most Council services than our neighbours.

The adult social care precept announced in the 2015 Spending Review amounts to an additional £1.4m income for Reading, half of which is raised through increased Council Tax. This represents 3.6% of social care costs, in the context of a 30% cut from Government. We will spend the precept on shortfalls in adult social care to ensure support is targeted at those most in need.

## A fair price

Like other councils, we are facing unprecedented financial and demographic pressures. We are committed to paying a fair price, which offers sustainability to businesses and value for money to the taxpayer.

Providers who work closely with us are able to ensure their prices enable their business to grow and flourish, but there are some who prefer not to share information on their costs.

We want to explore open book accounting as a way of building partnerships and supporting sustainability within the market place, acknowledging that private businesses need to take a profit, and services provided by community organisations are rarely free.

We welcome your view on this and any other approaches. We plan to use our reference groups, provider forums and care & support conferences to discuss this further.

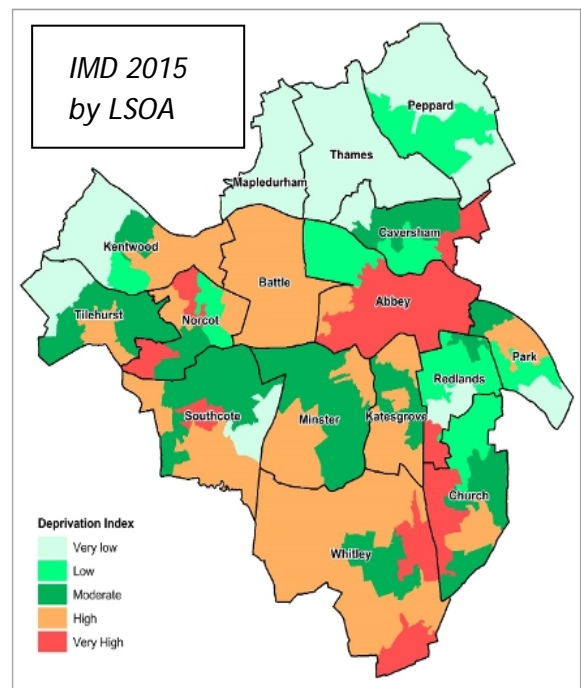
## Demand for publicly-funded social care

According to the Indices of Multiple Deprivation (IMD), Reading was ranked the 125<sup>th</sup> most deprived out of 326 local authorities in the country. Reading exhibits marked extremes at a more refined locality level and, in this respect, is very different from any other local authority in the South East region.

The map shows the areas (Lower Super Output Areas) within Reading having the highest levels of deprivation according to the IMD, which identifies deprivation to be most prevalent in:

- South Whitley and the Northumberland Avenue area in the south of the borough
- throughout Abbey ward in the town centre and
- specific neighbourhoods in the otherwise affluent west and north areas of the borough (areas of Norcot, Southcote and Lower Caversham).

Most areas with high levels of overall deprivation also have a high level of health deprivation (high risk of premature death and impairment of quality of life through poor physical or mental health). 2011 census data shows that 11.3% of the overall Reading population and 15.5% of Reading's children and young people aged 0-18 years, live in the 20% most deprived LSOAs nationally.



The quality of council-funded care is of a good standard - overall:

- 78% of providers used by the Council are good or compliant
- 9% require improvement.
- 13% have not yet been inspected by CQC.
- The Council's in-house services are all rated 'good' by CQC.

## Self-Funding Market

During 2015 house prices in Reading increased by 17.1% to an average of £266,045. As a comparison, in Slough, prices rose by more than 14% to £226,0961.

Although this might indicate an increase in personal wealth in the town, and therefore an increase in the self-funding population, we believe that many properties near the centre of Reading are buy-to-let rather than owner-occupier – reflecting the commuter population attracted by Crossrail.

The Personal Social Services Research Unit (PSSRU) estimates that 13.2% of all older people receive social care services, of which a quarter fully self-funds their care.

We provide social care support to 1834 older people (10% of the 65+ population). Extrapolating from the PSSRU research we estimate that 611 older residents self-fund their care.

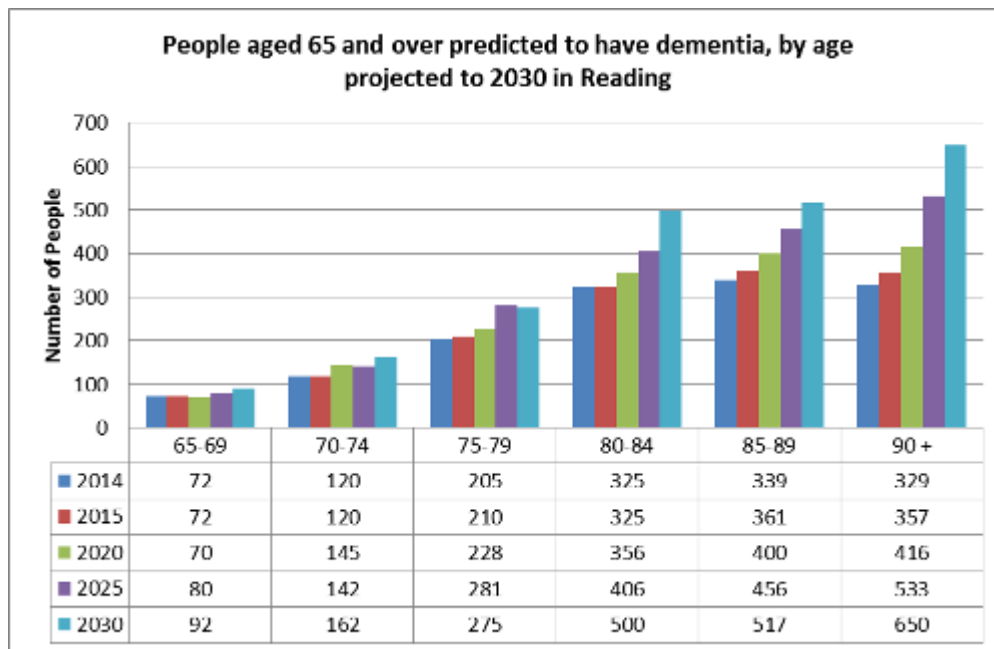
## Key Care/Support Prevalence data

It is crucial that service providers recognise the pressures on the overall health economy caused by dementia and long-term conditions such as heart disease and stroke. You can find more information on this, and a range of other issues, in the [Reading Joint Strategic Needs Assessment \(JSNA\)](#)

After cancer, the next most common cause of premature death in Reading is heart attack and stroke. Reading has the highest rate of premature mortality resulting from heart attack and stroke amongst the 15 local authorities with the most similar characteristics. The third most common cause of death in Reading is respiratory disease.

Both Cardio-Vascular Disease (CVD) and heart disease are more prevalent amongst more deprived groups (Health and Social Care Information Centre (HSCIC), 2011) and BME groups (PHE, 2016; BHF, 2016b). Reading has an ethnically diverse population, including a large population of South Asian residents - 12.9% of the total population in 2011.

We estimate that between 2010 and 2030 the number of older people with dementia in Reading will increase by 750 to 2196. - the majority of these will be aged 75 and over. Combined with the projected increase in older people in Reading as a result of people living longer, there is likely to be an increase in demand for services to support people with dementia as well as their carers and families.



(Source - POPPI data 2014)

### Summary of key health issues for older people

- Cancer, heart attack, stroke are the biggest causes of premature death
- CVD and heart disease prevalent in deprived and BME groups – high in Reading
- Dementia is a growing issue, particularly 75 plus

Further data is available in the JSNA, the Wellbeing Position Statement, and the CCG's Commissioning Intentions document.

# Demand and Supply Market Analysis and Commissioning Intentions

This section gives an analysis of current market provision with trends and current and future commissioning arrangements which are summarised as potential business or development opportunities.

## Community support services

### Current Provision

The Council's Adult Social Care service includes:

- Free advice and information about local care and support services and other support, and how to access these
- Up to six weeks intensive support and therapy to help people regain strength, confidence and independence following an illness or injury. The service is free and is provided by the reablement service staffed by health and social care professionals.
- Simple services such as equipment and emergency alarms for people having difficulty in carrying out routine tasks. The assessment for this is free, but there may be a charge for some pieces of equipment.

Reading's Adult Social Care service offers direct support to organise care for those with higher level needs. Reading has a strong voluntary and community sector that delivers a wide range of support and services. This sector can often offer support to those with care and support needs that might not come into contact with Council services.

The Council has tendered for a provider of floating support, aiming to support people to live independently. Floating support is one element of the Council's support for vulnerable people to reduce homelessness and prevent their future need for care and support.

### Our Position

We recognise the importance of services that prevent individuals from needing social care support in the future. Individuals eligible for social care funding are those identified as having substantial or critical needs (Fair Access to Care Services). A range of services can be classified as preventative, including advice and guidance, signposting and Assistive Technology/ Equipment.

Voluntary and community based organisations in Reading have a proud history of supporting people to enjoy healthy lives. Local organisations support people with long term health conditions, those who may need extra support as they get older, and people who provide unpaid care to friends, family and neighbours.

Our new Narrowing the Gap Framework covers funding available from the local authority to support cross cutting corporate priorities relating to tackling poverty and thriving communities, as well as meeting Adult Social Care and Public Health outcomes. The aim is to develop this Framework to reflect the emergence of joint commissioning arrangements with Clinical Commissioning Groups and neighbouring local authority partners.

We are trialling a new way of working called '**Right for You**' which is a significant change for social care, and will increase demand for preventative and community services. Under the Right for You



model, we aim to connect people to their local community and resources and so support them to help themselves.

When people are in crisis or need short term help we will offer an immediate 'emergency plan' and work closely with people to see this through. We won't attempt to make long term plans with people while they are in crisis, but if they need ongoing support then when the time is right we will support them to make use of a Personal Budget to take control of getting the life they want. The Right for You teams are capturing a wealth of data about community assets which is being used to develop our preventative information offer to all residents via the Reading Services Guide, and inform our future commissioning and community development work.

The Council recognises its duties under the Care Act to ensure that local people have a good range of wellbeing services to choose from. Our aspiration is to continue to have a vibrant local market, which is resilient to funding challenges, working with us for the benefit of the Borough and providing grass roots services. There are over 900 voluntary and community sector organisations listed on Reading Voluntary Action's local directory. In addition, there are 360 social action projects being delivered by faith groups in Reading.<sup>3</sup> These include debt advice, job coaching, delivering emergency food parcels and offering vulnerable people a safe place to belong and to build friendships.



## Development Opportunities

Building your profile as a care organisation will be more and more important as we encourage people to use the resources in their communities. Ensuring you have an attractive and up to date listing on the Reading Services Guide is important, and getting communities involved in your work will be key.

We want to work closely with the voluntary, community and faith sectors through mutually beneficial partnership arrangements to make sure that the services we support and commission are efficient, effective and delivered to meet the needs of citizens.

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<sup>3</sup> *Cinnamon Faith Action Audit (Reading)* – Cinnamon Network (2015)

## Advice, Guidance and signposting

### Current provision

The Reading Services Guide (RSG) is the Council's online directory of local services. It was launched in 2014 as a more user-friendly and accessible tool than the Council's previous online directory of services

The Council established ReACT (Reading Adult Contact Team) in 2010 as a single point of access for Adult Social Care. The team:

- help callers identify and access low-level services
- supports professionals and residents by co-ordinating referrals for Adult Social Care support.
- ReAct is based in the Council's Call Centre and takes calls Monday to Friday from 9:00am to 5:00pm.

We have a partnership arrangement with My Care My Home in to meet statutory duty to ensure people can access financial information and advice to help them plan for future care costs..

We also publish a range of leaflets about the Adult Social Care services we provide which are available online or in paper form. We are re-formatting our Adult Social Care leaflets into a factsheet format to make them more accessible electronically - in line with our Digital by Design policy.

### Our Position

Ensuring that people with care and support needs can access reliable high quality information about local services is a priority. This empowers them to understand their options and make good choices about maintaining their independence. We are developing a separate Information and Advice Strategy to take this forward.

In the 2014 -15 Adult Social Care Outcomes Framework (ASCOF) return:

- 77% of our service users said they found it easy to find information about services. This is slightly higher than the average for similar local authorities and the England average (both 75%), but 2% lower than in 2013 - 14
- 63% of Reading carers surveyed said they found it easy to find information about services, which is lower than the results for similar local authorities (65%) and the England average (66%).

We launched our Reading Services Guide (RSG) in 2014 to provide a user-friendly and accessible tool online directory of services.

The number of unique visits to the RSG continues to grow. From April to September 2015 we had an average of 43,428 visits per month compared with 36,367 over the same period in 2014.

92% of users surveyed in 2015 found the information easy to understand, accurate and up to date, useful and appropriate.

We work closely with providers to support them to maintain their entries and promote their services to new users.

Under the Care Act 2014 we have a clear responsibility to provide information and advice services for everyone with care and support needs, including those who fund their own care and support.



We have entered into a partnership arrangement with My Care My Home in order to meet our statutory duty to ensure that people can access to financial information and advice to help them plan for their future care costs.

36 referrals were made to this service between April and September 2015, Of these 6 people went on to access specialist independent financial advice which they paid for themselves. Feedback about the service has been very positive, but we need to increase the referral rate to ensure Reading residents understand their financial entitlements and options so they can plan ahead effectively..

## Development opportunities

Good information and advice means that customers are empowered to make their own choices and decisions and reduce their dependency on public services.

We will build on our existing Reading Services Guide and consider developing an e-market place from it so people with personal budgets or private funds can understand their options, choose services that are right for them and buy them online. Providers will want to ensure their profile on the Reading Services Guide is up to date and attractive

You can also make use of these services to enhance your own offer – for instance, if you are aware of clients who may benefit from financial information and advice you can refer to My Care My Home directly.



## Assistive Technology (Telecare) and Equipment

### Current provision

NRS Care hold the contract to provide community equipment across Berkshire – this will be re-tendered in 2016.

Forest Care have the contract for rental equipment and call-centre monitoring.

### Our position

Telecare is useful at home and can also be used in care homes. The council expects all our providers to use telecare to maximise potential and efficiency in all cases.

Telecare devices which can monitor multiple residents movements are also available for use in care homes – for example

- movement and door sensors can alert staff if a resident leaves the building or is moving around and needs attention.
- Bed and chair sensors can be used to alert staff if someone stands up or gets out of bed.- this can reduce the number of intrusions for residents at night and allow staff to focus on other tasks.

We are working closely with NRS Care and Forest Care to improve and enhance services through greater use of technologies which can improve independence and quality while reducing overall care costs.

We are already working with homecare providers to reduce the number of calls requiring two carers by using new equipment, and want to extend this to extra care and residential, particularly to reduce or replace night support with assistive technology.

We want to work with providers to think about innovative solutions which show how Assistive Technology can provide independence and opportunity for service users to self-direct their own care.

We will promote the new ideas Assistive Technology now brings for individuals and providers and aim to make this a core part of our offer.

### Business & Development Opportunities

Organisations who are interested in making efficiencies and improved client experience through telecare and assistive technology are encouraged to make contact with our providers.

The Berkshire equipment contract ends in March 2017, with an opportunity for providers to bid for the new contract during 2016.

## Direct Payments

### Current provision

The number of service users taking Direct Payments in Reading is very low at 10% - we aim to increase this to at least the national average of 25%.

A key part of this is promoting this choice of services to people with direct payments and establishing easy ways to purchase these. This needs to align to the work to review the Reading Services Guide, for example to look at introducing an e-marketplace function.

The Council currently has a contract with ENRYCH Berkshire to provide direct payment support services to people, which helps with the recruitment and employment of a Personal Assistant (PA) if people choose.

### Our Position

Everyone using social care in Reading should be able to exercise choice and control over their own care budget, and where possible, people should be empowered to purchase and directly influence the provider of those services themselves.

In Reading, the number of people who choose to take their Personal Budget as a Direct Payment continues to be very low

We aim to increase the take-up of direct payments to match the national average of 25% as soon as possible. We want to increase service user choice and control over their care and support, and enable the market to provide a wider range of opportunities to support a personalised approach to care and support. Our staff want to be more creative in care planning and supporting people to choose the care and support that will best deliver their identified outcomes, and we want everyone to be excited and engaged with the new markets in this area.

There are currently around 150 service users (10%) with direct payments, compared to a national average of 25%. We expect to increase this number to 383 direct payments (25%) in 2016. A further increase to 536 (35%) will take place in 2017.

Service user group	Number of clients	% with a direct payment (Nov 2015)
Physical support (18-64)	241	23%
Learning disability support (18-64)	304	13%
Support with memory and cognition (18-64)	12	8%
People aged 65+	827	6%
Mental health support (18-64)	148	4%

In January 2016<sup>4</sup> people using direct payments said:

- the choice and flexibility afforded by direct payments is most important
- the bureaucracy is challenging
- It is important that providers don't charge Direct Payment users more than they charge the Council.

