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

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5 December 2016

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NOTICE OF MEETING – ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE – 13 DECEMBER 2016

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Tuesday 13 December 2016 at 6.30pm** in the Council Chamber, Civic Offices, Reading.

AGENDA

		WARDS AFFECTED	PAGE NO
1.	DECLARATIONS OF INTEREST		-
	Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
2.	MINUTES OF THE MEETING OF THE ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE HELD ON 3 OCTOBER 2016		1
3.	MINUTES OF OTHER BODIES –		14
	Children's Trust Partnership Board – 12 October 2016		
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.		

A report outlining the proposed direction with regard to the provision of Short Break and direct payments for children and families of Reading who have disabilities and/or Special Educational Needs.

A report providing the Committee with an update on the progress being made in implementing the Council's Improvement Plan, following the June 2016 Inspection of the Council's Services for children in need of help and protection, children looked after and care leavers.

A report presenting the Committee with the Reading Local Safeguarding Children Board Annual Report.

A report providing the Committee with an outline of the Family Support and Children's Centre review.

A report setting out the proposed next stage in the delivery of the mandated universal Health Visitors and School Nurses Programme.

A report providing the Committee with an update on the West Berkshire, Buckinghamshire and Oxfordshire Sustainable Transformation Plan.

A report providing the Committee with an updated summary of Adult Safeguarding and the Deprivation of Liberty Safeguards within the Council since the last report.

A report presenting the Local Account, a report of

Council's performance in Adult Social Care.

21. ANNUAL COMPLAINTS REPORT 2015 – 2016 FOR ADULT   BOROUGHWIDE   253
     SOCIAL CARE

     A report providing the Committee with an overview of
     complaints activity and performance for Adult Social Care
     for the period from 1 April 2015 to 31 March 2016.

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**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
3 OCTOBER 2016**

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

Apologies: Councillor Vickers.

20.   MINUTES

The Minutes of the meetings held on 4 July and 23 August 2016 were confirmed as correct records and signed by the Chair.

21.   MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board – 13 July 2016

Resolved -   That the Minutes be noted.

22.   QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

A question on the following matter was submitted, and answered by the Lead Councillor for Children's Services and Families:

Questioner	Subject
Councillor Josh Williams	Short Breaks

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

23.   DRAFT CHILDREN'S SERVICES LEARNING AND IMPROVEMENT PLAN

Further to Minute 19 of the meeting held on 23 August 2016, the Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the progress being made in developing the Council's Improvement Plan required by Ofsted, following the June 2016 Inspection of the Council's Services for Children in need of help and protection, Children looked after and care leavers. A copy of the Reading Children's Services Learning and Improvement Plan working draft was attached to the report at Appendix 1.

The report explained the overall judgement by Ofsted had been the Children's Services in Reading were inadequate. This judgement was as a result of children who needed help and protection being inadequate; children looked after and achieving being inadequate (including graded judgements of requiring improvement for both adoption performance and experiences and progress of care leavers) and leadership, management and governance being inadequate.

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
3 OCTOBER 2016

As a result of the overall judgement of the inspection of the service Edward Timpson MP, Minister of State for Children and Families had written to the Leader of the Council of his intention to issue the Council with a Direction under Section 497A(4) and (4B) of the Education Act 1996. The direction would require the Council to co-operate with, comply with instructions from and provide assistance to a Commissioner for Children's Services and the Secretary of State for Education.

The report explained that the Ofsted framework 'Monitoring local authority children's services judged inadequate' that had been published in May 2016 and updated in August 2016, had set out the main activities and timetable that Her Majesty's Inspector (HMI) undertook when carrying out monitoring visits to local authorities where children's services had been judged inadequate.

The first activity, which had taken place on 22 September 2016, had been an action planning meeting that had been led by the Senior HMI and the Lead Inspector for the South East Region. The purpose of the meeting had been for Ofsted to ensure that the local authority had a sufficient understanding of the recommendations to plan appropriately following the inspection judgement. The early working draft of the Council's action (improvement) plan had been shared with the Lead Inspector prior to the visit, to assist planning, as required under the framework.

The monitoring framework required local authorities that had been judged to be inadequate to provide a written statement of action (an Action Plan) to the Secretary of State for Education and Her Majesty's Chief Inspector (HMCI) within 70 working days from the local authority receiving their inspection report. For the Council this date was 11 November 2016.

The Reading Children's Services Learning and Improvement Plan working draft replaced the previous service improvement plans, incorporated outstanding actions from the earlier plan and responded to the 18 recommendations that had been set out by Ofsted in their inspection report dated 5 August 2016.

The report explained that Ofsted's recommendations for improvement had been matched against the Department for Education's (DfE) three pillars of reform (People and Leadership, Practice and Systems, Governance and Accountability) in order to demonstrate how Reading's vision and drive for improvement would deliver fundamental reform across the children's social care system in order to safeguard the needs of children. Addressing Ofsted's recommendations would be consistent with delivering the Council's own policies for the service.

Resolved –

(1)   That the working draft of the Learning and Improvement Plan be scrutinised and commented on and the strategic approach being taken by the Director of Children, Education and Early Help Services be endorsed;

(2)   That the submission of the draft Ofsted Action Plan to Council on 18 October 2016 before submission to Ofsted be noted;

(3)   That the Committee receive a quarterly progress report.

24.   ENGAGEMENT WITH THE ADOPT THAMES VALLEY REGIONAL ADOPTION AGENCY
      PROJECT

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an overview of plans to set up a Regional Adoption Agency (RAA) across the Thames Valley.

The report explained that the Council provided adoption services as part of Children's Services with a team comprised of a team manager, an assistant team manager and 7.3 Full Time Equivalent (FTE) social workers and supported by 1.2 FTE business support staff. The team recruited potential adopters, identified placements for children who were unable to live safely with their birth families and provided support to adopters. In 2014/15 the authority had recruited 14 adopters and had placed 25 children for adoption.

The report stated that the proposal was to seek in principle agreement to join Adopt Thames Valley (ATV) and work was underway to develop ATV as a partnership between seven local authorities (Bracknell Forest, Oxfordshire, West Berkshire, Windsor and Maidenhead, Wokingham, Swindon and potentially Reading) along with two Voluntary Adoption Agencies (PACT and Barnardos). The local authorities and voluntary agencies were working to develop a new shared service that would provide adoption services across the geographical area of the participating local authorities.

The key anticipated benefits of the Adopt Thames Valley Model were:

- Improved outcomes for children through the availability of a large pool of adopters;
- Improved ability to place harder to place children for adoption (older children, children with disabilities, sibling groups and BME children);
- Improved experience for adopters through quicker matches with children who needed placements;
- Better value for local authorities through economies of scale in the recruitment and assessment process for adopters;
- Potential savings for local authorities through placing children with adopters more quickly;
- Improved adoption support services across a wider geographical area.

The report explained that work had started on the project in December 2015 and over the duration of the project there had been some significant changes. There was now a group of local authorities and voluntary adoption agencies that were committed to the project, the DfE had committed to funding the project and there was no expectation of contributions from partner local authorities to the cost of the project. Some of the key activities and events in the planned time line were set out in the report.

The report stated that one of the key risks associated with joining an RAA was the potential loss of influence in the governance and oversight of adoption activity. However, Councils joining Adopt Thames Valley would do so as equal partners and would be assured a full and active role in the governance of the new service. This

potential change was a key element of the new adoption legislation and all authorities would be compelled to join an RAA at some point up to 2020. The second area of risk related to finance. However, the economies of scale offered by Adopt Thames Valley offered real potential for delivering services in the most efficient and effective way more successfully than could be done by any authority working alone. The main influence over the cost of the new service would be the level of activity, the number of children being adopted would continue to be driven by children's services and therefore outside the influence of Adopt Thames Valley, whereas there was confidence that Adopt Thames Valley would contribute to increasing the pool of adopters available, potentially impacting positively on the overall costs of adoptions services. In addition, because Adopt Thames Valley was being established as a shared service local authority partners would be able to manage the risks associated by being able to shape and influence the service through their participation in the governance arrangements and ultimately by giving notice and leaving Adopt Thames Valley.

Resolved –

(1)   That joining Adopt Thames Valley be agreed 'in principle';

(2)   That a report with more detail in relation to the financial implications of the project prior to a final decision being taken be submitted to a future meeting;

(3)   That officer work with partners in Adoption Thames Valley to develop a service that was affordable and met the needs of Reading residents (including the sharing of relevant information) be agreed.

25.   ANNUAL COMPLAINTS REPORT 2015 – 2016 FOR CHILDREN'S SOCIAL CARE

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an overview of complaints activity and performance for Children's Social Care for the period from 1 April 2015 to 31 March 2016. A copy of the Children's Social Care Complaints 2015/16 Summary Report was appended to the report.

The report stated that during the period the service had received 87 statutory complaints which was an increase of one (1.26%) over 2014/15, of which:

- 22 had been resolved through Alternative Dispute Resolution (ADR) by the Social Care Teams;
- 65 had progressed to a formal investigation.

During the period seven complaints had progressed to Stage 2 investigation.

The report explained that the Customer Relations Team had continued to raise awareness of the complaints process and in accordance with recommendations from Ofsted had worked with operational teams to encourage children and young people to submit complaints where they had been dissatisfied with the service they had received.

Resolved –

    (1)   That the contents of the report and intended actions to improve the management of representations and complaints in 2016/17 for Children's Social Care be noted;

    (2)   That the continuing work to raise awareness of the complaints process and to encourage its use by children and young people be noted.