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<sup>4</sup> Direct Payment Service Users 24% response rate

Like many councils, we are considering using pre-paid cards for direct payments. Card schemes have a number of benefits:

- it is quicker and easier to set up a direct payment - currently one of the biggest barriers
- it easier to keep track of spending and makes the monitoring of a direct payment less onerous for service users and Council staff.
- direct payments can be used by people who can't set up a bank account (a requirement of our current scheme)

## Business & development opportunities

The Council's contract with Enrych Berkshire, which provides support to people managing Direct Payments, is due to end in March 2017. We are reviewing our requirements for direct payments support now to inform our future plans. People with direct payments need varying types of support services, which could include employment and/or payroll (if they choose to employ a Personal Assistant), or a Managed Bank Account if they are unable or unwilling to take on the full responsibility of direct payment management.

We want to work with the market, particularly the voluntary and community sector, and arts and cultural providers to consider how they can shape their service offer to meet the eligible needs of direct payment users and develop their business models to work for individual payments.

Ensure your business's profile is up to date and attractive on the Reading Services Guide – this is a key way for direct payment users to find services to buy. We will also use the guide to help identify gaps in the market, informing providers of development opportunities.

## Individual Service Funds (ISF)

### Our Position

Individual Service Funds (ISFs) are a different way to manage someone's care and support, where the service user's personal budget is given directly to the care provider. The provider then works with the service user directly to agree how they would like to spend their money to meet their needs.

ISFs can be a good alternative for someone who wants to have more flexibility or choice over their care and support, but doesn't want (or it wouldn't be appropriate for them) to take on the responsibility of a direct payment.

ISFs are not new – they have been used in various parts of the country for 20 years – but they are still rare. Only 1% of current Personal Budget spend nationally is delivered through an ISF.

We are keen to introduce ISFs in Reading as one of the options for people to manage their Personal Budgets. ISFs fit with our strategic aims to give people more choice and control over how their support meets their individual needs, to focus more on outcomes achieved by someone's care and support, and to develop closer working relationships with providers who we know will support these aims.

### Development opportunity

We plan to pilot ISFs with a small number of service users with suitable circumstances to understand how they work and learn lessons before we introduce these more widely.

ISFs can work for any service user groups, although we are especially keen to use them in Supported Living settings for people with physical and/or learning disabilities.

We want to encourage providers with experience of, or an interest in, Individual Service Funds to explore this with us.

# Day Opportunities and Community Activities

## Current provision

Day services for older people and people with physical disabilities are currently provided by the Council at The Maples Resource Centre in Southcote. Work is underway to move this service to Rivermead Leisure Centre in autumn 2016. As well as being a more efficient space, the aim is that co-locating the services will increase and widen the range of activities available to people with complex needs and also encourage more family carers to access fitness and wellbeing services whilst those they care for are receiving respite care within the Centre.

We continue to review this service in order to adapt to changing need and preferences.

## Our position

We are committed to providing day services for older people based on open discussions with service users and potential future service users on how best to offer a wider range of activities and more flexible ways of using the service.

We will continue to:

- offer specialist day services for support for older people with complex needs
- continue to develop neighbourhood based opportunities for older people to maintain and develop friendships and enjoy active and independent later lives

Day services are an example of how Direct Payments can work well to facilitate service user's choices.

In 2013 we asked older people, carers and community groups for their views on the future of day care services for older people. Feedback was broadly in favour of combining traditional day care with other services. People particularly liked the idea of greater choice and more flexibility around taking part in activities with others.

There was a recognition that care for those with high needs should be available from a specialist service alongside better access to neighbourhood based activities for the greater number of older people who are not so frail.

## Development Opportunities

GLL is creating an older people's lounge at the Rivermead site to encourage more older people to use centre facilities and is keen to work with the Council and local voluntary sector to offer a wider range of services and activities for people of all abilities.

Day services are an example of how Direct Payments can work well to facilitate service user's choices, and may become a growing area for providers.

# Carers

## Current provision

We take account of carers needs when we assess the needs of the person they care for.

Carers are offered a Carers Assessment which looks at the impact caring has on their own health and wellbeing to identify any help they are eligible for. This may include a Carers Personal Budget (either a one off Direct Payment to spend on things they feel will relieve the stress of caring or a support plan), adaptations and equipment and emergency back up.

We commissioned a new service (from April 2016) to support carers to manage caring, and another service to enable and empower carers to enjoy a life outside of caring. Further information can be found in the Council's Wellbeing Position Statement.

We work in partnership with health services and voluntary sector organisations to provide support to carers and ensure they have access to information and advice. This includes increasing awareness of carers, supporting carers to take breaks from caring and facilitating access to training and peer support.

We support young carers (19 years and younger) through the Young Carers Project which ensures they get a break from caring and support to help them manage their caring responsibilities.

## Our position

In the 2011 Census 7.9% of the local population (12,315 residents) identified themselves as carers. 2,599 of these carers said they provide 50+ hours of unpaid care each week.

We know that:

- unpaid carers are more likely to suffer from poor health, which worsens with the amount of care they provide,
- a significant number of carers are over 65 - an age where health problems and disability are more prevalent.



We anticipate the number of carers requesting a Carer's Assessment will increase with new rights under the Care Act and the Children and Families Act in 2015. The Care Act gives carers the right to services in their own right, including a **Carer's Personal Budget** if they meet national eligibility criteria.

The new Berkshire West Carers Commissioning Forum (BWCCF) is developing strategic plans and commissioning arrangements for supporting carers – the strategy will be published next year, supported by local Action Plans for carers.

You can find more information in the Council's Wellbeing Position Statement. For information on the national picture for carers visit [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk).

## Development opportunity

We recognise the value of carers and want to encourage services which understand and specifically address the needs of carers in Reading.

These are likely to be community organisations using people with experience of caring to identify individual needs to create support or interventions which are cost effective and achieve good outcomes for carers

## Home care

### Current Provision

Our Home Care Framework (HCF) began in May 2015 and will run until April 2019.

We pay between £15.50 - £18/hour for home care on HCF - this range was calculated using the UKHCA toolkit and in consultation with providers to ensure a rate which supports payment of the living wage.

We were the first local authority in the South East (outside London) to sign up to the Unison Ethical Care Charter, which means that homecare workers are guaranteed the Living Wage and paid to do the training they need. All providers on our Homecare Framework have signed up to the Charter.

People using services were involved in choosing the organisations to be part of the Homecare Framework

67% of our home care providers are good or compliant, 21% require improvement and 12% have not yet been inspected by CQC.

### Our position

The Council is committed to the principles in UNISON's Ethical Care Charter for home care services to establish safety, quality and dignity of care by ensuring a standard of employment conditions.

This includes paying staff for travel time and training and moving away from zero-hour contracts.

We are committed to Improving the quality of homecare and encourage service users and staff to report poor care as a way to drive up quality.

We are minimising the use of short home care visits and aiming for no support packages made up solely of 15 minute calls.

Focusing resources on our HCF providers helps us encourage them to grow their businesses and provide good quality, flexible services. We expect HCF providers to sign up to the Ethical Care Charter and the Council's Dignity In Care Charter.

We are planning to introduce electronic time recording with all providers to ensure more efficient use of time, improve risk management and address the growing issue of missed calls.

The Council's Integration Programme is looking at how homecare can support people to go home from hospital sooner. This includes a project for 7 day working in a joined up way, to enable people to leave hospital and start accessing care services across the whole week

We will continue to explore how new technological solutions in Telecare can help residents to maintain their independence.

### Business and development opportunities

The Home Care Framework has been very successful, with strong partnership working, increased business and improved quality over the last year.

This framework will be retendered during 2018. We want to develop ideas with the market on outcomes-based commissioning, using electronic time recording to take focus away from time-based commissioning and on to the needs of the individual.

## Supported Living

### Current Provision

The local care market is generally of good quality and sufficient for Reading's needs, but property is at a premium.

We have 12 providers on our new Supported Living Framework (SLASL) which runs until January 2019. We pay between £13 -15/hour for supported living services.

88% of our supported living providers are rated as good or compliant by the CQC. 12% have not been inspected.

The Reading Shared Lives scheme offers accommodation and support in a carer's own home, either as a permanent placement or as respite (overnight or day care). Most shared lives users (93%) are people with learning disabilities.

We have built 11 new flats for people with learning disabilities at Whitley Rise, South Reading, as an alternative to residential care

Each year, up to six people with complex needs require specialist care and accommodation to enable discharge from assessment and treatment units.

### Our position

Enabling people to live in their own homes and providing bespoke support which promotes independence and choice is absolutely key to the future of care in Reading.

We reviewed the way we use extra care, supported living and sheltered housing so we can plan for enough good quality supply, criteria for demand and a full understanding of the needs of our residents.

We continue to refuse to buy care services which are compulsorily linked to accommodation, as we are determined that a person must be able to change their care provider without risking their home.

Landlords who are unwilling to risk letting properties without linking to a care provider they trust can make use of the Local Housing Allowance (LHA) exemption by providing an element of care with the property. This increases the amount of rent paid through the client's Housing Benefit and has resulted in a shortage of property available.

We will review our Council stock and look for opportunities to create more capacity for supported living housing.

The Council is setting up a wholly-owned housing company to buy properties to let at a mix of market rates and discounted rents. The new company will offer good-quality, responsibly managed private rented accommodation and will be separate from the general housing stock.

### Business opportunities

We have learned a great deal by working more closely with our providers on our Supported Living Framework. The framework will be re-tendered during 2018 for a start in April 2019. In the meantime we are developing ideas on payment by outcomes, electronic time recording, Individual Service Funds and client-led commissioning, for implementation in the new framework.

Use of Supported Living will increase as we promote alternatives to residential care that enable people to live more independently. We particularly want to see small clusters of supported living properties develop, able to provide for clients with learning disabilities and/or mental health needs.

## Extra Care Housing

### Our Position

In 2008, Reading Borough Council made a policy commitment to introduce Extra Care schemes across the town to fully develop the option of Extra Care Housing and realise the benefits of using this as an alternative to residential care.

We have since been able to reduce the numbers of people going into care homes before they need to, and have ensured more older people can get a high level of care in a home of their own.

We want to explore the potential of extra care sites to provide services for the community. Our Cedar Court site, for instance, has a cafe and restaurant, a hairdressing salon and a treatment suite which older people in the neighbourhood are welcome to use.

### Current Provision

We have five Extra Care Housing (ECH) schemes in Central, West and South Reading – these are a mix of commissioned and Council owned schemes.

We opened Cedar Court ECH in 2014 and are building a new scheme, Beechwood Grove, in Caversham which is due to open in 2018..

We believe that by 2018 this provision will meet the demand for extra care.

### Business opportunities

The demand for extra care housing will continue to rise as an option for older people care and support needs as we continue to reduce placements into residential care.

We will be tendering our existing extra care services in 2016, (including one previously run by us). The new specification will be higher to:

- cater for more residents with medium or high needs
- include the capacity and skill for services to support clients with dementia
- consider the potential to provide neighbourhood activities and groups for older people to meet the needs of the wider elderly community.



# Residential and nursing care for older people

## Current provision

We commission services with over 100 residential and nursing care providers across the country.

Within the Borough we have:

- 14 residential homes and 5 nursing homes providing a total of 781 beds for people aged 65 and over.
- 398 residential beds for older people of which 149 are registered for dementia care
- 383 nursing beds of which 177 are registered for dementia care

There is sufficient capacity within the market to cater for the Council's needs to 2030.

89% of our providers are good or compliant, and 9% require improvement. 2% have not yet been inspected by CQC.

In 2015 our usual rates were:

- £700.00 / week for residential care for people with dementia.
- £699.11 / week (net FNC) for nursing care for people with dementia.

Last financial year we funded 115 nursing placements for older people in borough - of those 39 (27%) were for people with dementia.

## Our position

We have reduced the number of residential beds we purchase in favour of Extra Care, Supported Living and homecare by 35% and are now average amongst our comparators. We continue to be focused on understanding costs in this area.

We plan to reduce residential placements even further to ensure everyone who can benefit from being independent is enabled to do so.

We buy 75% of nursing care from one home in the borough. Although we have sufficient capacity across the borough there is a risk of market failure. We have therefore tendered a new nursing home build at Dwyer Road in Southcote which is due to open early in 2019.

## Business opportunity

Step-down beds are short-stay beds in a residential care setting for people who no longer need the acute medical services provided by a hospital but who are not yet able to go home.

Step down beds provide an opportunity for people to recover in a more homely environment with the time to consider the options for meeting their ongoing needs for support.

These beds can also be used by people living in the community who are considering a move into residential care.

The Council currently provides fourteen "Discharge to Assess" beds at the Willows but there is an increasing demand for step down services.

# Services for people with Learning Disabilities

## Current provision

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 who accommodate 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.

Although there is wide range of external day services provision (which varies in price and quality) the majority of clients use our in-house services.

Traditionally we have provided block grant funding to the community organisations to provide a social activities and information services. Services have tended to specialise in disability or age related services rather than supporting integration with universal services and activities.

## Our position

Our vision is to enable people to maximise their opportunities to be included within their local community and to support them to grow and develop as individuals. We will take a strengths based approach to our work, taking our starting point as considering what people can achieve now for themselves and what they could achieve in the future with support.

People with Learning Disabilities (LD) 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.

In Reading more learning disabled people live in residential settings than in comparable local authorities, and four live in hospitals. We spend almost 60% of the total adult learning disability budget on residential provision.

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.

Over the coming years we plan to reduce then numbers of clients with a learning disability living in residential care as we increase the provision of supported living arrangements. State-funded residential care for adults is not a growth area.

## Business opportunity

As we reduce the numbers of residential care placements we will need

- more supported accommodation for people with learning disabilities.
- A wider choice of support services so service users can choose a mix of services to match matching their individual needs and aspirations (it is important to recognise that the continuum of needs is wide and varied, and that solutions may be found within clients' own support networks, local communities and universal services, as well as in more specialist provision).

We will develop easy ways for people to directly choose and purchase their individualised support.

## Summary of Business and Development Opportunities

We will promote to providers the opportunities available through the self-funder market offering low level support services directly to customers. We will support this through the **Reading Services Guide** and potentially through an **e-market solution**.

The Council intends to spread and embed the **reablement approach** across the local market so that we are always working to help people progress and prevent, reduce or delay their need for support.

We want to work with the market, particularly the **voluntary and community sector**, and **arts and cultural providers** to consider how they can shape their service offer to meet the eligible needs of **direct payment users** and develop their business models to work for individual payments instead of block funding.

We are interested in new ways of working, such as **Individual Service Funds**, **Payment by Results** and **Open Book Accounting** and welcome approaches from organisations who can explore these options with us.

Organisations who are interested in making efficiencies and improved client experience through **telecare** and **assistive technology** are encouraged to make contact with our providers.

We will explore ways to reduce the need for care in partnership with providers, by providing **incentives to reduce care** which enable services to remain stable. This will require a change in business model for many services and we welcome discussions about how this can work.

We want to encourage services which understand and specifically address the needs of carers in Reading. These are likely to be **community organisations**, using people with experience of caring to identify individual needs, and to create support or interventions which are cost effective and achieve good outcomes for the carer

A few **home care** agencies are growing their business, but many choose to stay small. We want the best organisations to grow so that we have services of consistent good quality across the borough

Use of **Supported Living** will increase as we promote alternatives to residential care that enable people to live more independently. We particularly want to see small clusters of supported living properties develop, able to provide for clients with learning disabilities and/or mental health needs.

The further reduction in use of residential care in the future means that **Extra Care Housing** is likely to increase as an option that appeals to older people as they become frail and/or develop care and support needs.

The development of **Extra Care** also needs to be considered for its potential to contribute to meeting the needs of the wider elderly community

We are seeking to work with providers of **Residential and Nursing Care** to develop **step-down services** to facilitate a more successful discharge from acute hospital settings for Older People, preventing hospital re-admission or permanent admission into Residential and Nursing Care. **Payment by Results** contracting models will be utilised to support delivery.

## Upcoming procurement opportunities

The **Berkshire equipment contract** ends in March 2017, with an opportunity to bid for the new contract during 2016

We are tendering our five existing **extra care services** in 2016, one of which will be a previously Council-run service. These will have a higher specification than before, with residents expected to be of medium or high needs, and with the capacity and skill to work with clients who have dementia.

The **Home Care Framework** will be re-tendered during 2018. We want to develop ideas with the market on outcomes-based commissioning, using electronic time recording to take the focus away from time-based commissioning and on to the needs of the individual.

The **supported living framework** will be re-tendered during 2018 for a start in April 2019. In the meantime we are developing our ideas on payment by outcomes, electronic time recording, Individual Service Funds and client-led commissioning, for implementation in the new framework.

## Conclusion

This Market Position Statement is intended to be an open invitation to providers to:

- identify ways in which our objectives align, and
- offer solutions which help us both meet those objectives.

We are keen to understand the challenges and risks facing businesses, and want to be influential in shaping a vibrant, healthy, forward thinking market which benefits our clients.

We must reduce our overall expenditure, and improve the quality of life for Reading's residents, which is a challenge we can only resolve together.

If your business is up to the challenges posed in this document we want to hear from you.