26.   UPDATE ON ADULT SAFEGUARDING AND THE DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

The Director of Adult Care and Health Services submitted a report providing the Committee with a summary of Adult Safeguarding and the Deprivation of Liberty Safeguards within Reading Borough Council. A copy of the Safeguarding Recovery Plan was attached to the report at Appendix A, a copy of a presentation entitled Making Safeguarding Personal was attached to the report at Appendix B and a copy of an Adult Safeguarding Audit Form was attached to the report at Appendix C.

The report explained that the Safeguarding Recovery Plan had been developed to ensure improvements were made to safeguarding in the Borough in a timely way. The plan included the development of local policies and procedures to locally apply and support the Pan-Berkshire policy and procedures. The Plan also included further development to the Council's website to raise awareness of Adult Safeguarding. There would be a staff hub within the intranet containing all policies and procedures and pathways for safeguarding supported by awareness training.

An Options Appraisal was being developed that proposed that safeguarding concerns were triaged by the Safeguarding Team, ensuring the Care Act 2014 and the Mental Capacity Act 2005 were implemented appropriately. This suggested option would ensure there was only one entry point for safeguarding adults, which would help mitigate and manage risk whilst ensuring continuity of practice and discharge of the Council's duty of care. The Plan would include the Deputyship Team being managed by the Safeguarding Team Manager within the proposed restructure, due to the continual overlap between safeguarding, deputyship and appointee-ship. The Council was the main provider of appointee-ship and deputyship in the Borough and the office acted currently as a deputy for approximately 124 residents and appointee for a further 125 residents. A Court Visiting Officer had recently visited and audited the Deputy's Office and had advised the Office of the Public Guardian that the Deputyship Team were running an excellent service and there were no concerns or major recommendations. However, a separate report had set out plans to review the service to ensure it could operate on a 'cost neutral' basis as it was not a statutory service.

The report set out the four priorities of the Safeguarding Adults Board as follows:

Priority 1 – Establish effective governance structures, improve accountability and ensure the Safeguarding Adults agenda was embedded within relevant organisations, forms and boards;

Priority 2 – Raise awareness of safeguarding adults, the work of the Safeguarding Adults Board and improve engagement with a wider range of stakeholders;
Priority 3 – Ensure effective learning from good and bad practice was shared in order to improve the safeguarding experience and ultimate outcomes for service users;
Priority 4 – Coordinate and ensure the effectiveness of what each agency did.

It had been decided that Making Safeguarding Personal (MSP) was embedded throughout everything the Council did in adult safeguarding; therefore this was not listed as a priority in its own right.

The report detailed the outcome of the Safeguarding Adults Review (SAR) for Mr I and Mrs H and explained that to address the findings of the SAR the Safeguarding Adult's Team had launched training around the Mental Capacity Act 2005 and Safeguarding L1, L2 and L3 training in response to the findings and were also planning more workshops for support staff. The Safeguarding Team would address further the findings of the SAR through introducing the Social Work Occupational Standards into supervision, staff appraisals. A Quality Assurance Framework was being developed to ensure improvements to practice and accountability. Through casefile auditing the Safeguarding Team were able to feedback any continued problems and training needs, ensuring continued improvements in safeguarding across the Borough.

Resolved –   That the report be noted and the plans to secure continued improvement in the Safeguarding Service be endorsed.

27.   CARE ACT IMPLEMENTATION UPDATE

The Director of Adult Care and Health Services submitted a report providing the Committee with an overview of the Council's performance against the duties set out in the Care Act 2014 which had come into effect from April 2015. A copy of the South East Regional Summary was attached to the report at Appendix 1.

The report explained that the regional summary gave headline findings for the South East and detailed aggregated responses from seven County Councils and 11 Unitary Authorities. The regional survey showed that all local authorities had reported that they had embedded the necessary changes to be compliant with the Act and believed that the Act had had a positive impact on practice. However, there were some factors where Reading had appeared to be doing less well:

- A slight decrease in overall demand for Adult Social Care appeared to have been recorded. The Directorate had carried out a major transformation programme which had included the review of existing cases and a new practice model, Right 4U. In this model people who might previously have been offered state funded care were helped to connect to support already available in their own communities. The total number of people who had had a response was therefore not reducing, but the demand for state funded support had seen a slight decrease, although there had been an overall increase in customer satisfaction;

- Carers support had been refined and information and advice was jointly commissioned with health partners and West Berkshire Council;
- In Reading the levels of safeguarding activity had increased greatly, heavily influenced by the massive escalation in Deprivation of Liberty referrals and assessments;
- Preparation of adulthood/managing transitions had led to a major increase in expenditure, and officers were working on plans to improve the early notification of adolescents who might need Adult Social Care and help their families prepare for the support that might be available;
- Commissioning with Clinical Commissioning Groups (CCG) had been identified as an area that required further development and a recent workshop had facilitated the identification of a number of areas where joint commissioning would be beneficial.

The report concluded that Reading could be confident that there was a robust monitoring of performance and plans in place to promote the delivery of targets.

Resolved – That the Council's performance against the duties of the Act as reported in the final 'stocktake' be noted.

28.   ETHICAL CARE CHARTER PROVIDER COMPLIANCE

The Director of Adult Care and Health Services submitted a report providing the Committee with a summary of provider compliance following visits carried out to all framework providers by officers between November 2015 and June 2016 and a survey sent to providers in August 2016 to assess compliance. Details of the three stages of the Ethical Care Charter (ECC) were attached to the report at Appendix 1.

The report explained that following signing the Ethical Care Charter (ECC) the Council had carried out extensive consultation with providers to assess their capability to meet its requirements. This had led to a new four year Home Care Framework contract (HCF) which had started in June 2015 and had been structured (including fee levels) to include a range of these requirements. The Council continued to work in partnership with HCF providers, individuals and their representatives to monitor delivery of these requirements in implementation. During the first year of the contract officers had concentrated on ensuring mobilisation of all providers and the sustainability of the home care sector.

The report stated that the Council and providers on the HCF were compliant with stage one of the ECC and the success of this was evidenced through the performance of the HCF particularly in picking up care packages during holiday periods such as Christmas and the summer and during the junior doctor strikes. They had enabled people to be discharged from hospital and from the Community Reablement Team in a timely way. HCF providers and their staff played a major role in offering companionship and conversation to often lonely and isolated individuals and this also made a significant difference to the quality of their lives. Individuals were put at the centre of the service and through more sustainable pay providers could retain a more stable workforce. However, as the Living Wage increased this would put added pressure on the Council's budget. There was a

need to continue working closely with providers to ensure that improvement continued and piloting alternative ways of engaging care workers.

Resolved –

(1)   That the delivery of the UNISON Ethical Care Charter and provider compliance with stage one continue to be monitored and a report be submitted to the Committee on an annual basis;

(2)   That officers report on the progress of stage 2 compliance in the next annual report.

(Councillor Jones declared a non pecuniary interest and left the meeting for this item and took no part in the discussion or decision. Nature of interest: Councillor Jones was employed by UNISON.)

29.   SCRUTINY REVIEW UPDATE – CONTINUING HEALTHCARE FUNDING

Further to Minute 43 of the meeting held on 3 February 2016, the Head of Legal and Democratic Services submitted a report providing the Committee with an update on the progress of the scrutiny review of Continuing Health Care Funding. A copy of the report that had been submitted to the 3 February 2016 meeting was attached to the report at Appendix 1 and an extract from the Minutes of that meeting was attached at Appendix 2.

The report explained that the Task and Finish Group were investigating the level of CHC funding in Reading because, along with two neighbouring authorities, the level of funding was significantly lower than the national and regional average. This affected residents who may be ruled ineligible, and also had an adverse impact on the financial sustainability of the Council's Social Care services, as they were required to fund a larger proportion of high care placements than other local authorities.

The Task and Finish Group had held two question and answer sessions, the first with Lindy Jones, former Services Manager Care Governance, Contracts and Continuing Health Care, Wokingham Borough Council and with Cathy Winfield, Chief Officer North West Reading, South Reading, Newbury and District and Wokingham CCG. The Task and Finish Group would meet again to consider the feedback from these two sessions and the next steps, with the aim of reporting their findings and recommendations to the 13 December 2016 Committee meeting.

The Task and Finish Group heard that there were officer meetings being planned with the aid of managers from NHS England (NHSE) and the Association of Directions of Adult Social Services in England (ADASS) to attempt to resolve the issues identified. The outcome of this meeting would further inform the task and finish group's recommendations.

Resolved –   That the progress of the Continuing Health Care Funding scrutiny review be noted.

30.   SCHOOL ADMISSIONS PROCESS AND DATA ON EXCLUSIONS

The Director of Children, Education and Early Help Services submitted a report detailing the process for admissions across Reading Borough Council, the current position of admissions for Reading schools and information on school exclusions. A table setting out school exclusion information was attached to the report at Appendix 1.

The report stated that the Council had adopted the mandatory requirements set out in the Schools Admissions Code and detailed the school admission process, how admissions worked, local authority responsibilities and allocating places.

The report stated that there had been an increase in the primary and secondary pupil population in the Borough which had put a demand on school places. The £61m school expansion programme, due to be completed in autumn 2016, had created 2,520 primary school places and the opening of the WREN and Maiden Erlegh in Reading secondary schools would create 1,880 new places over the coming years. The School Admissions Team worked with School Place Planning to ensure place sufficiency but there were currently 101 new to the country in-year applications (62 primary and 39 secondary) and 25 new to area in-year applications (eight primary and 17 secondary) which would increase further pressure on school places.