Please use the contact and engagement page to find the best way to get in touch.



## Further information and links

### Service user groups

[www.reading.gov.uk/adultcareforums](http://www.reading.gov.uk/adultcareforums)

- Older People's Working Group
- Carers Steering Group
- Physical Disabilities and Sensory Needs Network
- Learning Disabilities Partnership Board
- Learning Disabilities Carers Forum
- Access & Disability Working Group

For more information about these groups visit [www.reading.gov.uk/adultcareforums](http://www.reading.gov.uk/adultcareforums). If you are interested in sharing your views call 0118 937 2383 or email [transformation@reading.gov.uk](mailto:transformation@reading.gov.uk).

### Joint Strategic Needs Assessment (JSNA)

The JSNA is a local assessment of the current and future health, social care and wellbeing needs of the local population in Reading.

The JSNA also looks at a wider range of factors that help shape the health and wellbeing of individuals, families and local communities such as education, employment and the environment.

The JSNA uses data and evidence to highlight needs of the whole community. It is a key source of information which is used by the Health and Wellbeing Board to agree the priorities that will inform the Health and Wellbeing Strategy.

[www.reading.gov.uk/jsna](http://www.reading.gov.uk/jsna)

### Wellbeing Position Statement

[www.reading.gov.uk/adultwellbeing](http://www.reading.gov.uk/adultwellbeing)

### Poverty Needs Analysis

[www.reading.gov.uk/tacklingpoverty](http://www.reading.gov.uk/tacklingpoverty)

### Think Local Act Personal

[thinklocalactpersonal.org.uk](http://thinklocalactpersonal.org.uk)

### North West Reading CCG Commissioning Intentions

<http://www.nwreadingccg.nhs.uk/your-north-west-reading-ccg/commissioning-intentions>

### South Reading CCG Commissioning Intentions

[http://www.southreadingccg.nhs.uk/images/Jo\\_documents/South\\_Reading\\_Commissioning\\_Plan\\_final.pdf](http://www.southreadingccg.nhs.uk/images/Jo_documents/South_Reading_Commissioning_Plan_final.pdf)

### Reading Borough Council Strategies

<http://www.reading.gov.uk/strategiesplansandpolicies>

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	20
TITLE:	QUALITY ACCOUNTS: REVISED SCRUTINY ARRANGEMENTS		
LEAD COUNCILLOR:	CLLR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ADULT SOCIAL CARE & HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2072
JOB TITLE:	DIRECTOR OF ADULT CARE & HEALTH SERVICES	E-MAIL:	<a href="mailto:wendy.fabbro@reading.gov.uk">wendy.fabbro@reading.gov.uk</a>

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out plans for future scrutiny of Quality Accounts presented by healthcare providers, giving the Health and Wellbeing (HWB) Board a clear overview and scrutiny lead in this area via a delegation from the Adult Care Children's Services and Education (ACE) Committee.

#### 2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing (HWB) Board be authorised to receive and respond to future Quality Accounts received from local NHS healthcare providers.

#### 3. POLICY CONTEXT

- 3.1 A Quality Account is a report about the quality of services delivered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. They aim to give confidence that the relevant board is being open and honest about the quality of services being provided across the organisation and is committed to driving continuous quality improvement.

- 3.2 The quality of the services is measured in the Quality Account by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.
- 3.3 Health and Wellbeing boards are intended to shape and drive the improvement of the local health and wellbeing system. A recent peer review of Reading's Health and Wellbeing Board noted a clear commitment, politically and from officers and clinicians, for the board to provide strategic leadership and to make a positive difference to improving the health and wellbeing of Reading's people. However, the peer reviewers also observed that that the Board's role to date has been primarily to receive information about decisions made elsewhere in the Council and CCGs. Giving the Reading Health and Wellbeing Board a clear lead in receiving and responding to Quality Accounts will help to consolidate its leadership role in relation to local healthcare.

#### 4. QUALITY ACCOUNTS

- 4.1 The Department of Health requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by June 30 each year. The requirement is set out in [the Health Act 2009](#). Amendments were made in 2012, such as the inclusion of quality indicators according to [the Health and Social Care Act 2012](#). NHS England or Clinical Commissioning Groups (CCGs) cannot make changes to the reporting requirements. Additionally Healthwatch should be provided with a copy to comment on prior to publication of the Quality Account, and Healthwatches have been asked to consider producing guidance that will enable them to provide an effective challenge to Quality Accounts locally.
- 4.2 Foundation trusts and NHS trusts are only required by regulation to share their Quality Account with NHS England or relevant clinical commissioning groups (as determined by the NHS Quality Accounts Amendment Regulations 2012), local Healthwatch organisations, and Overview and Scrutiny Committees (and have their reports audited). There is no regulatory requirement for foundation trusts or NHS trusts to share their Quality Account/Report with Health and Wellbeing Boards unless the Health and Wellbeing Board is fulfilling a scrutiny function; although it is hard to see any reason why this would not be sensible given the remit of the Health and Wellbeing Board to oversee alignment and potential integration of health and care services. For Reading Borough Council, the Constitution identifies the Adult Social Care, Children's Services & Education (ACE) Committee as the Health Scrutiny body, although in practice much of the reporting of developments is managed via the Health and Wellbeing Board.
- 4.3 No central guidance has been issued to Health and Wellbeing Boards setting expectations as to the comments they may make on Quality accounts. However, comments may be made on the following areas:
- the degree to which local communities have been engaged in priority setting
  - other priority areas that could have been included in the Quality Account
  - the approach the organisation has towards quality improvement overall

## 5 PROPOSALS FOR FUTURE HANDLING OF QUALITY ACCOUNTS

- 5.1 ACE Committee is asked to delegate its health scrutiny function in relation to Quality Accounts to the HWB Board. This will facilitate appropriate representation within the responses prepared to Quality Accounts. The local authority will continue to play a key role, but working alongside CCG and Healthwatch representatives. This will give the HWB Board a mandate to take on a clearer leadership role in relation to health improvement locally.
- 5.2 In future, all Quality Accounts received for local NHS healthcare providers will be received and responded to by the Reading HWB Board. The HWB Board ordinarily meets four times a year, however, and this may not be sufficiently frequent to facilitate discussion of each Quality Account response by the full Board. The HWB Board will therefore appoint members to a Quality Account Task and Finish Group and empower this Group to prepare and submit Quality Account responses on behalf of the HWB Board.
- 5.3 The Quality Account Task and Finish Group will include appropriate representatives of the local authority, the Reading CCGs and Healthwatch Reading. Members of the Task and Finish Group will be appointed by but need not be members of the HWB Board.

## 6. BACKGROUND PAPERS

- 6.1 'Quality Accounts' report to Health and Wellbeing Board - March 2016



## READING BOROUGH COUNCIL

### REPORT BY ADULT SOCIAL CARE AND SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 JULY 2016	AGENDA ITEM:	21
TITLE:	BETTER CARE FUND SECTION 75		
LEAD COUNCILLOR:	CLLR. MCELLIGOTT	PORTFOLIO:	
SERVICE:	DACHS	WARDS:	ALL
LEAD OFFICER:	KEVIN JOHNSON	TEL:	01189 374807
JOB TITLE:	INTEGRATION PROGRAMME MANAGER	E-MAIL:	kevin.johnson@reading.gov.uk

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Reading Borough Council and the two Clinical Commissioning Groups (CCGs) in Reading (South Reading CCG, and North and West Reading CCG) have operated a Section 75 of the National Health Services Act 2006 since July 2015 to deliver the requirements of the Reading 2016-17 Better Care Fund (BCF) plan.
- 1.2 This was due to expire on 31 March 2016. A new 2016-17 BCF plan has been developed by the Reading Integration Board (RIB). This is now completed a new 2016-17 Section 75 needs to be agreed. Therefore RIB and NHS guidance has recommended the extension of the 2016-17 Section 75 and longer as required, until the 2016-17 BCF plan and corresponding new 2016-17 BCF Section 75 can be completed.
- 1.3 This extension will need to be approved by Adult Social Care Children's Services and Education Committee (ACE). However ACE Committee approval to delegate authority to the Director of Adults Care and Health Services in discussion with the Chair of ACE to agree a new 2016-17 Section 75 is being sought.

#### 1.2 *Appendix 1 - Better Care Fund Section 75 Agreement*

#### 2. RECOMMENDED ACTION

- 2.1 The ACE Committee is being asked to delegate authority to the Director of Adult Care and Health Services in discussion with the Chair of ACE and Chair of Health and Wellbeing Board to agree joint commissioning arrangements under the new 2016/17 BCF Section 75 Agreement with the two Reading CCGs. This delegated authority will be a yearly reoccurrence.

#### 3. POLICY CONTEXT

- 3.1 The two CCGs in Reading and the Borough Council have operated a Section 75 Agreement (National Health Services Act 2006) for the past year to deliver the joint

2015-16 Better Care Fund plan. The current arrangement was due to expire on 31 March 2016.

- 3.2 The BCF Plan details a programme designed to bring together health and social care commissioners and providers to look at how health and social care services can be both moved in to the community and be more integrated in order to improve the effectiveness and efficiency of local health and social care services.
- 3.3 The 2016-17 BCF plan has a £10.417m budget. This is not new funding, with over half of the funding (around £6 m) transferring from CCG 2016-17 budgets. The balance is largely made up of other existing funding streams, most notably NHS Funding for Social Care. The Borough Council contribution is £1,119,000. Resources in the Better Care Fund (BCF) will increase from £10,196m in 2015-16 to £10,417m in 2016-17.
- 3.4 The arrangements, including aims and outcomes, governance and internal approval arrangements, details of schemes to deliver the plan, commissioning and contracting arrangements, financial contributions and governance, assurance and monitoring and information sharing are set out within the 2016-17 BCF Section 75.
- 3.5 A BCF Integration Manager has been appointed to manage the BCF process and support the Health and Wellbeing board (HWB), the RIB and the three organisations to deliver the outcomes and outputs set out in the 2016-17 BCF plan. The BCF Integration Manager has developed a new joint 2016-17 BCF Plan and has been agreed by the three organisations. This required a new 2016-17 BCF Section 75 has been completed and waiting delegated authority.
- 3.6 The new 2016-17 BCF Plan has been completed and agreed by the partners, RIB and HWB on 3<sup>rd</sup> May 2016. Delegated authority was given to the Director of Adults Care and Health Services in discussion with the Chair of the HWB due to timings, the new 2016-17 BCF Section 75, required by NHS England. To ensure on-going compliance until a new BCF Section 75 is agreed, an extension of the 2015-16 BCF Section 75 as per Clause 2.2 of that agreement will be required. This is able to be approved by the Director of Adults Care and Health Services.

#### 4. THE PROPOSAL

- 4.1 A new 2016-17 BCF Section 75, has been developed and agreed with the CCGs, setting out arrangements between the partners for the delivery of the 2016-17 BCF Plan. Although the BCF marks a fundamental change in the nature of the relationship between social care and health, the Section 75 agreement is no more than an enabling tool. Its importance is in specifying how the partners will work together and the contractual framework through which agreed schemes will be undertaken. As such it will give formal authority to the outline arrangements that have been agreed at RIB and approved by the HWB.
- 4.2 It is proposed that authority to agree this is delegated to the Director of Adults Care and Health Services in discussion with the Chair of ACE and Chair of Health and Wellbeing bBoard.
- 4.3 There are no alternative options as there is an expectation from NHS England that the operation of the Better Care Fund is supported by a Section 75 agreement.

## 5. CONTRIBUTION TO STRATEGIC AIMS

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

- To promote equality, social inclusion and a safe and healthy environment for all
- To remain financially sustainable to deliver our priorities

5.2 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;

5.3 The decision also contributes to the following:

- Equal Opportunities
- Health equality

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Consultation on the technical processes and procedures to be described in the new 2016-17 BCF Section 75 have, and will continue, to take place with the CCGs via the RIB and other agreed meetings.

6.2 The Borough Council's legal team have been advised of the new 2016-17 BCF Section 75 and will be liaising with the CCG legal team and Chief Finance Officer, to agree and complete the 2016-17BCF Section 75.

6.3 Elected members have been made aware of the progress of the 2016-17 BCF Section 75 development via meetings with the Cabinet Member for Health and Cabinet Member for Social Care.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 The Section 75 arrangements describe the process of commissioning not the actual service delivery and as such there are no impacts expected on any groups as a consequence of the arrangements as set out in this report.

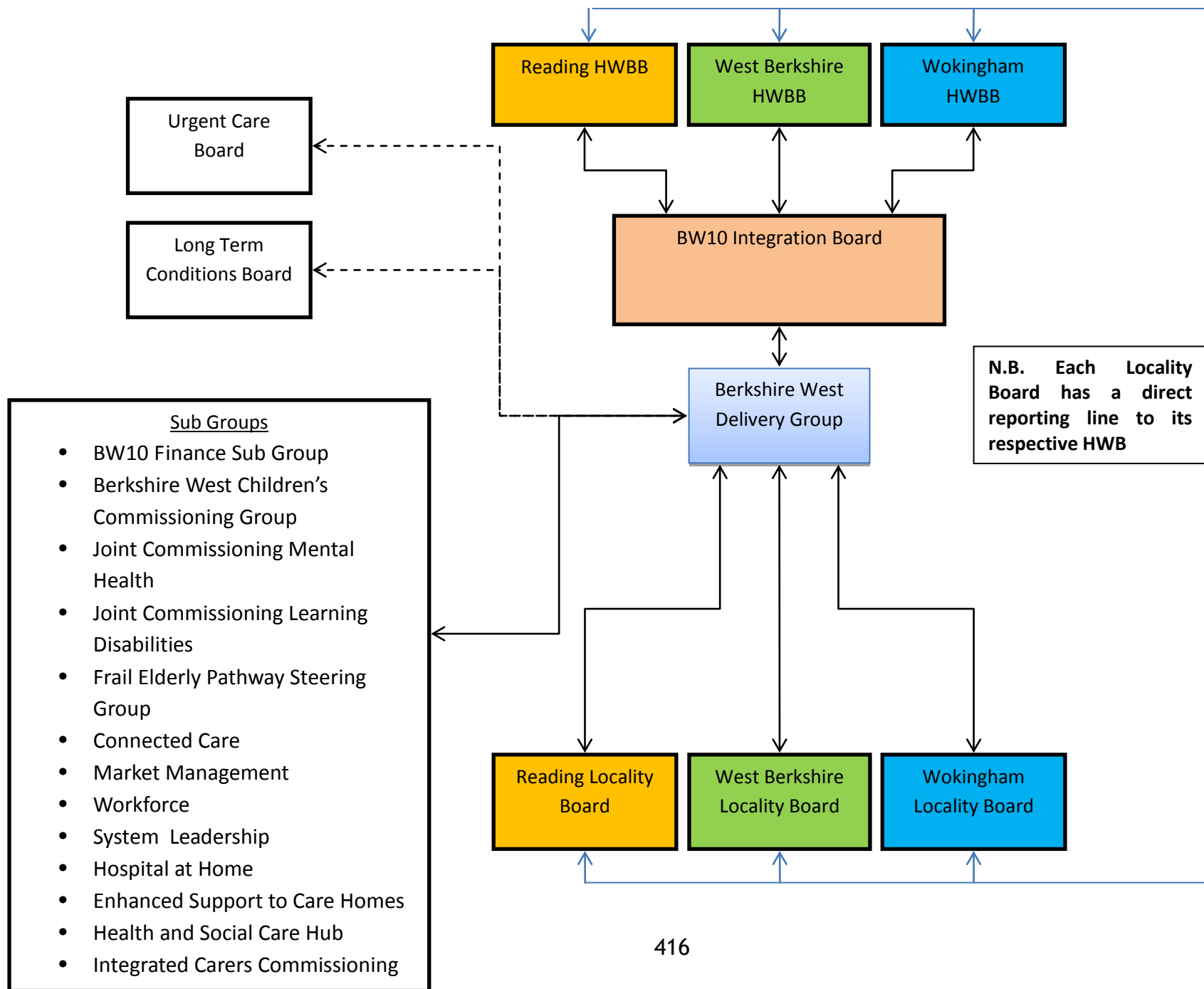
## 8. LEGAL IMPLICATIONS

8.1 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.

8.2 Budgets and spending plans are confirmed the pooled budget agreement has been drafted and approved and formally executed by the appropriate council (Health and Wellbeing Board) and CCG committees. The anticipated deadline for completion and signature of the agreement of the Section 75 is 30 July 2016.