The report included the primary and secondary timetables for applications of admission to primary and secondary schools in September 2017.

The report also included a table that detailed information on exclusions that had been collated from school returns.   The table specified which group the child/young person was from, including, Looked After Children (LAC), Pupils with Special Educational Needs (SEN), Free School Meals pupils (FSM), Underperforming Ethnic Groups (UPEG) and Black Minority Ethnic group (BME). The main points of note were as follows:

- There were 23 schools that had reported no exclusions;
- The percentage of all pupils that had been excluded with SEN had decreased by 20%. However, 54% of all pupils excluded were either statemented, had an EHCP or on school support;
- The percentage of statemented or EHCP pupils excluded had reduced to 11%;
- The main reasons for exclusions in primary schools were persistent and disruptive behaviour (42%), physical assault against an adult (22%), and physical assault towards a child (12%);
- The main reasons for exclusions in secondary schools were physical assault to a child (13%), verbal abuse to an adult (13%), persistent and disruptive behaviour (12%). There was a high proportion of reasons being reported as 'other' (48%);
- In primary schools there was a reduction in Black Caribbean (BLB) ethnic group students being excluded - 20 exclusions down to 2 and pupils from the mixed other ethnic group had decreased from 18 to 5;
- Of all exclusions in primary schools the White British ethnic group at 67.4% and in secondary 54.8% was the group that had the highest exclusion rate.

Councillor Jones proposed that the Committee set up a scrutiny task and finish group to look at school exclusions in Reading.

Resolved –

(1)   That the processes of the schools admissions be noted;

(2)   That the levels of, and the data related to exclusions, be noted;

(3)   That the setting up of a scrutiny task and finish group to look at school exclusions be approved.

31.   RAISING ATTAINMENT STRATEGY UPDATE

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update against the Raising Attainment Strategy (known as the Reading First Partnership; Educational Ambition and Achievement Strategy) and to provide a benchmark as to where the Council was compared to the milestones and targets set within the Strategy. The report summarised attainment at the Early Years Foundation Stage, Key Stage 1 and Key Stage 4. A list of the Ofsted ratings of Reading schools was attached to the report at Appendix I.

The report stated that over 90% of maintained schools, including nursery schools, had currently been judged as good or outstanding by Ofsted; across the Borough for all schools this currently stood at 79.2%. All primary phase schools were above the floor standard for attainment and early indications were that no secondary school would be below the floor target for progress 8; this meant that the Council would have met the milestone for 2015/16. All maintained schools had agreed goals and targets and these were monitored every term through the School Monitoring Group. There was an agreement for academies to share their data and targets through the Regional Schools Commissioner and the academies themselves.

The report stated that new targets and milestones would be incorporated into the strategy once the national picture was available and would have to refer to rankings as well as the overall attainment and progress. These would replace the current appendices in the strategy.

Resolved –

(1)   That the Reading First Partnership; Educational Ambition and Achievement Strategy be ratified;

(2)   That amendments to the appendices be made and submitted to the 20 March 2017 Committee meeting;

(3)   That the milestones for 2015/16 having been met be noted.

32.   OUTCOMES FOR READING SCHOOLS

The Director of Children, Education and Early Help Services submitted a report on the initial outcomes for pupils within Reading Borough Council across all phases. A

summary of Key Performance Indicators for Key Stage 4 for the academic year 2015/16 was attached to the report at Appendix 1.

The report stated that the academic year 2015/16 had seen extensive change in education with schools preparing for the introduction of new benchmarks for GCSE performance. The report detailed the performance of schools in the Borough for the academic year 2015/16 at all stages. The overall Council performance was provisional at this stage and any comparisons to the national picture were also provisional. The 2015/16 results had shown progress towards the goals that had been set by the Raising Achievement papers, with improvements against the national average. Schools had been working with a specific focus to reduce the performance gaps in a number of groups as relevant to the individual school.

The report stated that the Council had a responsibility for ensuring that all pupils in the Borough could and did access education and also had a responsibility for all children in the Borough, whichever school they attended. For maintained schools that included the responsibility and authority to intervene as required. For academies the authority had no power of intervention but was working closely with the Regional Schools Commissioner and the DfE Academies Division to challenge and support any underperformance.

The report stated that at Key Stage 2 all primary schools were above the floor standard and in 2015 the results for Level 4+ had been compared to the results for 2016 at expected standard and the ranking on all key measures, except for Grammar, Punctuation and Spelling (GPS), had improved dramatically:

- The authority had moved from 113th (out of 152) to 75th;
- Writing had improved from 100th to 56th position;
- Maths had improved from 103rd to 99th position;
- The key measure of combined Reading, Writing and Maths (RWM) had moved from 103rd to 49th, placing the Borough in the top third in the country and was the first time in the previous ten years that the authority had achieved about the National Average.

In 2015 the results for Level 4B had been compared to the results for 2016 at the higher standard and again schools had performed well across the Borough:

- The authority had moved from 119th (out of 152) to 27th;
- Writing had not been measured in 2015 at Level 4B;
- Maths had improved from 95th to 24th;
- The key measure of combined RWM had moved from 109th to 10th, placing the Borough in the top 10 across the country on this measure.

At Key Stage 4 national comparisons were not yet available but the report noted the following:

- The Attainment 8 was at a score of 5.2 (this was an average equivalent grade B across eight subjects for all students in the cohort);
- The percentage of students achieving English and Maths was 65.9%;
- The percentage of students achieving the English Baccalaureate was 29.6%;

- Early indications were that all Secondary Schools were above the floor targets for Progress 8.

Resolved –

(1)   That the levels of performance at all Key Stages, as set out in section 4 of the report, be noted and all pupils who had worked hard in the previous academic year be recognised;

(2)   That all staff and governors at the schools be recognised for their hard work in achieving the outcomes across all phases;

(3)   That the work of the School Improvement Team, in particular, the School Partnership Advisers and the Subject Advisers be recognised for their contribution to the outcomes;

(4)   That a more detailed report, as and when national comparators were available and when the outcomes had been fully validated be submitted to a future meeting.

33.   WEST BERKS, BUCKS & OXON SUSTAINABLE TRANSFORMATION PLAN - UPDATE

The Director of Adult Care and Health Services gave an update on the West Berks, Bucks and Oxon (BOB) Sustainable Transformation Plan (STP). The Director reported on a closed session of the Health and Wellbeing Board where a presentation was given on the draft submission to NHS England in relation to the plans for BOB to take forward sustainability and transformation. The plans, which were confidential whilst being drafted, were required to make savings. Once the plan had been received and evaluated by NHS England it was hoped the STP could then be made public towards the end of 2016.

The Director reported that there were developments in how the prevention service would be delivered, including information and advice to adopt healthy lifestyles and secondary prevention. There was also recognition across BOB that unlike other STP regions there wasn't a clear patient flow across the three economies of BOB and the focus of the delivery of savings would be across the local health and social care economies, which for Reading was West of Berkshire.

Resolved –   That the position be noted.

34.   INTEGRATION AND BETTER CARE FUND

The Director of Adult Care and Health Services submitted a report setting out the Better Care Fund (BCF) integration performance at the end of quarter 1 within the Borough, the BCF reporting and monitoring requirements and the findings from the Joint Commissioning workshop that had been held in September 2016. A letter of approval from NHS England was attached to the report at Appendix 1, a BCF Plan on a Page was attached to the report at Appendix 2 and details of the Commissioning Intentions from the September 2016 workshop were attached to the report at Appendix 3.

The report explained that the BCF Reading had gained a fully approved assurance by NHS England on 8 July 2016. The BCF for 2016/17 totalled £10.4m and funded a range of integration initiatives that were intended to promote more seamless care and support services, deliver improved outcomes to patients and service users and protect key front line services that delivered value to both the NHS and the authority. The BCF had a particular focus on initiatives that were aimed at reducing the level of avoidable hospital stays and delayed transfers of care as well as a number of national conditions that partners had to adhere to. If any of these conditions were not met the Care Act 2014 enabled NHS England to withhold, recover or direct how the money was used.

The BCF Policy Framework had established national metric for measuring progress of integration through the BCF and partners had to report progress against them each quarter to NHS England. The funding that came directly to the Council for the Disabled Facilities Grant of £815k also included in the BCF was not subject to these conditions.

The report stated that to date Reading had seen some positive local BCF scheme performance, such as an increase in the numbers of patients/service users who had successfully reabled via the Discharge to Assess/Community Reablement Team services, fewer admissions to residential care and reduced admissions to hospital from care homes supported by the rapid response and assessment Team (RRaT). However, as at the end of quarter one this had not translated into clear system wide benefits or a positive impact on the key BCF metrics, namely Non Elective Admissions (NEA) and Delayed Transfers of Care (DTOC). The report included tables showing actual figures compared to plan for NEA, DTOC and residential and nursing admissions. The report also gave an update in terms of local project performance for Connected Care, Care Homes, the Community Reablement Team, Discharge to Assess and Engagement with Patients and Service Users.

Resolved –   That the position of Integration and Reading Better Care Fund as of
end of quarter 1 be noted.

(The meeting commenced at 6.30 pm and closed at 9.13 pm).