- 8.3 Programme Governance in Reading, we have a history of pooling health and social care budgets to deliver improved outcomes, and have developed governance arrangements appropriate for integrated care. These have been refreshed to establish joint governance arrangements covering both our Better Care Fund and Care Act implementation programmes.
- 8.4 The primary accountable board for the Better Care Fund schemes across Reading is the Reading Integration Board. This is chaired jointly by the Head of Adult Social Care at Reading Borough Council and the Operations Directors for the Berkshire West Clinical Commissioning Groups. Reading's Health and Wellbeing Board has strategic oversight of our plans to develop more integrated services within the Borough.
- 8.5 As many of our Better Care Fund schemes span all three unitary authorities and all four CCGs across Berkshire West, as well as local projects specific to particular unitary authority areas, we have established robust governance structures for working across the sub-region. The diagram below shows the key structures across Berkshire West. The Reading Locality Board is the Reading Integration Board. For projects that span all three unitary authorities in Berkshire West (Wokingham Borough Council and West Berkshire Council as well as Reading Borough Council), accountability is held with the Berkshire West Integration Board, with the Berkshire West 10 Delivery Group acting as the programme board on their behalf. An additional group, the Berkshire West 10 Finance Sub Group, provides financial support and analysis to the 3 local and the pan Berkshire Integration Boards.

# Berkshire West 10 Integration Programme Governance Map



## 9. FINANCIAL IMPLICATIONS

9.1 The Section 75 arrangements enable collaborative and joint commissioning which supports the best use of resources and hence value for money for the population of Reading. Beyond this the process of agreeing the Section 75 agreements does not carry any direct resources implications. The table below gives an outline of finances and programmes they have been associated to.

<b>Scheme Name/Expenditure Line</b>	<b>16-17 Expenditure (£)</b>	<b>15-16 Expenditure (£)</b>
<i>s256/Protection of Social Care</i>		
1. Bed based intermediate care Willows	523,000	379,000
2. Bed based intermediate care Assessment Flats	46,000	0
3. Social care intermediate care team	863,000	374,000
4. Additional intermediate care and re-ablement resources to support H@H, delayed discharges	0	368,000
5. Community reablement team	1,529,000	1,066,000
6. Mental Health reablement and recovery team	200,000	150,000
7. Specialised nursing placements (to support hospital discharges)	400,000	139,000
8. Community equipment & minor adaptations	50,000	35,000
9. Protection of Social Care	0	1,100,000
10. Care Act Monies	361,000	361,000
11. Carers Support Funding	641,000	641,000
12. Time to Decide/Discharge to Assess	556,000	456,000
13. Full Intake	398,000	0
14. Reablement	779,000	779,000
<i>NHS Out Of Hospital Commissioned Services</i>		
15. Speech and Language Therapy	44,000	0
16. Community Geriatrician	87,000	0
17. Intermediate Care	92,000	0
18. Health Hub	742,000	0
19. Intermediate Care night sitting, rapid response, reablement and falls	341,000	0
20. Care Homes in reach	244,000	0
21. Support to residential and nursing care homes (Enhanced Care in Care Homes)	158,000	175,000
22. Rapid Response and Treatment to Care Homes – RRAT	280,000	0
23. Hospital at Home	0	827,000
24. Health and Social Care ICT (Interoperability)	300,000	256,000
25. Seven day Integrated Health and Social Care Teams (Inc. GP 7 Day Access and Full Intake)	0	1,372,000

26. Programme Management	209,000	0
27. Disabled Facilities Grant	815,000	500,000
28. Social Care Capital Grant	0	317,000
29. Contingency	217,000	182,000
30. Risk Share Agreement	542,000	719,000
	<b>10,417,000</b>	<b>10,196,000</b>

## 10. BACKGROUND PAPERS

### 10.1 Reading Better Care Fund 2016/17 Vision

**READING BOROUGH COUNCIL  
REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH**

<b>TO:</b>	<b>HEALTH AND WELLBEING BOARD</b>		
<b>DATE:</b>	<b>14<sup>th</sup> June 2016</b>	<b>AGENDA ITEM:</b>	<b>4</b>
<b>TITLE:</b>	<b>BETTER CARE FUND - 16/17 FINAL SUBMISSION</b>		
<b>LEAD COUNCILLOR:</b>	<b>CLLR HOSKIN / CLLR EDEN</b>	<b>PORTFOLIO:</b>	<b>HEALTH / ADULT SOCIAL CARE</b>
<b>SERVICE:</b>	<b>ADULT SOCIAL CARE &amp; HEALTH</b>	<b>WARDS:</b>	<b>ALL</b>
<b>LEAD OFFICER:</b>	<b>KEVIN JOHNSON</b>	<b>TEL:</b>	<b>0118 937 4807</b>
<b>JOB TITLE:</b>	<b>INTEGRATION MANAGER</b>	<b>E-MAIL:</b>	<b>kevin.johnson@reading.gov.uk</b>

**1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation.

This report sets out to inform Health and Wellbeing Board members of the 2016/17 BCF submission and the changes to the mandated National Conditions that will inform spending for 2016-17. It was agreed at the March 2016 Health and Wellbeing Board meeting that delegated authority to sign off the Better Care Fund on behalf of the Board would be given to the Director of Adult and Health Care Services in consultation with the Chair and the BCF would be brought to the next meeting for retrospective approval. The Better Care Fund Vision can be found in Appendix 1.

The report goes on to explain our final submission financial details. There is still a great deal of work to be done and with an increasing financial challenge within our economy coupled with an increasing demand for services, the drive towards integration and efficiencies are stronger than ever.

The move to more integrated Health and Care services is a key national and local driver for health and social care with the BCF being one of the key policy vehicles to enable delivery. It should be noted, however, that not all elements of integration are included in the BCF, and other initiatives such as the Frail Elderly Pathway are outside the scope of this report, which relates solely to the 16/17 BCF.

**2 RECOMMENDED ACTION**



## 2.1 Acknowledgement of final submission

### 3 POLICY CONTEXT

3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2016-17 the Government committed £3.8 billion nationally to the BCF with many local areas collectively contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion nationally.

### 4 CURRENT POSITION

The Better Care Fund submission for Reading is awaiting full assurance to be given by NHSE, and this is expected in the next few weeks.

The seven key areas of challenge as outlined in our Better Care Fund submission in 2016/17 are the main drivers for change in our local economy:

1. An increasing population, particularly in those over the age of 65
2. Increasing growth in non-elective admissions
3. Increasing A& E attendances, and pressure on urgent and emergency capacity
4. Delayed transfers of care, and subsequent bed days lost
5. Increasing pressures on adult social care for community packages and care homes
6. Increasing demand for planned (elective) care
7. Improving but remaining inequality of access to services across the “whole system: the whole week”

#### Challenge 1: An Increasing Population (particularly in those over the age of 65)

A significant amount of successful work has taken place in relation to our frail elderly pathway during 2015/16. Life expectancy, at aged 65, for men in Reading is 18.2 years, for women it is 21.0 years (PHOF, 2012-14 data). We have mapped the spend in this population cohort, establishing that we spend £187m across health and social care in Berkshire West, which represents 28% of spend from our total resources on 2% of our population. Potential new models of care are now being considered but it is clear that our largest opportunity to ensure better value for money and reduce overall spend in this group of the population needs to include an increased focus on prevention and targeting frailty in the absence of any long term condition. By focusing on prevention and well-being, we will reduce the number of elderly people escalating to a higher level of need.

The frail elderly programme sits outside of the Reading BCF but is a major piece of work within our integration agenda. Our neighbourhood cluster schemes identified areas of success and have allowed us to review our models which will be adapted during 16/17 to maximise the benefit in supporting people to live well and remain in their own homes for as long as possible.

## Challenge 2: Growing Non Elective Admissions

The latest published NHS England figures for non-elective admissions (March 2016), show N & W Reading CCG and S Reading CCG with respectively the 5<sup>th</sup> and 9<sup>th</sup> lowest level of admissions in England (source NHS England MARCOM). This makes further reduction to non-elective activity extremely challenging and growth in non-electives, with a growing and ageing population, is almost inevitable.

An in-depth analysis and our local metric is currently underway to identify the causes of the rise in non-electives but headline findings show that a higher than initially anticipated proportion of activity and spend is within the 19-39 and 40-64 years age brackets and also within a number of specific wards in Reading. This analysis will help us identify and focus on a local metric to further reduce NEAs. The reductions within the BCF to the NEAs are made up of the following: i) Care Homes scheme (Reading share of this across Berkshire West Service) and ii) NEL reductions from the local schemes (Discharge to Assess and the Full Intake Model). A risk share is in place to authorise spending of the NEA which governance lies with the Reading Integration Board.

## Challenge 3: Increasing A&E attendances

The Berkshire West system has a strong track record of effective partnership working with all organisations across health and social care understanding their contribution to the A&E standard and the Urgent Care Programme Board takes an oversight and scrutiny role in relation to achievement of the target. Admission avoidance services are robust with Rapid Response teams mobilising with a 2 hour response, additional investment in night sitting services in 15-16 and of note our Ambulance service (SCAS) having one of the highest non conveyance rates in the country. Whilst recognising that there is further work to do on improving delayed transfers of care performance, against a background of increasing non elective activity, the Berkshire Healthcare Foundation Trust (BHFT) Integrated Discharge Team has been successful in delivering the 'pull' model of discharge into community services (as per ECIST recommendations).

## Challenge 4: Delayed Transfers of Care

Delayed Transfers of Care (DToCs) are effectively people stranded in the wrong place and behind each number is a personal story. By working in partnership to reduce DToCs we will help avoid the situation whereby people remain in an acute hospital setting when they no longer need acute care.

Across the 3 localities there has been significant improvement in 15/16 for Reading (19.4% improvement) and Wokingham (7.4% improvement) with West Berkshire remaining almost the same. These significant improvements in 2015-16 will mean that further improvement in 2016-17 will require even more effort and significant transformation. The DTOC action for this year plan has been jointly devised and agreed across Berkshire West and approved by the CCGs, the 3 LAs and local Acute and Community Trusts via the Berkshire West 10 Delivery Group and the Reading Integration Board. The plan has also been discussed and approved by the Berkshire West Urgent Care Programme Board which will take an oversight and scrutiny role in relation to delivery of the plan. The target sets a realistic but ambitious approach which will be stressed tested throughout the year with a 'ramped up' approach at each quarter.

## Challenge 5: Increasing Demand for Adult Social Care Community & Care Home Packages

Adult social care costs during 2015/16 have increased, resulting in significant cost pressures within Reading Borough Council. Reading also has a high level of placements into residential care and has seen escalating demand for therapy services. Additional home care packages have also placed further unsustainable demand on the local authority. However, our Better Care Fund Scheme “Discharge to Assess” has played a part in helping address this demand, but has in turn consumed more local authority resources than originally planned, at a rate which is unsustainable. During 2016/17 we will invest further and identify efficiencies to this service building on the successes seen to date.

During 2015/16 we have seen a decrease of 31% in the number of permanent admissions. However, Reading Borough Council remains outliers with higher rates of residential placements.

## Challenge 6: Increased Demand for Planned Care Services

Year-on-year we have seen only a small increase in demand for planned care services, 0.4% growth across Berkshire West providers. Although elective care is outside the scope of the BCF it is important to ensure the balance between elective and non-elective work is managed across the system. High levels of non-elective demand, combined with Delayed transfers of care have the potential to reduce capacity to carry out planned procedures. Clearly a balance is important and improvements in DTOC and reduction in NEL through the Better Care Fund schemes and other initiatives will help free important capacity to carry out planned work, which in turn can reduce /address the burden of long term morbidity.

## Challenge 7: Inequity in Access to Service 7 Days a Week

Key health services in the community, such as rapid response and reablement and mental health crisis teams already operate on a 7 day a week basis but uptake of these services is lower at week-ends. Using the results of our stocktake during 15/16, of which community services operate at the week-ends and how workload is profiled across the week we will use the outcomes to develop our work further for 2016/17 with our community provider. The Integrated Discharge Team does operate 7 days a week ‘pulling’ patients out into the community. Reading Discharge to Assess services also operate on a 7 day basis but again uptake is lower at the week-ends and joint work is needed with the hospital to smooth this flow. Further work will be undertaken with Independent Care Providers so that care packages can be started over 7 days. A robust feedback loop to the RBFT will be required so that any issues with week-end discharges can be immediately addressed. Across the Berks West system the availability of carers is a challenge and this is being addressed as part of the Berks West 10 Workforce project.

## 5 COMMISSIONED PROGRAMMES WITHIN 2016/17

### Connected Care

Currently across the whole of Berkshire there are 17 different organisations that hold data in one or more systems relating to an individual's health, social care and wellbeing. This high number of organisations, and the different culture, systems & technology, processes and legislation which drive them, makes it difficult to get a single view of a person at a point in time.

What our Connected Care solution is offering is the ability to have a single point of access to a person's health and social care records giving accurate and up to date information at the point in time of accessing the data. The target is to achieve a shared NHS number across 17 organisations by March 2017

This supports the different integrated services in the following ways:

- The NHS number is used as the consistent patient/user identifier
- No need for multiple laptops to access health and social care data separately
- Access to real time data reducing the need for phone calls to various organisations to collate pieces of information
- Reduce the amount of time required to contact the relevant organisations in relation to a person.
- More accurate data
- The ability to streamline the integrated services better by creating true single assessments
- The ability to streamline the transfer of a person from one service to another by developing health and social care pathways

#### Community Re-ablement Team ("CRT")

CRT provides a short term flexible service for up to 6 weeks, for patients who have been assessed as being able to benefit from a re-ablement program. The service is delivered in the clients own home. CRT is available 7 days a week, 24 hours a day.

#### Patient/User Focused CRT:

- More people with complex care needs are supported within the community
- People only spend the time they need in hospital
- No loss of confidence by spending too long in hospital
- More people benefit from intermediate care and re-ablement services
- People are able to recover and regain their independence

#### Performance and Process Focused:

- High levels of user satisfaction
- Reduced admissions into residential Care
- Reduced numbers on the 'Fit to Go' List
- Reduced delayed transfer of care (bed days lost)
- Increase in older people still at home 91 days after discharge from hospital

#### Discharge To Assess ("DTA")

The DTA service is part of the Willows residential care complex operated by the Council. The home consists of both residential units and self-contained assessment flats with 14 units appointed as Discharge to Assess units.

DTA is a 'step up step down' rehab and re-ablement service with the primary aims being:

- To reduce the number of patients on the fit to go list
- To reduce the length of stay for individuals who are fit to leave acute hospital care
- To reduce permanent admission to residential and nursing care

Through the provision of timely discharge from hospital and re-ablement/rehabilitation the service will enhance, in so far as possible, a residents daily living skills to enhance/maintain their independence and support them to return to or remain in their chosen place of residence (usually their own home).

The service will contribute to the following key BCF metrics:

- Patient/User satisfaction with the discharge process (local metric)
- Reducing avoidable non-elective admissions
- Reducing inappropriate admission to residential care
- Reducing delayed transfer of care/acute bed days lost

Increasing the number of patients/service users benefiting from re-ablement services

### NHS Commissioned Out of Hospital Services

New to the BCF in 16/17 will be a range of Out of Hospital Services commissioned by the CCG through our community provider. These schemes, alongside other initiatives outside of the BCF, supports the overall delivery of the NEL and DTOC BCF Objectives as well as managing demand for urgent care including A & E attendances as well helping our resident remain as healthy and well as possible in the community.

The new service lines within the BCFs are as follows:

- **Adult Speech & Language:** This service supports indirectly avoidance of NELs through timely swallowing assessment in at risk individuals, hence avoiding future episodes of aspiration pneumonia and chest infections.
- **Community Geriatricians:** The community geriatricians will support the primary care teams, intermediate care teams, care homes and community hospitals within their area and provide easily accessible and speedy advice with the intention of reducing admissions to secondary care.
- **Intermediate Care (including but not restricted to: rapid response, reablement, falls and night sitting):** The aim of the Intermediate Care Services is to provide individuals who are referred to the service, with a structured goal-based action plan. This is provided by a multidisciplinary team, which is responsive to an individual's physical, psychological and social needs. This includes those who have early onset dementia, or whose needs are of a palliative nature and who wish to remain at the end of their life in their own home. In the Reading Locality the Intermediate Care Service is an integrated service provided by Berkshire Healthcare NHS Foundation Trust (BHCNHSFT) and Reading Borough Council.

- **Health hub:** The Health Hub is the single point of access for referrals from healthcare professionals to scheduled and unscheduled community services. Clinical advisors are based within the Hub providing clinical screening of referrals supporting effective prioritisation of resources to meet clinical need. This service helps facilitate patient flow (thus avoiding DTOCs) from RBFT to the community Beds or alternative community services based upon clinical need. Out-of-hours referrals are also processed and administrated through the Health Hub. Referrals are prioritised and actioned appropriately in respect of risk and urgency and forwarded to the most appropriate service in a timely manner as indicated on referral, or after triage. Access is available 24/7, 365 days a year and the Hub works with other services and teams within the Trust to ensure a smooth and seamless transition or transfer between services.

### Engagement with Patients and Service Users

It is recognised that we need to improve our engagement and co-production approaches in relation to the BCF. In 2016/17 we will work with Healthwatch to ensure we gain a meaningful understanding of the personal impact of each scheme. We will also utilise a range of engagement techniques to ensure patients and users can shape our BCF programme, via dedicated task/finish user forums through to direct communications with key groups via existing private and voluntary sector partners.

Additionally, individual BCF schemes has established user feedback mechanisms to gather regular input from patients/service users in relation to their satisfaction with, and ultimate success of, the services. This feedback will be used on an on-going basis to develop individual services and the BCF programme throughout 2016/17.