Present		
Cllr Jan Gavin	JG	Lead Member for Children's Services
Andy Fitton	AF	Head of Service, Early Help and Family Intervention, RBC
Esther Blake	EB	Partnership Manager, RBC
Gary Campbell	GCa	Interim Service Manager for Reviewing and Quality Assurance, RBC
Kelly Swaffield	SW	Head of Transformation and Improvement, RBC
Tom Woolmer	TW	Participation and Accreditation Coordinator, RBC
Sally Murray	SM	Head of Children's Commissioning, NHS Berkshire West CCGs
Ben Cross	BC	Development Worker, RCVYS
Jill Lake	JL	Executive Member, RCVYS
Ann Marie Dodds	AMD	Head of Governance and Business Support
Helen McMullen	HMc	Director of Children, Education and Early Help Services
Dan Neale	DN	Senior Schools Advisor, On behalf of Richard Blackmore
Cllr Jane Stanford-Beale	JSB	Councillor
Young People in attendance		
Callum	Young Inspector	
Natalie	Young Inspector	
Business Support:		
Donna Gray	DG	Minute Taker
Apologies:		
David Seward	Berkshire Youth	
Stan Gilmour	Local Area Commander, Thames Valley Police	
Fran Gosling-Thomas	LSCB Chair	
Sue Gale	Adviza	
Gerry Crawford	Regional Director, BHFT	
Kim Wilkins	Public Health	
Cllr Simon Robinson	Cllr for Peppard Ward	
Richard Blackmore	Head of Education	
Jayne Reynolds	BHFT	

1. **WELCOME AND INTRODUCTIONS**

Round table introductions took place. Young Inspectors were welcomed to today's meeting.

1.   **YOUTH CABINET UPDATE**

The aim is to help improve Mental Health and support in Schools. Callum advised that the Young Inspectors will be approaching schools and the wider workforce to see what support they offer. After the research has taken place they will report back and provide recommendations around what they have found. They will talk about attitudes to mental health and the results will be compared to identify what is working well and what needs to improve.

The research will take place in focus groups and 1:1 interviews with teachers and there will be an anonymous online survey for students with mental health issues.

SM asked what schools will be approached: Callum will have discussion with Maiden Erleigh School in various departments. Natalie will be going to Reading Girls School and Reading College. SM asked if any other schools will be approached; Callum advised that other schools that will be looked at and other members are approaching various different schools.

SM advised that some schools will have commissioned mental health services and some won't so it will be interesting to see what the outcomes look like. Some schools have counselling services and it would be useful to see what pupils experience is of using these services.

JL requested that UTC, Maiden Erleigh and Bulmershe are included as they have a volume of Reading children attending those schools.

HMC offered to contact a HMI regional inspector to see if they can support the Young Inspectors to write up their findings up as an inspector would. HMC can facilitate discussions if this would be seen as helpful. Youth Inspectors agreed they would like this opportunity.

BC advised that at the LSCB Meeting 2 weeks ago they felt there was a lack of training in schools for special needs children and asked if this would be in the scope of the work they are undertaking. BC advised that RCVYS could support them if needed as it needs to be identified as an issue in schools.

DN asked how the online survey will be facilitated and if it would go to every school. Callum advised the Young Inspectors will speak to each school individually but they hope to send it to all schools. DN offered support to distribute the online survey into school.

JG asked what the timeframe was for completion, Callum advised as it is currently in the early stages it would be around March 2017 onwards.

EB asked if primary schools were being approached, perhaps approaching staff and teachers rather than children. Callum advised that this will be included. EB requested that the findings be presented to the LSCB as emotional health and wellbeing is one of their priorities for 2016/17.

SM is reviewing a workforce survey that was undertaken on emotional health and wellbeing to look at training needs; this might give a baseline for the work of the young inspectors.

2.   PRIORITY AREA –BEST START IN LIFE AND THROUGHOUT

Early Intervention and Prevention Strategy: AMD is reintroducing the strategy which needs to be thought about this differently due to financial constraints in Reading.   The strategy will be for Reading as a whole not just and Local Authority strategy and it has to fit the needs of Reading children.

The strategy will focus on the difference we can make and the impact of early help interventions; is the right support provided at the right time? And whether there is enough learning from interventions to ensure there is sustained change.

There will be a reliance on our own networks and community to create sustainable change and ensure that everyone has access to universal services.

Demand Management – Does the whole system work? Do fewer children become LAC if services work well? This is being reviewed. There is a need to understand how we best use our community.

There was a lack of ownership with the strategy beyond RBC and it needs to be different this time, with the need to understand what partner agencies imperatives are.