## 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
- To remain financially sustainable to deliver our priorities

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 equality

## 7 RISKS

- 7.1 Both the CCGs and the Council are faced with significant funding issues going into 2016/17 and beyond. The BCF 16/17 Plan is for a total expenditure of £10,417k, of which £9,298k (89%) will be funded by the CCG's and £1,119k (11%) by the council. Of the total BCF budget in 16/17, £4,978k (48%) has been allocated for the Protection of Adult Social Care. 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.
- 7.2 For Berkshire West as a whole (including Reading, West Berkshire and Wokingham HWBs), the combined BCF 16/17 Plans include an additional investment of £5.1m in out-of-hospital Community Health services commissioned by the CCG from Berkshire Healthcare FT. This figure exceeds the minimum required by the national guidance. At the same time the £2.5m included in the 15/16 BCF Plan for the provision of Enhanced Access to GP services, has been removed from the BCF and will now be funded directly by the CCG from within its own budget for 16/17.
- 7.3 In line with national guidance, the BCF 16/17 Plan includes an amount of £542k for a risk sharing agreement related to the achievement of planned reductions in non-elective admissions. If targets are met the funds are released back into the BCF to enhance projects that are making significant improvements, this money is ring-fenced for BCF programmes.
- 7.4 In addition to the above, the BCF includes a contingency budget of £167k which is available to off-set unplanned additional costs incurred by the Local Authority for Adult Social Care related to BCF schemes in 16/17.

## 8 LEGAL IMPLICATIONS

- 8.1 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.
- 8.2 The Section 75 pooled budget Agreements have been drafted (based on the 15/16 Agreements) and will be approved and formally executed by the appropriate council and CCG officers. The national deadline for completion and signature of the Agreements is 30 June 2016.

## 9 FINANCIAL IMPLICATIONS

- 9.1 A summary of the funding for 2016/17 is detailed below with the comparative 2015/16 figures and accompanying narrative highlighting key changes.

The planning template provides a full overview of the funding contributions for 2016/17 and has been jointly agreed by the CCG and Local Authority via the Reading integration Board and Reading Health & Wellbeing Board.

Scheme Name/Expenditure Line	16-17 Expenditure (£)	15-16 Expenditure (£)
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1. Bed based intermediate care Willows	523,000	569,000
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26. Disabled Facilities Grant	815,000	500,000
27. Social Care Capital Grant (16/17 combined with DFG)	0	317,000
28. Contingency (inc £167k in 16/17 for Adult Social Care)	217,000	182,000
29. Risk Share Agreement	542,000	0
30. Performance Fund	0	719,000
	10,417,000	10,196,000



## 10 DECISIONS/ACTIONS REQUIRED

- 10.1 Delegated authority was given to the Director of Adult and Health Services in consultation with the Chair and members of the Board to submit our proposal. Due to timings of submission set by NHS England and Board meetings the Health and Wellbeing Board need to acknowledge the final submission of the Better Care Fund 2016/17.

## 11 BACKGROUND PAPERS

- 11.1 Final Better Care Fund submission 2016/17 - this will be available after full assurance is given by NHS England.

## 12 NEXT STEPS

- 12.1 The BCF is a standing item on the HWB agenda. The BCF programme manager will update the Board on progress to date and performance measures at the next meeting.



# Our Vision: A Healthier Reading

**Better Care Fund Plan 2016/17**

## Our Local Vision

***“Communities and agencies working together to make the most efficient use of available resources to improve life expectancy, reduced health inequalities and improve the health and wellbeing across the life course”***

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## Introduction

In line with our local health and Wellbeing Strategy, by 2019 our vision is for Reading residents to be empowered to live well for longer at home. In order for this to become a reality, it will require health and social care to work together, with families and carers as experts partners. (See Better Care Fund Plan 2014 page 8 for further detail on patient outcomes.)

Since we wrote our Better Care Fund Plan in 2014, the population of Reading continues to grow. Census data from 2001 and 2011 indicate an increase of 11,300 people in the population of Reading borough in that time period and annual estimates indicated continued population growth. There has been an 11% increase in the past 10 years to the most recently available population figure of 160,825<sup>1</sup> in 2014. There has been an increase in the population across all age bands with the greatest increase seen in the 0-5 year old population (43% increases in 10 years). Recent population projections show that this increase in overall population is likely to continue to increase over the next 10 years though the increase is now no longer predicted to be greatest in the 0-5 year old population. However, it should be noted that these projections do not take into account planned housing developments in the area with these and other developments affecting the local area such as Crossrail being likely to attract new residents. We continue to see extremes of wealth and although poverty and deprivation have improved in some areas, there are areas of Reading that have seen further deterioration in their level of deprivation when compared to the England average. We have, however, also made some good progress in the last year:

- In North & West Reading , life expectancy for men has improved
- A reduction in the number of adults smoking
- A reduction in the number of under 16 year olds who are obese
- Reduced inactivity in adults
- Hip fractures have been reducing, in the main, over recent years
- Under 75 mortality from cancers considered preventable continues to reduce
- In South Reading, there has been a reduction in Alcohol binge drinking and alcohol related hospital admissions and the number of people under 75 years dying from liver disease continues to fall.
- Fewer pre-school children are estimated to have a mental health disorder
- Increasing numbers assessed and cared for in their own home. With declining numbers in residential care
- Increasing satisfaction with social care support , helping people to achieve positive outcomes
- A 32% reduction in delayed discharges from hospital

There is still a great deal of work to be done and with an increasing financial challenge within our economy coupled with an increasing demand for services, the drive towards integration and efficiencies are stronger than ever.

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<sup>1</sup> This is the Reading borough population only. Reading CCGs and GPs cover a broader catchment area thus the higher population figure used elsewhere within this document and the BCF Narrative template.

## Evidence base: The Challenges and the Case for Change

The seven key areas of challenge as outlined in our Better Care Fund submission in 2014 (page 16) remain the main drivers for change in our local economy:

- ✓ An increasing population, particularly in those over the age of 65
- ✓ Increasing growth in non-elective care.
- ✓ Increasing A& E attendances, and pressure on urgent and emergency capacity (particularly in the under 5's)
- ✓ Delayed transfers of care, and subsequent bed days lost
- ✓ Increasing pressures on adult social care for community packages and care homes
- ✓ Increasing demand for planned (elective) care
- ✓ Improving but remaining inequality of access to services across the “whole system: the whole week”

In addition the pressure has heightened in recent months with all organisations within our economy, including acute & community providers, CCGs, ambulance trust and the local Authority experiencing significant financial challenge.

### Challenge 1: An Increasing Population (Particularly in those over the age of 65)

A significant amount of successful work has taken place in relation to our frail elderly pathway during 2015/16. Life expectancy, at aged 65, for men in Reading is 18.2 years, for women it is 21.0 years (PHOF, 2012-14 data). We have mapped the spend in this population cohort, establishing that we spend £187m across health and social care in Berkshire West, which represents 28% of spend from our total resources on 2% of our population. Potential new models of care are now being considered but it is clear that our largest opportunity to ensure better value for money and reduce overall spend in this group of the population needs to include an increased focus on prevention and targeting frailty in the absence of any long term condition. By focusing on prevention and well-being, we will reduce the number of elderly people escalating to a higher level of need.

The frail elderly programme sits outside of the Reading BCF but is a major piece of work within our integration agenda. Our neighbourhood cluster schemes identified areas of success and have allowed us to review our models which will be adapted during 16/17 to maximise the benefit in supporting people to live well and remain in their own homes for as long as possible.

### Challenge 2: Growing Non Elective Admissions

The two Reading CCGs remain in the lowest 5 CCGs in England for non-elective admission numbers. This makes further reduction to non-elective activity extremely challenging and growth in non-electives, with a growing and ageing population, is almost inevitable.

Significant programmes of work are already in place to help manage the non-elective demand and sit outside of the Better care Fund. However, during 2015/16 we have seen a 14.4% growth for South Reading and 11.4% for North & West Reading in non-elective admissions against a plan of 3.3% (based on raw SUS data i.e. before any data challenge).

	North & West Reading CCG	South Reading CCG
Base line total NEA activity 14/15	6409	7765
Actual 15/16	7142	8885
% growth in NEA	11.4%	14.4%

This has also resulted in subsequent pressure on adult social care provision. As is illustrated below under rising A & E attendances, we have seen a high conversion rate to admission alongside subsequently high referral to adult social care.

An in-depth analysis is currently underway to identify the causes of the rise in non-electives but headline findings show that a higher than initially anticipated proportion of activity and spend is within the 40-64 years age brackets, as demonstrated on the data extract below:

Age Group	BW Registered Population as at January 2016	% of BW Registered Population as at January 2016	NEL Spells	% NEL spells	NEL Spend	% NEL spend
0 - 18	119,893	23%	4,657	17%	£5,182,571	9%
19 - 39	156,468	30%	4,473	17%	£6,033,364	11%
40 - 64	171,767	33%	6,471	24%	£12,576,475	23%
65 - 74	43,822	8%	3,272	12%	£8,598,109	16%
75+	35,062	7%	8,177	30%	£22,472,636	41%

The outputs of this further analysis will help further inform service planning and provide an evidence base for further work required by system partners outside the BCF to support a reduction in these numbers. In order to meet our Better Care Fund objectives of reducing non-elective admissions and delayed transfers of care we need better understanding of:

- NELs and A&E attendances by age band <18, 19-64, >65, >75
- A breakdown of type sub-chapters by age band
- A breakdown of spend by age band
- Associated pressure of rising non electives on adult social care demands

The BCF template submitted on 03 May 2016, alongside this narrative, pulls through the non-elective activity plan from the CCG operating plan template (18<sup>TH</sup> April submission data) by apportioning the figures to the appropriate health and well-being board. This was populated by NHSE, using a baseline figure for non-elective actual activity for the CCGs. The CCG then applied a factor of growth to this plan based on a national tool called the Indicative Hospital Activity Model which gives the CCGs a guide of what growth levels should be expected. **This equated to 2.2% across the 4 CCGs in Berkshire West.** It is noted however that the rate may be further reviewed based on the outcome of contractual negotiations with the acute providers.

The CCG has not applied the transformational change projects (QIPPs) that are expected to deliver reductions in non-elective admissions. The reductions within the BCF to the NEL expected plan are made up of the following: i) Care Homes scheme (Reading Share of this across Berkshire West Service) and ii) NEL reductions from the local schemes, Discharge to Assess and the full intake model.

To date, within the Better care Fund, specific work carried out, particularly focusing on care homes (BCF Scheme 02) during 2015/16 has delivered training and education, has seen a reduction of 72 (20%) non elective admissions (from the targeted care homes) when compared to baseline at 2014/15, but which is lower than the original plan for a 50% reduction for this scheme. There has however been a reduction in 999 calls with a 48% conversion rate to non-elective admission, but with 70% of the short stay admissions identified as could potentially have been avoidable. There has been a review of full medication carried out on 815 (34%) of patients in 25 (48%) of our care homes with a saving of £106,997.

A full review of the scheme has been carried out and our learning has allowed us to refocus this scheme during 2015/16 and into 2016/17 by linking it with the Hospital at Home programme (BCF Scheme 01) to establish a new service providing rapid response and assessment in care homes through a dedicated geriatrician led team. Our intention would be to look to expand this to support all residents in the community to further support admission avoidance. This has started to produce early positive results and outcomes to date have included a 23% (14) reduction in non-elective admissions in its first phase of operation covering 15 care homes. Anecdotally all calls to the new service were appropriate and would have resulted in a call to 999 and an A &E attendance. We therefore plan to build on our successes and further enhance and expand during 16/17 within the refreshed BCF. We plan to further focus on improving skills and knowledge within care homes helping them to better support individuals in times of crisis and in developing synergy with the Local Authority Quality Assurance and Safeguarding systems. We will recruit a second care home pharmacist to expand the medication reviews across all care homes and to all residents. We plan to focus on avoidable admissions due to respiratory disorders, urinary tract infections and trauma. Combined these disorders account for 45% of hospital admissions year on year within our care homes across Berkshire West.

The main aims of the refreshed scheme for 16/17 will be to:

- Reduce avoidable admissions or readmissions or A &E attendances from care homes.
- Reduce non-emergency ambulance dispositions and conveyances from care homes.
- Reduce 999 calls from care homes.
- Reduce the number of on the day unplanned visits by GPs to care homes.
- Increase the number of patients going back to care homes on the same day after attendance at A&E.
- Increase use of the single point of access hub (BCF 05a) to access timely community services for admission avoidance for those in care homes and in supported living accommodation.
- Increased use of near patient testing and telehealth to support delivery of care within the home care setting.
- Improve access to a dedicated 24/7 support for end of life care.
- Establish MDT in reach teams within care homes according to need, providing training, urgent clinical care and regular medication and care planning reviews.
- Proactive support to ensure they are able to work within the Care Quality Commission (CQC) and safeguarding requirements outlined within their contract with Local Authorities (LA)
- Achieve greater resilience and consistency to care home performance monitoring and review across the care quality system, through improved health and social care collaboration

- Proactive targeting by joint health and social care MDT teams, to homes where quality, safeguarding, elevated non elective and A & E /NHS 111 activity or calls to primary care are higher than anticipated.

As part of the 2016/17 project a programme of work will be established for 2017/18 - 2020/21 continuing on the themes already established that ensure Health and Social Care together meet the objectives set out in the supporting documents for those people in our society that are reliant on care and extra support to help them lead better more comfortable lives. This will include looking outside the care home setting at care options delivered within an individual's home, supported living and where required use of step up and down facilities.

### **Challenge 3: Increasing A&E attendances**

High levels of A & E attendances have remained a challenge within 15/16. More people are being recorded as having injuries due to falls (this will predominantly be older people) however hip fractures have been reducing, in the main, over recent years (though rates have increased for men and reduced for women). In addition we are seeing higher conversion rates, with nearly 1/3 of attendees requiring a non-elective admission. Many of these are short stay but many are also more complex presentations, which in turn impacts on lengths of stay and increased difficulties for timely discharge.

The Berkshire West system has a strong track record of effective partnership working with all organisations across health and social care understanding their contribution to the A&E standard and the Urgent Care Programme Board takes an oversight and scrutiny role in relation to achievement of the target. Admission avoidance services are robust with Rapid Response teams mobilising with a 2 hour response, additional investment in night sitting services in 15-16 and of note our Ambulance service (SCAS) having one of the highest non conveyance rates in the country. However, we will continue to review capacity within the service on a monthly basis, to ensure it addresses any increased demand. Whilst recognising that there is further work to do on improving delayed transfers of care performance, against a background of increasing non elective activity, the Berkshire Healthcare Foundation Trust (BHFT) Integrated Discharge Team has been successful in delivering the 'pull' model of discharge into community services (as per ECIST recommendations). Health have also been working in partnership with Local Authorities to deliver new integrated models of care to support patients requiring onward care post-acute discharge. The approach varies in each locality but all approaches are built on the principles of referral to an integrated health and social care team via a Single Point of Access, discharge to assess and a full intake model. All these initiatives are specifically aimed at improving flow through the hospital, supporting achievement of the A&E target, which acts as a barometer of patient flow. Other models of delivery will also be considered by the CCG during 16/17 to further support reduced admissions.

Despite the rise in A&E activity levels performance against the 4 hour standard has been strong through the majority of 15-16 with the target achieved in quarters 1, 2 and 3. Performance has been challenged in quarter 4 but the system remains one of the best performing in the South Central region.

### **Challenge 4: Delayed Transfers of Care**

We welcome the Better Care planning requirement to agree a local action plan to reduce delayed transfers of care (DToCs) and improve flow and took this opportunity to work with our partner CCGs and LAs in Berkshire West to agree a system wide approach to the development of our local action plans.



The Berkshire West urgent care system has a history of strong effective partnership working. Managing the “Fit List” and DTOC is an integral part of its work so partners agreed that the Berkshire West Urgent Care Programme Board should have an oversight role in the development of the action plan and the monitoring of its impact.

Delayed Transfers of Care (DToCs) are effectively people stranded in the wrong place and behind each number is a personal story. By working in partnership to reduce DToCs we will help avoid the situation whereby people remain in an acute hospital setting when they no longer need acute care.

**10 days in hospital is equivalent to 10 years ageing if you are over 80 years old**

**AND**

A patient is defined as ‘safe to discharge’ when:

- A clinical decision has been made that the patient no longer needs acute care AND
- An MDT decision has been made that the patients is ready for transfer AND
- The patient is safe to discharge.

### Situation Analysis

The first part of this work involved an analysis of current DTOC performance across the three localities as reported for BCF purposes and also an analysis of current “health performance” in relation to the national ambition to have no more than 3.5% bed days lost as proportion of total occupied bed days at acute trust provider level each month. This highlighted the need to ensure that all partners understood these differences when considering what a proportionate plan to improve DTOC performance should be.

### Royal Berkshire NHS FT (Oct 2014 to Sep 2015)

Reason for Delay	NHS Patients	NHS DTOC Days	Social Care Patients	Social Care DTOC Days
A Completion Assessment	2	26	13	304
B Public Funding	0	0	0	26
C Further Non Acute Nhs	99	3,667	0	0
Di Residential Home	8	272	21	741
Dii Nursing Home	33	1,232	34	1,248
E Care Package In Home	0	11	56	1,908
F Community Equip Adapt	1	30	1	44
G Patient Family Choice	19	711	1	8
H Disputes	75	2,570	1	19
I Housing	4	131	0	0
<b>Grand Total</b>	<b>241</b>	<b>8,650</b>	<b>127</b>	<b>4,298</b>

Highest reasons for delay are further NHS care, nursing homes and disputes.

## Berkshire Healthcare NHS FT (Oct 2014 to Sep 2015)

Reason for Delay	NHS Patients	NHS DTOC Days	Social Care Patients	Social Care DTOC Days
A Completion Assessment	2	47	6	142
B Public Funding	2	9	8	83
C Further Non Acute Nhs	28	1,004	0	0
Di Residential Home	5	204	34	1,044
Dii Nursing Home	16	537	31	957
E Care Package In Home	13	395	33	1,057
F Community Equip Adapt	2	44	1	62
G Patient Family Choice	7	181	9	250
H Disputes	0	0	0	9
I Housing	2	75	0	0
<b>Grand Total</b>	<b>77</b>	<b>2,496</b>	<b>122</b>	<b>3,604</b>

The highest reasons for delay are further NHS care, residential homes and care packages in the community.

## Performance between 2014/15 and 2015/16

	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
<b>Berkshire West delayed days</b>					3,239	3,821	3,725	2,878	3,425	2,829	3,026
<i>Annual moving average</i>					3,239	3,530	3,595	3,416	3,462	3,214	3,040
									<b>15/16 Change:</b>	<b>-9.4%</b>	
	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
<b>Reading delayed days</b>	865	806	1,040	1,202	901	1,444	1,879	1,035	1,217	959	1,005
<i>Annual moving average</i>				978	987	1,147	1,357	1,315	1,394	1,273	1,054
				<b>14/15 Change:</b>	<b>34.4%</b>				<b>15/16 Change:</b>	<b>-19.4%</b>	
	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
<b>West Berkshire delayed days</b>					1,099	1,061	1,028	951	1,163	923	1,052
<i>Annual moving average</i>					1,099	1,080	1,063	1,035	1,051	1,016	1,022
									<b>15/16 Change:</b>	<b>1.1%</b>	
	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
<b>Wokingham Berkshire delayed days</b>					1,239	1,316	818	892	1,045	947	969
<i>Annual moving average</i>					1,239	1,278	1,124	1,066	1,018	926	963
									<b>15/16 Change:</b>	<b>-7.4%</b>	

Across the 3 localities there has been significant improvement for Reading (19.4% improvement) and Wokingham (7.4% improvement) with West Berkshire remaining almost the same. These significant improvements in 2015-16 will mean that further improvement in 2016-17 will require even more effort and significant transformation.

## Royal Berkshire NHS Foundation Trust Delays 2015

Delay Transfer of Care		<i>Beds: 627</i>				
Month	Reading	West Berks	Wokingham	Oxford	Other	Total
Jan-15	202	93	105	196	174	<b>770</b>
Feb-15	185	154	169	153	84	<b>745</b>
Mar-15	250	113	160	189	135	<b>847</b>
Apr-15	181	148	111	249	87	<b>776</b>
May-15	320	99	190	227	75	<b>911</b>
Jun-15	315	247	304	127	78	<b>1,071</b>
Jul-15	219	136	166	173	59	<b>753</b>
Aug-15	189	31	119	214	132	<b>685</b>
Sep-15	217	75	173	158	204	<b>827</b>
Oct-15	195	117	154	147	184	<b>797</b>
Nov-15	216	250	142	229	91	<b>928</b>
Dec-15	166	173	205	339	50	<b>933</b>
<b>Annual Total</b>	<b>2655</b>	<b>1636</b>	<b>1998</b>	<b>2401</b>	<b>1353</b>	<b>10043</b>
Share Proportion	26.4%	16.3%	19.9%	23.9%	13.5%	

Oxfordshire and Reading are the largest contributors to delayed days at the Royal Berkshire Hospital. West Berkshire, Wokingham and other localities make up about half of the remaining delayed days. The overall delayed day percentage is 4.4% which is above the 3.5% national target.

## Berkshire Healthcare NHS FT Delayed Transfers of Care 2015

Delay Transfer of Care		<i>Total Beds: 140</i>		
<i>Beds per Locality/Site</i>		35	59	46
Month	Reading	West Berks	Wokingham	Total
Jan-15	174	39	178	<b>391</b>
Feb-15	115	5	73	<b>193</b>
Mar-15	96	35	113	<b>244</b>
Apr-15	99	20	70	<b>189</b>
May-15	109	62	108	<b>279</b>
Jun-15	188	65	208	<b>461</b>
Jul-15				
Aug-15	122	9	186	<b>317</b>
Sep-15	142	16	193	<b>351</b>
Oct-15	87	19	91	<b>197</b>
Nov-15	72	32	123	<b>227</b>
Dec-15	149	29	62	<b>240</b>
<b>Annual Total*</b>	<b>1353</b>	<b>331</b>	<b>1405</b>	<b>3089</b>
Share Proportion	43.8%	10.7%	45.5%	

*\*Annual total only includes 11 months - original data missing July 2015 data*

Data only includes beds commissioned by Berkshire West CCGs (Oakwood Unit Reading, West Berkshire Community Hospital and Wokingham Hospital).

Reading and Wokingham together contribute approximately 90% of the delays at Berkshire Healthcare sites. In terms of number of delayed days, BHFT has almost 30% of delayed days as RBFT indicating that 2016-17 schemes will also need to target discharge planning in community sites.

Overall BHFT is operating at 6.6%, with Reading and Wokingham operating at over that average.

Annually the percentage by site is as follows;

- Reading – 11.5%
- Wokingham – 9.1%
- West Berkshire – 1.7%

### **Challenge 5: Increasing Demand for Adult Social Care Community & Care Home Packages**

Adult social care costs during 2015/16 have increased, resulting in significant cost pressures within Reading Borough Council. Reading also has a high level of placements into residential care and has seen escalating demand for therapy services. Additional home care packages have also placed further unsustainable demand on the local authority. However, our Better Care Fund Scheme 04 “Discharge to Assess” has played a part in helping address this demand, but has in turn consumed more local authority resources than originally planned, at a rate which is unsustainable. We plan during 2016/17 to further invest and expand this service building to the successes seen to date.

During 2015/16 we have seen the number of permanent admissions to care from April to December 2015 decreased by 57 admissions from 2014. However, Reading Borough Council remains outliers with higher rates of residential placements.

### **Challenge 6: Increased Demand for Planned Care Services**

Year on year we have only seen a small increase in demand for planned care services, 0.4% growth across Berkshire West providers. Although elective care is outside the scope of the BCF it is important to ensure the balance between elective and non- elective work is managed across the system. High levels of non-elective demand, combined with Delayed transfers of care have the potential to reduce capacity to carry out planned procedures. Clearly a balance is important and improvements in DTOC and reduction in NEL through the better care fund schemes and other initiatives will help free important capacity to carry out planned work, which in turn can reduce /address the burden of long term morbidity.

### **Challenge 7: Inequity in Access to Service 7 Days a Week**

During 2015/16, (BCF 05c) we increased service provision within our GP practices to provide routine care in the evenings and on Saturday mornings. In addition pre-bookable resilience appointments are available at peak times over the winter period to support the reduction in A & E attendees. 97% (28) of our eligible GP practices in the two Reading CCGs have offered these extend services since Sept 2015. Further consideration now needs to be given to provide enhanced access cover for the remaining 3% and to consider extending to Sundays.

Within social care and across our providers, we have worked to identify and realign those services seen as essential to provide a robust whole system: whole week approach. This has included a Reading Borough Council Social Worker presence in the hospital at weekends, funded from resilience monies and increased Occupational Therapy time to ensure assessments can be carried out in a timely way over 7 days. We continue to focus on discharge planning and offering access to social work support for relatives considering care home placements, including individuals who will be funding their own care. We continue to monitor progress and identify gaps in service provision that impact on delayed transfers of care or increase pressures during Monday to Friday. Our connected care and integrated hub schemes (BCF05a & BCF03) continue to be important enablers in allowing care to be provided seamlessly and consistently throughout the whole week.

The Local Authority has a duty to provide an Approved Mental Health Practitioner (AMHP) service to its population. Over a 24 hour period this is covered across the Community Mental Health Team (Monday – Friday, 9-5) and by the Emergency Duty Service run by Bracknell Forest Council who run their service from 5pm – 9 am weekdays and throughout the weekend. This does create some challenges in terms of work not being started and delayed until the next 'shift' which lends to a delay in the assessment process for individuals.

We are in the process of reviewing the AMHP service to ensure that we can provide a seamless and timely offer to people with mental health needs who required an AMHP assessment.

This work commenced in March 2016 and is expected to be concluded by June 2016.

SDIPs are in place within the acute and community/mental health provider contract around 7 day working for 16/17.

See page 15 of this narrative for further detail on our plans to develop 7 day working for 16/17.

## 2015/16 Better Care Fund Scheme Review

A workshop to reflect on the Better Care Fund (BCF) progress over 2015/16 and to evaluate the local Reading BCF schemes was held in Dec 2015. We utilised the national self-assessment toolkit as an opportunity to critique existing schemes and to help inform our plans for 16/17. This review workshop had representation from key stakeholders across health, social care, Healthwatch Reading, Berkshire Healthcare Foundation trust, Royal Berkshire Hospital and Reading Voluntary Action.

Our key findings were:

- Although 2015/16 has seen significant progress towards improving integration , much more is still required to be done to fully ensure we are working as efficiently as possible across the whole system , involving all key stakeholders
- Many schemes highlight the potential to become more fully integrated and we have been able to demonstrate varying degrees of integration within our existing projects along with some important next steps to build on learning this year.
- We identified across all schemes the need to improve and better define outcomes allowing more meaningful data collection
- It was identified that there was a need to urgently review the resources available from a workforce perspective to ensure adequate support is available to drive projects forward more efficiently in 16/17.
- We identified the importance of co-production of schemes with clearly defined shared aims and outcomes
- It was evident that we need to improve collection of patient experience feedback which is both consistent and informs future project/service developments.
- We recognised the complexity of the governance arrangements at both local and Berkshire West level, with some projects appearing to be outside of local control.
- Scheme accountability requires further definition and clarification if we are to be more successful in 16/17
- Further clarification is sought to define existing core resources and how these fit with and local scheme requirements
- Duplication in commissioning arrangements could be further refined.
- We reaffirm the ultimate aims of the BCF to reduce non elective admissions and reduced delayed transfers of care.
- We need to increase prevention, maximise independence and self-management within our population, as a means of helping contain future costs.

## A) BCF Scheme 04: Discharge to Assess

All members present supported the carry forward, with modifications and improvements, into the BCF for 16/17 of the most successful of our two local work streams, the “Discharge To Assess” scheme.

This Scheme consists of **two elements**:

1. The Full Intake Model element aims to increase community reablement team capacity offering admission avoidance, reablement and support to the “discharge to assess bed base”.
2. The “Discharge to Asses” service consisted initially of 10 beds in the Willows residential home. A further 2 beds were funded in year , following identification of a gap in service provision and increasing demand, specifically for older people with mental health including dementia at a cost to RBC outside of the scope of the original BCF)

The total cost of these services provided jointly by RBC and BFHT is currently £854k p.a. (£456k for Discharge to Assess and £398k for Full Intake).

The Full intake model element achieved the highest score of all the schemes reviewed, closely followed by the Discharge to Assess bed based element.

The lowest individual scores within the scoring matrix for both reflected the need for improved patient/user satisfaction assessments. It is planned to introduce the Friends and family test to this service for 16/17. Both elements of this scheme, on reflection, had delivered and exceeded against the intended outcomes, reducing delayed transfers of care and length of stay in an acute hospital. This however, now needs to be refreshed to address changes seen in the patient cohort and model of care, since the original BCF was produced and to address capacity issues where activity has been far higher and of higher acuity than originally planned. Both elements of the scheme need improved data collection to provide solid evidence of value for money in the longer term e.g. costing of the impact on reduction in requirements for residential care. Further opportunities exist for improved integrated working e.g. single service manager across health and social care as well as further pathway improvements.

### **Next Steps:**

It was agreed to urgently set up a task and finish working group during 16/17 with all key stakeholders early in Jan 2016 to refresh and refocus the scheme and prepare a Project initiation document (PID) which addresses the issues highlighted during the review process. The 16/17 BCF plan should be strengthened to better describe the Full intake model and to further analysis the impact of these two elements on DTOC and NEL. The staff mix of the services will also be reviewed with a possible reduction in Health staff (Nurse, Pysio etc.) replaced with additional care staff/assistances in line with patient/users needs. The budget split between the Council and BHFT (local community health provider) will be adjusted accordingly.

## B) BCF Scheme 05b Neighbourhood Clusters Initiatives

This scheme during 2015/16 has consisted of four phased pilots which have been running independently of each other using existing resources (outside of the BCF). Each pilot was scored separately during the evaluation process but a number of themes emerged which

allowed us to make recommendations for a more integrated approach going forward into 16/17.

#### Pilot 1: Social Prescribing

This pilot commenced in June 2015 and is funded currently through CCG Partnership development funds (£29k) and is provided by Reading Voluntary Action. This pilot has received 22 referrals in the first 9 months. Although the service is valued by users and has seen improvements in wellbeing outcomes and offers a valuable function in signposting and supporting individuals within the community, the greatest challenge has been to receive large enough numbers of referrals from GP practices into the service. This project is not currently integrated with the other pilots nor into social services and may duplicate some of the work currently already commissioned elsewhere, e.g. the citizen's advice bureau. Plans to roll the pilot out across the whole of Reading are currently being reviewed within the PDF process and were therefore felt to be outside of the BCF.

The Reading Integration Board in principle felt this scheme would be worth strengthening, particularly around the source of referrals and could link into the other pilots in a fully integrated manner but would be better placed outside of the BCF, due to the different funding stream and recognition that, although important integration work streams, they do not **all** impact directly on DTOC nor Non Elective admissions.

#### Pilot 2: Living Well

This pilot also commenced in June 2015 and is operating across the 10 practices in North & West Reading, funded from Quality premium money £79k. The pilot has seen 91 people in the first 8 months and some good early outcomes and clear deliverables in reduced GP appointments, 99 calls, A & E attendances as well as a 50% reduction in unplanned admissions in the patient cohort. Patient wellbeing scores had also seen improvements and although patient satisfaction data had been collected it has yet to be analysed. The greatest challenge, as with the social prescribing pilot has been the low numbers of referrals seen from within GP practices.

The Reading Integration Board in principle felt this scheme would be worth strengthening, particularly around the source of referrals and as with the social prescribing pilot, could link into the other 4 pilots in a fully integrated manner, but outside of the main BCF.

#### Pilot 3: Case Co-Ordinators

This pilot commenced in July 2015 and utilises existing BFHT resource funded by the CCGs of 1 w.t.e Case Coordinators at a cost of approximately £44k p.a. The pilot, through the use of the ACG tool and local knowledge had identified large numbers easily identifiable clients suitable for early intervention and community support. In the first 4 months, 70 people were reviewed. Results from quarter 1 show a 30% reduction in GP contacts, 64% less calls to NHS 111, a reduction of 69% in A & E attendance and a 85% reduced unplanned admissions for this cohort of patient before and after the interventions. The lessons learnt from this pilot where it is possible to identify a specific cohort of frequent flyer clients could be further developed and integrated with the other neighbourhood pilots to maximise future value for money. Introduction of the Friends and family test would help strengthen and inform this pilot going into 16/17.

The Reading Integration Board in principle felt this scheme would be worth linking, particularly around its ability to identify suitable clients, with other 3 pilots in a more fully integrated manner, again outside of the BCF.

#### Pilot 4: Right 4 U



This pilot commenced in Nov 2015 and is provided by Reading Borough council through a different way of working using existing staff. It currently only offers support to approximately 300 RG2 postcode residents and first contacts, but there are plans to extend across reading going forward. It should be noted that this pilot was only commenced in Nov 2015 and it has not yet been possible to evaluate it fully. The early indications are that the pilot has identified large numbers of clients suitable for early prevention and community support. There has been a low conversion rate to requiring with over 60% of contacts being offered timely personalised help , without the need for long term social care or short term social care services. This project is not currently integrated with the other pilots nor into health.

The Reading Integration Board in principle felt this scheme would be worth strengthening, particularly by linking into the other pilots in a fully integrated manner, in a separate work stream outside of the BCF.

Next Steps:

We have identified strengths and weaknesses in all four schemes. By bringing those successful elements of the schemes together we could significantly improve the offer to the Reading population in relation to prevention and early community support. We now need to re-establish a neighbourhood cluster working group as a task and finish working group with all key stakeholders to refresh and refocus the scheme and prepare a Project initiation document (PID) which addresses the issues highlighted during the review process. This particular work stream will due to difference in funding streams remain run outside of the main BCF, but remain a key work stream for Integration in Reading.

### **C) BCF Scheme 01 & 02: Hospital @ Home & Care Homes**

In 2015/16 a CCG investment of £387,000 in a Care Homes project moved to the Better Care Fund (BCF) and a total of £2,981,000 (FYE) investment was provided to also support the Hospital at Home (H@H) project. Following monitoring and learning early during the implementation phase, The H@H project was rebranded in September 2015 and was replaced by the Rapid Response and Treatment Service (RRAT) for Care Homes. RRAT is a new service provided by the locality community teams which will respond within 2 hours of receipt of a referral or within 2 hours of a patient returning home from A&E. The RRAT provides increased and targeted Community Geriatrician input, including active treatment interventions including crisis support and the use of telehealth to support those at risk of admission. The enhanced rapid response pathway provides crisis response and treatment for patients in care homes. The service is available 8am – 8pm, 7 days a week with a proposed length of stay of up to 5 days on the pathway.

In April 2015 the GP CES was incorporated into and moved to the Anticipatory Care CES and funding adjusted.

The aim of the project to date has been to provide a common and consistent approach to improving outcomes for those people living in Nursing and Care Homes in Berkshire West through training and education of care home staff, medication review of all residents and anticipatory care planning and since October 2015 enhanced through the introduction of RRAT.

Full review of each of these elements has been carried out and the learning has concluded:

- **Training & Education:** The KPIs need to be more reliably measurable. It is proposed that going forward, further training options are considered especially to ensure we are able to better target the key four diagnoses that have the greatest impact on NEL admissions: UTI, Pneumonia, Falls and Dementia. In addition a focus on reducing

calls to 999 through empowering staff in their decision making and ensuring all homes are aware of the alternative care options

- Reduction in Non- Electives: The planned gross savings £292k across Berkshire West anticipated in the 2015/16 project will not be realised, however we have seen a reduction in non-elective activity in this cohort of patients of 72 unplanned admissions (20%) against a target of 50% reduction and an associated saving of £215k. 999 calls have not shown a decrease and with a 48% conversion to admission, there is still further work to be done to fully address this problem. There appears to be potential to further reduce the 0-1 length of stay admissions, of which 70% are considered potentially avoidable.
- Medication review: further investment is required to maximise the savings on investment and to increase from 1 to 2 w.t.e pharmacists (1 w.t.e. in 2015/16 has released £107k of savings.)
- Whilst the RRAT service data is only very recent, and therefore limited, it does demonstrate an effective impact on the numbers of NEL admissions from the first phase of 15 Care Homes and this is demonstrated in both the QIPP and Care Home report. For phase 1, 15 NEL admissions have been avoided in the first 2 months of the scheme: a 23% reduction in NEL admissions for this cohort of care homes. Anecdotally all calls attended by the clinical staff were felt to be appropriate and all would have resulted in calls to SCAS and attendances at A&E in their opinion had the RRAT service not been in place. For 2016/17 the project will recommend continued investment in this service and roll out as planned across all 4 phases to cover all nursing and residential homes in Berkshire West.

The Reading Integration board has agreed to carry forward the revised care Home Scheme into the 16/17 Better care fund, in line with our findings and learning to date. It is felt locally that this scheme has the greatest potential to impact on the care home Non Elective Admissions.

In addition for 2016/17 a review of the reporting mechanisms and savings options across the pathway will be undertaken. Following review of the data the following savings for 2016/17 is recommended:

- South Central Ambulance Service (SCAS) – Hear and Treat is reduced by 90%
- SCAS Calls - See and Treat is reduced 50% reduction.
- SCAS - See, Treat and Convey is reduced by 50%
- Secondary care 0-1 day Length of stay (LOS) is reduced by 75%
- Secondary Care 2+ days LOS is reduced by 30% in line with national evidence of similar project outcomes.

The Reading board also supported the continuation of the Rapid Treatment for care homes project within an overarching Care Home Project for 16/17 which bridges Health and Social Care.

## **D) BCF Scheme 03: Connected Care**

Currently across Berkshire there are 17 different organisations that hold data in one or more systems relating to an individual's health, social care and wellbeing. This high number of organisations, and the different culture, systems & technology, processes and legislation which drive them, makes it difficult to get a single view of a person at a point in time.

What our Connected Care solution is offering is the ability to have a single point of access to a person's health and social care records giving accurate and up to date information at the point in time of accessing the data.

This supports the different integrated services in the following ways:

- The NHS number is used as the consistent patient/user identifier
- No need for multiple laptops to access health and social care data separately
- Access to real time data reducing the need for phone calls to various organisations to collate pieces of information
- Reduce the amount of time required to contact the relevant organisations in relation to a person.
- More accurate data
- The ability to streamline the integrated services better by creating true single assessments
- The ability to streamline the transfer of a person from one service to another by developing health and social care pathways

Please See Narrative Template for further information.

## E) BCF Scheme 5c: 7 Day Working

We have made good progress on achieving 7 day services access across a range of primary, local authority, community and acute services in line with the 10 clinical standards. This is underpinned and driven through several different work programmes including the delivery of the Systems Resilience High Impact Actions, the development of an integrated community care model supported through the BCF and in line with the BCF national conditions, and the development of relevant CQUINs and Service Development Improvement plans (SDIP) in both Provider contracts for 2015/16 (a core part of the 2015/16 planning guidance). Further detail is provided in our Berkshire West CCGs Operating Plan 2016/17. (*Ref Berkshire West CCGs Operating Plan 2016/17 section 6.2 7 day services*).

**Primary care:** In addition to investments made via the BCF, through systems resilience and into MH services all of which directly support 7 day access we have invested in an Enhanced Access CES for Primary Care. Access to our community services is facilitated 24/7 via a Health Hub which is used by all discharging Acute Trusts as the single phone number.

**Acute Care:** In 15/16 we agreed a service development improvement plan (SDIP) with the RBFT which covered standards 2, 5, 6, 7 and 9. RBFT is reporting compliance with standard 2 (Time to first consultant review), standards 5/6 partially compliant and the Trust have completed and agreed with commissioners a Quality impact assessment associated with this position in year. The Trust has met their agreed actions on standards 7 and 9.

Across Berkshire West , We are in the process of finalising the requirements with RBFT (acute provider) for Q4 15/16 and have already commenced as part of the contract build the development of the 16/17 SDIP to include standard 8 as well as 2, 5 and 6 which are the national priorities for the coming year. The Trust will be completing the self-assessment tool on 7 days as required by the end of April 2016 and we will use the results of this to support continued dialogue with the Trust on full achievement of all 10 standards.

The key milestones and timelines proposed will require by the end of quarter 1 (end of June 2016) for baseline positions and trajectories to be agreed for implementation in 16/17 against four priority clinical standards as well as for several new agreed priority clinical standard areas to ensure full coverage of the 10 clinical standards by the end of March 2017. Following agreement of the baseline and trajectory values at the end of quarter 1 , implementation and delivery will then be monitored at the end of quarters 3 (End of Dec 2016 ) and quarters 4 (end of March 2017) for each clinical standard area.

**Community Care:** Berkshire Healthcare Foundation Trust (BHFT), our community provider, also had an SDIP in 2015/16 which covered the respective elements of standard 7(MH on

acute admission, Psychological medicines services (PMS) and 9 (transfer to Community, Primary and Social Care). BHFT have provided performance data for Q3 and our intention is also to use this to inform our 16/17 BCF planning.

Key health services in the community, such as rapid response and reablement, home care and reablement as well as the mental health crisis teams already operate on a 7 day a week basis but uptake of these services is lower at week-ends. Using the results of our stocktake during 15/16, of which community services operate at the week-ends and how workload is profiled across the week we will use the outcomes to develop our work further for 2016/17 with our community provider. The Integrated Discharge Team does operate 7 days a week 'pulling' patients out into the community.

Mirroring our acute provider, our community and mental health provider (BFHT) will be required to build and develop a 16/17 SDIP to cover standards relating any consultant led care e.g. mental health and community inpatients and geriatrician services. The trust will be required to complete a self-assessment tool and quarter by quarter through 2016/17 have specific milestones to deliver the appropriate standards. The key milestones and timelines proposed will require by the end of quarter 1 (end of June 2016) for baseline positions and trajectories to be agreed for implementation in 16/17 in priority clinical standards to ensure full coverage of the applicable clinical standards by the end of March 2017. Following agreement of the baseline and trajectory values at the end of quarter 1, implementation and delivery will then be monitored at the end of quarters 3 (end of Dec 2016) and quarters 4 (end of March 2017) for each clinical standard area.

**Social Care:** Reading Discharge to Assess services operate on a 7 day basis but again uptake is lower at the week-ends and joint work is needed with the hospital to smooth this flow.

Reading Council have new contracts and rotas in place to achieve a social worker presence at the Royal Berkshire Hospitals 7 days a week in 2016/17 to ensure that assessments and placement can take place consistently across the week. Further work will be undertaken with Independent Care Providers so that care packages can be started over 7 days. A robust feedback loop to the RBFT will be required so that any issues with week-end discharges can be immediately addressed.

For 16/17 our focus on 7/7 services will continue, however with the move to full delegation from April 2016 for primary care services, the GP element of the 7 day funding will transfer from the BCF to the Primary care budgets held by the Berkshire West CCGs. This will then be managed through the primary care commissioning committee which has representation from NHSE, CCGs as well as local authority representation.

For 16/17 our focus on 7/7 services will continue, however with the move to full delegation (where CCG will see the transfer of responsibility and funds move from NHSE to the CCGs, who will have fully delegated authority to manage the budget and commission primary health care from GP practices )from 1<sup>st</sup> April 2016. The decision was taken to avoid splitting the budget resource for access to primary care that the GP element of the 7 day funding will transfer from the BCF to the Primary care budgets held by the Berkshire West CCGs. This will then be managed through the primary care commissioning committee which has representation from NHSE, CCGs as well as local authority representation.

#### F) BCF Scheme 5a Health & Social Care Hub

A review report was considered by the Berkshire West 10 delivery group in Jan 2016. This outlined the progress to date with the Wokingham Hub. The main of this scheme is to provide a single point of access that ensures patients/users only tell their 'story' once; that has an overview of all local suitable/available support resources and has the authority to commission said resources directly.

West Berkshire local authority area are currently committed to their access model as the first step towards an integrated hub, but recognised that there must be learning from both systems and that if the models are not directly comparable and therefore once both models have been sufficiently evaluated that the learning be brought back to enable optimisation of the benefits of both models to the system as a whole.

Reading had recently launched through their partners for change program “Right 4 U” model which is showing early signs of success. (see review above B) BCF scheme 5b). Although this will sit outside of the BCF in 16/17, it is important that the findings coming from the Frail Elderly Pathway programme highlights the aspirations for a streamlined access for users to both health and social care which reduces handoffs and promotes integration. Reading will continue to work with partners on future options and expansion of their model to ensure it is fully integrated across health and social care.

## 2016/17 Revised Better Care Fund Plan: What has changed?

A summary of the funding for 2016/17 is detailed below with the comparative 2015/16 figures and accompanying narrative highlighting key changes.

The planning template provides a full overview of the funding contributions for 2016/17 and has been jointly agreed by the CCG and Local Authority via the Reading integration Board and Reading Health & Wellbeing Board.

<b>Scheme Name/Expenditure Line</b>	<b>16-17 Expenditure (£)</b>	<b>15-16 Expenditure (£)</b>
<i>s256/Protection of Social Care</i>		
1. Bed based intermediate care Willows	523,000	379,000
2. Bed based intermediate care Assessment Flats	46,000	0
3. Social care intermediate care team	863,000	374,000
4. Additional intermediate care and re-ablement resources to support H@H, delayed discharges	0	368,000
5. Community reablement team	1,529,000	1,066,000
6. Mental Health reablement and recovery team	200,000	150,000
7. Specialised nursing placements (to support hospital discharges)	400,000	139,000
8. Community equipment & minor adaptations	50,000	35,000
9. Protection of Social Care	0	1,100,000
10. Care Act Monies	361,000	361,000
11. Carers Support Funding	641,000	641,000
12. Time to Decide/Discharge to Assess	556,000	456,000
13. Full Intake	398,000	0
14. Reablement	779,000	779,000
<i>NHS Out Of Hospital Commissioned Services</i>		
15. Speech and Language Therapy	44,000	0
16. Community Geriatrician	87,000	0
17. Intermediate Care	92,000	0
18. Health Hub	742,000	0
19. Intermediate Care night sitting, rapid response, reablement and falls	341,000	0
20. Care Homes in reach	244,000	0
21. Support to residential and nursing care homes (Enhanced Care in Care Homes)	158,000	175,000
22. Rapid Response and Treatment to Care Homes – RRAT	280,000	0
23. Hospital at Home	0	827,000
24. Health and Social Care ICT (Interoperability)	300,000	256,000
25. Seven day Integrated Health and Social Care Teams (Inc. GP 7 Day Access and Full Intake)	0	1,372,000
26. Programme Management	209,000	0
27. Disabled Facilities Grant	815,000	500,000

28. Social Care Capital Grant	0	317,000
29. Contingency	217,000	182,000
30. Risk Share Agreement	542,000	719,000
	<b>10,417,000</b>	<b>10,196,000</b>

### Summary of changes

#### **S256/Protection of Social Care** (lines 1 – 9)

Lines updated to reflect actual expenditure and to enable consistent financial reporting. Please see 'Maintaining the provision of social care' in the narrative document for more detail.

#### **Time to Decide/Discharge to Assess** (line 12)

Following our programme evaluation we are continuing with the Discharge to Assess 'step down/step up' beds at the Willows residential home and expanding the service with two additional units/beds at a cost of £100k pa. The budget split between health and social staffing is being reviewed inline with patient/user needs and is subject to change from the figures reported in the Planning Template. Please see page 11 above for further details. This also applies to the Full Intake Model funding and staff mix.

#### **Seven day Integrated Health and Social Care Teams (Inc. GP 7 Day Access and Full Intake)** (lines 13 & 25)

Improving access to General Practice element of 7 day services removed and now funded outside of the BCF to allow alignment with other primary care budgets under full delegation responsibilities.

The Full Intake model continues to be funded with the remaining balance invested into NHS Commissioned out of Hospital Services.

#### **Hospital at Home/ Rapid Response and Treatment to Care Homes** (lines 22-23)

Hospital at Home project redesigned in September 2015 and replaced by the Rapid Response and Treatment Service (RRAT) for Care Homes.

#### **Programme Management** (line 26)

Dedicated resource has been included for both local and pan Berkshire BCF/Integration programme management.

#### **Disabled Facilities Grant/Social Care Capital** (lines 27-28)

In lieu of final determination correspondence it is assumed the DFG allocation includes the Social Care Capital thus figures have been combined for 16/17.

#### **NHS Commissioned Out of Hospital Services** (lines 15-20)

New to the BCF in 16/17 will be a range of Out of Hospital Services commissioned by the CCG through our community provider. These schemes, alongside other initiatives outside of the BCF, supports the overall delivery of the NEL and DTOC BCF Objectives as well as managing demand for urgent care including A & E attendances as well helping our resident remain as healthy and well as possible in the community.

The new service lines within the BCFs are as follows:

- **Adult Speech & Language:** This service supports indirectly avoidance of NELs through timely swallowing assessment in at risk individuals, hence avoiding future episodes of aspiration pneumonia and chest infections.
- **Care Home Support Services:** This is in addition to the new investment included in BCF within 16/17.
- **Community Geriatricians:** The community geriatricians will support the primary care teams, intermediate care teams, care homes and community hospitals within their area and provide easily accessible and speedy advice with the intention of reducing admissions to secondary care.
- **Intermediate Care** (including but not restricted to: rapid response, reablement, falls and night sitting): The aim of the Intermediate Care Services is to provide individuals who are referred to the service, with a structured goal based action plan. This is provided by a multidisciplinary team, which is responsive to an individual's physical, psychological and social needs. This includes those who have early onset dementia, or whose needs are of a palliative nature and who wish to remain at the end of their life in their own home. In the Reading Locality the Intermediate Care Service is an integrated service provided by Berkshire Healthcare NHS Foundation Trust (BHCNHSFT) and Reading Borough Council.
- **Health hub:** The Health Hub is the single point of access for referrals from healthcare professionals to scheduled and unscheduled community services. Clinical advisors are based within the Hub providing clinical screening of referrals supporting effective prioritisation of resources to meet clinical need. This service helps facilitate patient flow (thus avoiding DTOCs) from RBFT to the community Beds or alternative community services based upon clinical need. Out Of hours referrals are also processed and administrated through the Health Hub. Referrals are prioritised and actioned appropriately in respect of risk and urgency and forwarded to the most appropriate service in a timely manner as indicated on referral or after triage. Access is available 24/7, 365 days a year and the Hub works with other services and teams within the Trust to ensure a smooth and seamless transition or transfer between services.



## Supporting Metrics and Targets for 2016/17

### Non-elective admissions

Please see Page 5 of this document for detail regards how our NEA target for 16/17 has been set. Further details are also enclosed on our BCF Planning Template.

### Delayed Transfers of Care

At a meeting on 21 April 2016 the Reading Integration Board considered the DTOC situation analysis (summary at page 7 above and at annex 3) and the following three scenarios for what the overall DTOC target should be (acute and community beds):

#### Scenario 1: Ambitious

← Historical | Projection →

	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16-17
Reading BCF DTOC measure (per 100,000)	728	1,166	1,516	832	978	771	808	697	670	649	615	567
Annual moving average	799	927	1,095	1,060	1,123	1,024	847	813	736	706	658	625
Reading population	123,881	123,881	123,881	124,415	124,415	124,415	124,415	124,971	124,971	124,971	124,971	125,483
Reading delayed days	901	1,444	1,879	1,035	1,217	959	1,005	871	837	811	769	711

#### Scenario 2: Moderate

← Historical | Projection →

	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16-17
Reading BCF DTOC measure (per 100,000)	728	1,166	1,516	832	978	771	808	767	740	720	687	636
Annual moving average	799	927	1,095	1,060	1,123	1,024	847	831	772	759	729	696
Reading population	123,881	123,881	123,881	124,415	124,415	124,415	124,415	124,971	124,971	124,971	124,971	125,483
Reading delayed days	901	1,444	1,879	1,035	1,217	959	1,005	959	925	900	858	798

#### Scenario 3: Conservative

← Historical | Projection →

	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16-17
Reading BCF DTOC measure (per 100,000)	728	1,166	1,516	832	978	771	808	792	784	765	731	680
Annual moving average	799	927	1,095	1,060	1,123	1,024	847	837	789	787	768	740
Reading population	123,881	123,881	123,881	124,415	124,415	124,415	124,415	124,971	124,971	124,971	124,971	125,483
Reading delayed days	901	1,444	1,879	1,035	1,217	959	1,005	990	980	956	914	853

It was agreed that the Reading target should be based on the **Conservative scenario 3** and these figures/targets have been entered onto the attached BCF Planning Template. The Board also agreed an action plan (annex 3) which contains a set of clear actions to deliver improvement and that builds on both the success of local initiatives and on nationally agreed best practice interventions.

### Reduction in the numbers of people over the age of 65 in residential care

Reading Borough council have made significant progress on this in 15/16 but still benchmarks higher than neighbouring Local authorities. Continued focus is therefore to ensure only those who need intensive support, live in residential care settings. This focus is required in relation to patient flow/pathways and the front line culture of practice to ensure our strategies to support people in their own home are fully embedded.

At present health and social care teams are supported through improved decision making processes, e.g. R4U, integrated working and work-streams such as positive risk taking the RRAT and care home programme will continue within 2016/17. The proposed target within 2015/6 was to reduce admissions by 58%. The forecast target is a reduction of 31%. This

achievement will see a plateau within 2016/17 and further work with regards to length of stay will need to be addressed within the KPI metrics.

The planned target for 2016/17 is a further reduction of 8%. This is based on financial resources, national targets and statistical neighbour analysis.

**Increase in the number of people at home 91 days post discharge**

Focus and prioritisation continue in this area to ensure we have robust preventative and crisis management services in the community, in particular effective reablement services that support people post-discharge and help them to achieve their full potential recovery. In order to support patient flow the reablement service is currently prioritising hospital discharges – this will need to be regularly monitored to ensure the service can effectively support people in the community to prevent admission in the first place.

Performance improved during the year, but due to the unforeseen increase in demand, the target will not be achieved, based on the current upward trend early indication is that Reading should achieve the next year’s target. This is due to the fact that within 2015/16 the stretch target of 95.5% still at home 91 days after discharge from hospital (community or acute) was too great and within 2016/17 although a stretch target has been implemented this is significantly less. The reduction within 2015/16 could be associated with the increase of NELs and the pressures placed within the system to discharge clients from the acute trust, as well as the higher acuity of the older people leaving the acute sector.

The planned target for 2016/17 is 82.7% and the stretch target will be 86.7%. This is based on a change in care services within the Willows Residential Care Home (DTA beds).

**Local Metric - draft proposal**

Within Reading, following a recent analysis of NEA activity the largest numbers of individuals (44%), by age group, contributing to the NEAs at the Royal Berkshire Hospital is 19-64 years. This group also represented 37% of the total NEA spend.

The BCF local metric is to plan and devise an analytical system that enables a greater integrated approach to gain a better understanding of this system pattern and identify any contributing factors. Working with Public Health/Housing and Drugs and Alcohol teams we plan to further align preventative work and tackle issues identified that are amenable to change.

<p><b>Metric 5:</b> Total non-elective admissions in to hospital (general &amp; acute), age 19-64, per 100,000 population /month?</p>	<p>Effective joint working of hospital services (acute, mental health and non-acute) and community-based prevention services to analyse non-elective activity for residents aged between 19-64 years.</p>
<p><b>Rationale</b></p>	<p>With a particularly young population within Reading, it is important we focus our integration efforts not only towards the elderly population but also in a preventative manner at our younger age groups, to help support them remain well for longer and able to self-manage. There is a need for a series of comprehensive systematic reviews</p>

	<p>that will identify interventions to address the organisation of care and access for the purpose of reducing non-elective admissions (NEA in this patient cohort). This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the integration between health and social care services. Minimising non-elective admissions enabling people to be treated in the community or at home is one of the desired outcomes of the Better Care programme.</p>
<b>Definition</b>	<p>Total number of non-elective admissions for 19-64 year olds per 100,000 population.</p> <p>A non-elective admission occurs when an Admission that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.</p> <p><b>Numerator:</b> The total number of non-elective admissions for patients (aged 19-64) for all months of baseline period by local authority of residence</p> <p><b>Denominator:</b> ONS mid-year population estimate (mid-year projection for population)</p> <p>A literature review on the effectiveness of system programmes that have been implemented in Reading will consider emerging best practice in reducing NEAs. The evidence based support for BCF programmes has been considered in this review. The review highlights the effectiveness of emerging models of integrated care compared to usual care.</p>
<b>Source</b>	<p>This systematic review will be carried out across a wide range of electronic databases (ALAMAC, Mosaic and Rio) to identify NEA activity and a review of interventions used to reduce unplanned hospital admissions in 19-64 year olds.</p>
<b>Reporting schedule for data source</b>	<ul style="list-style-type: none"> <li>• Milestone plan production</li> <li>• NEA analysis 19-64 years</li> </ul>

	<ul style="list-style-type: none"> <li>• Quarterly highlight reporting</li> <li>• Programme analysis</li> <li>• Monthly at Reading Integration Board</li> </ul>
<b>Historic</b>	April 2016

## Patient experience

As a sector, we need to understand more about how services are affecting people's lives, rather than simply what outputs services are providing. If users are to be at the heart of care planning and provision within Reading, then user experience information will be critical for understanding the impact and outcomes achieved - enabling choice and informing service development.

The development of the BCF local User Metric based on user experience will be used:

- To provide assured, consistent and benchmarked local data on care outcomes. It is the most significant pool of personal outcome information for people receiving adult social care.
- To support transparency and accountability, enabling people to make better choices about their care.
- To help local services identify areas where outcomes can be improved in a very challenging financial climate, and support their own initiatives with an assured vehicle for obtaining outcome information.
- To populate outcome measures in the Adult Social Care Outcomes Framework

When care is not joined up it affects both patients and carers adversely, but currently there are few robust and tested instruments for assessing how well users of health and social care services feel their care is being coordinated.

The proposal is for feedback from patients/service users to be gathered through semi-structured interviews carried out in a number of settings spanning the services funded by the Better Care Fund and those that form part of the work plan of the Integration Programme Board. The same survey will be used in all settings and highlight results will be reported on monthly with a fuller quarterly report.

The survey will be carried out face-to-face, via an internal team or by a third sector provider, to ensure both statistical and qualitative feedback can be gathered. Research into how people answer questions about integrated care and health and social care services working together, shows there is sometimes a danger of people 'averaging out' their responses e.g. giving an average score to balance a good experience with a health professional with a bad experience with a social worker or vice versa. This stresses the importance of giving examples and explanations, this is one of the reasons a face-to-face interview is favoured, in terms of understanding and recording the person's own context and descriptions, to add greatest value to local intelligence on integration.

To date a patient service experience measure has been established across care providers and will be reported on within the first quarter. This quarter will also see the proposed service user experience plans built and signed off by Reading Integration Board. The full implementation date for this metric will be 1<sup>st</sup> July 2016.

## Programme Governance

In Reading, we have a history of pooling health and social care budgets to deliver improved outcomes, and have developed governance arrangements appropriate for integrated care. These have been refreshed to establish joint governance arrangements covering both our Better Care Fund and Care Act implementation programmes.

The primary accountable board for the Better Care Fund schemes across Reading is the Reading Integration Board. This is chaired jointly by the Head of Adult Social Care at Reading Borough Council and the Operations Directors for the Berkshire West Clinical Commissioning Groups.

Reading's Health and Wellbeing Board has strategic oversight of our plans to develop more integrated services within the Borough.

As many of our Better Care Fund schemes span all three unitary authorities and all four CCGs across Berkshire West, as well as local projects specific to particular unitary authority areas, we have established robust governance structures for working across the sub-region.

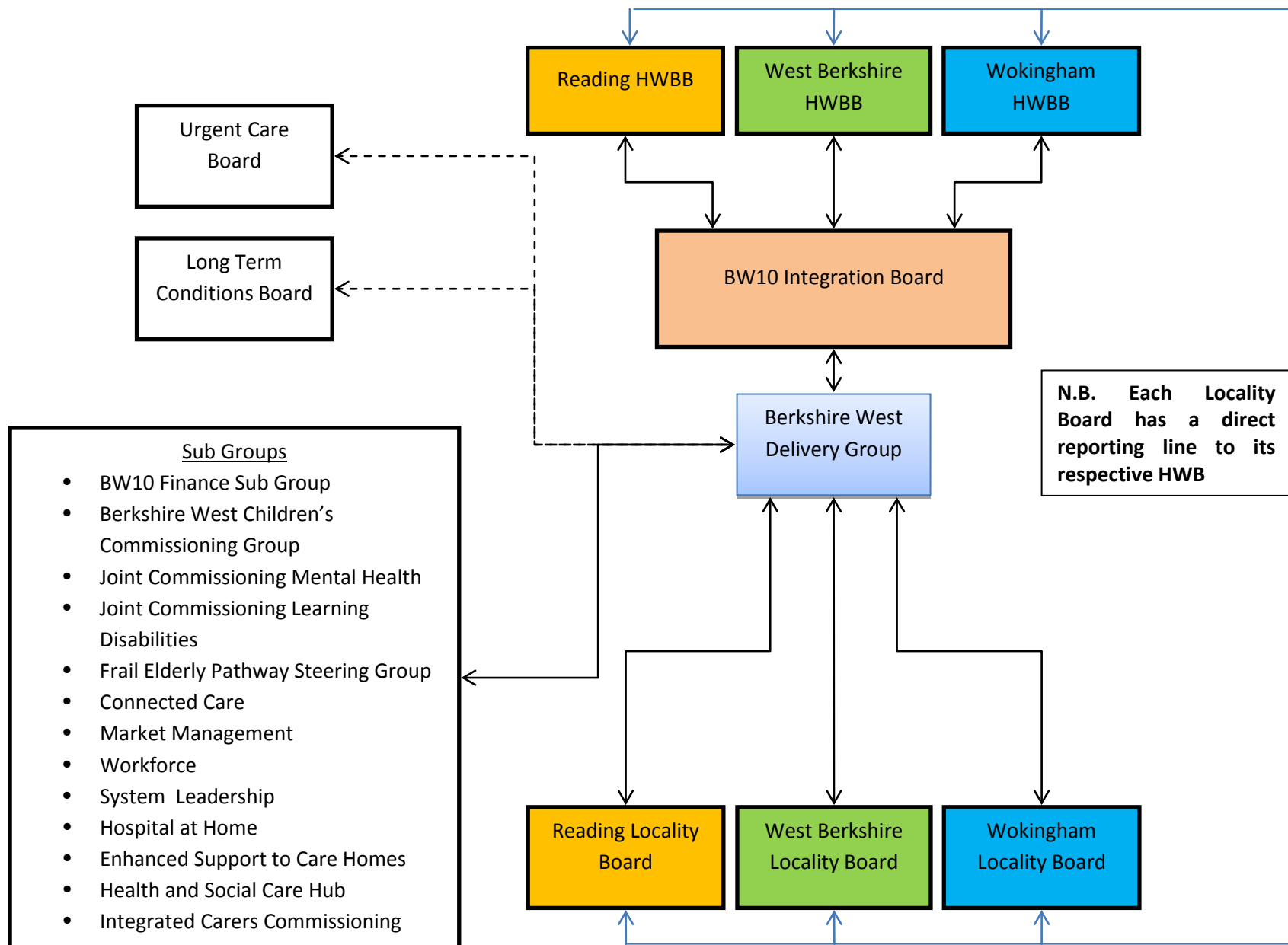
The diagram below shows the key structures across Berkshire West. The Reading Locality Board is the Reading Integration Board.

For projects that span all three unitary authorities in Berkshire West (Wokingham Borough Council and West Berkshire Council as well as Reading Borough Council), accountability is held with the Berkshire West Integration Board, with the Berkshire West 10 Delivery Group acting as the programme board on their behalf.

An additional group, the Berkshire West 10 Finance Sub Group, provides financial support and analysis to the 3 local and the pan Berkshire Integration Boards

Terms of References for the Reading Integration Board are attached at Annex 5.

# Berkshire West 10 Integration Programme Governance Map



## 2016/17 Integration & Beyond: Our plans for New Models of Care and Sustainability

### Berkshire West Accountable Care System (ACS)

As outlined previously, the Berkshire West “Health and Social Care Economy” has been working as the Berkshire West 10 (BW10) comprising of 4 CCGs, 3 local authorities, Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare Foundation Trust (BHFT) and South Central Ambulance Trust (SCAS) for some time within a shared governance structure. The Berkshire West system first came together as an agreed footprint back in 2013 with the submission of our Integration Pioneer bid, and has continued to capitalise on this with the development of a Berkshire West Integration Programme. The Integration programme identified three priority areas of work following an initial review of demand and capacity across the health and social care system; these are Frail Elderly, Children and Young Peoples services, and Mental Health. We have subsequently further prioritised joint work on a Frail Elderly Pathway which reported back in March 2016, with the findings and actions to be used to inform further pathway redesign.

To meet our challenges and overcome the barriers to change in the current system, Berkshire West is proposing to establish a New Model of Care and to operate as an ACS. The ACS is a collective enterprise that will unite its members and bind them to the goals of the health and Care system as a whole. In so doing we will hold ourselves collectively to account for delivering the necessary transformation of services and in getting the most out of each pound spent on the NHS within Berkshire West.

The key characteristics of our ACS will be:

- We will support our population to stay well through preventative care which considers the lives people lead, the services they use and the wider context in which they live.
- We will improve patient experience and outcomes for our population through delivery of a Berkshire West Shared Strategy
- We will get optimal value from the ‘Berks West £’ by organising ourselves around the needs of our population across organisational boundaries, working collectively for the common good of the whole system
- Clinical decision-making and service developments will drive proactive management of care and provision of care in the most effective settings, underpinned by a payment system that moves resources to the optimal part of the system.
- Finances will flow around the system in a controlled way that rewards providers appropriately and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system; incentives will be aligned and risks to individual organisations will be mitigated through the payment mechanism.
- We will develop and use long term contracts to promote financial stability of the providers
- It will be governed by a unified leadership team comprising all commissioners and providers, with delegated powers from the constituent organisations.

## References

- **Reading Better Care Fund Plan 2014** - <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/fast-track/>
- **Berkshire West CCGs Operating Plan 2016/17** (attached at Annex 10)
- **Reading Market Position Statement** - <http://old.reading.gov.uk/marketpositionstatement>

## Annex

**Annex 1 – BCF Programme Plan**

**Annex 2 – BCF Programme Risk Log**

**Annex 3 – DTOC Reduction/Management Plan**

**Annex 4 – Risk Share Mechanism**

**Annex 5 – Reading Integration Board Terms of Reference**

**Annex 6 – Joint Assessment/Referral From**

**Annex 7a – Connected Care - Full Business Case**

**Annex 7b – Connected Care – Project Communications Plan**

**Annex 7c – Connected Care – IG Principles and Data Sharing**

**Annex 7d – Connected Care – Consent to Share Data**

**Annex 7e – Connected Care – IG Improvement Group – Terms of Reference**

**Annex 7f – Connected Care – IG Improvement plan/checklist**

**Annex 8 – 2015/16 BCF Scheme Review**

**Annex 9 – HWBB minutes delegating joint authority for plan approval to the CCG Chief Officer and Reading Borough Council Director of Adult Social Care and Health**

**Annex 10 – Berkshire West CCG Operational Plan**