RBC:
1. Ofsted Judgement – There is significant work to be done to be a good Local Authority. Some of this is partnership wide working not just RBC.
2. Savings – There needs to be a balanced budget for the next financial year in the context of rising demand. Need to secure ways to manage demand at all points of contact.
3. Partnership sharing and vision to manage demand. Need a stronger understanding of who is doing what and why.
4. Targeted resources to most in need but covering all services.
5. What is the whole offer and how does this play into the full picture.
6. Troubled Families – Need to be seen as a 'whole family' not adults and children with the need to be clear of what makes a difference for these families.

CCG – 5year forward view – National must do's:
1. Urgent and emergency health services and how they are used. Combining the out of hours services to avoid unnecessary visits to A&E.
2. Financial Constraints – Looking to work with neighbours and further to resolve this (Bucks, MK and Oxford).
3. Maternity Units – A review is currently underway.
4. Obesity and Diabetes – Particularly related to poverty and there are other conditions such as alcohol misuse that is huge in Reading.

CCG – Mental Health:
1. Expansion of services, training on the IAPT programme.
2. Eating Disorders – YP who present are seen within 1 week for urgent cases and routine cases are 4 weeks.

3. Young People who hit crisis – Ensuring the have a package of care around them to reduce bed reliance in hospitals.
4. Improve crisis care services.
5. Perinatal Mental Health – Improving access to specialist services.
6. Transforming carer work – Using local services reducing reliance on hospital beds.
7. Increase % of population who have access to liaison services and whether there is a mental health issue involved; this is currently available for adults but not for children.
8. Suicide prevention – The suicide rate in Reading is very low but this is a big must do nationally.

RCVYS:
1. Think about doing things differently rather than doing less.
2. Collaborative working – lets genuinely work together as RCVYS can help but we all need to be open to thinking differently. There is a real willingness to do this.
3. Fair funding – this will create stable services for families. Need to explore how this is done. Keen to look about how we share information well to be able to do this.
4. Information Sharing.

RCVYS have 120 organisations under their umbrella. Finances come mainly from private trusts and they spend at least 1 million per year on supporting families. There needs to be engagement from partnerships (RBC staff and RCVYS) and open discussions about how services can be provided i.e. providing crèche facilities when a course is taking place. There is the need to think more imaginatively.

Callum advised that there is the need to target the young people to change the path of families and break the cycle. With younger people they are reluctant to seek help as they don't understand the process, there needs to be a simplified model with guidance on how to access help for young people. When people don't understand a process they are reluctant to change. Available services are not promoted well to Young People.

HMC agreed that there needs to be a clear signpost through universal services; there is some work to do to signpost to services via the universal services i.e. Health Visitors, GPs and Education and this will assist in breaking the cycle. There also needs to be better signposting to universal services so that targeted resources aren't required; cases need to be stepped forward from targeted services. Work with schools is required so that children are having their needs met via their universal services.

Recap:
Childs Journey
- Needs to be accessible and well defined – need an early help service that is part and parcel of what we do.

Strategic
- Need to get the right people through the right door at the right time.
- Need to know how to access the services and how to use whats available.

- Need to remove the myths regarding thresholds and fully understand whats going on for the family.
- Structural alignment and how we make this happen.
- Workforce – awareness raising – knowing what services to use at what times.
- Services need to be more visible.

What happens next?
- We (partnership) need to translate what needs to happen into a document that will help people to access services that are already out there. Early help is also about ensuring continuity and stability.
- How do we get to what a service looks like and how do we do this collaboratively.
- Invite to partners to work with AFi and AMD. They will set up meetings and send invites. There is a tight deadline to get this work done. TVP will be involved in these discussions.
- DN will email heads, early years and SEN for involvement.
- BC suggested involving Elevate.

AMD advised that there will be a suite of indicators for RBC demonstrating the impact of early help. Partnerships need to work with RBC and start conversations about writing a strategy and encouraged partnership working. DN will identify an early years, primary, secondary and college representatives to meet with AFi and AMD.

3.   MINUTES AND MATTERS ARISING
Minutes approved.

Matters arising: None noted.

4.   DRAFT POST OFSTED ACTION PLAN
DG to send out report that has gone to full council with the minutes of today's meeting

The action plan addresses the 18 recommendations from the Ofsted inspection. Reading has to demonstrate to Ofsted and the Commissioner that we can get to good in 12 months. The first Ofsted monitoring visit is 31st October.

The Commissioner will be in Reading on Monday 17th October and will review if the Local Authority can get out of the current situation and address how they got there. A huge amount of work has been done and this is still ongoing. Any information for inclusion to the action plan needs to go to KS by the end of October.

JL asked if Ofsted provide funds to get Reading through this process. HMC advised that this is not the case; there is no external additional funding.

KS explained that there are currently insufficient resources in the Local Authority to meet all of the recommendations in the action plan. Additional resources will need to be identified in the next financial year.

JL felt that the Ofsted report, although highlighting a number of issues, also noted a lot of positives. The day to day response to children, young people and their families is the main issue/priority for improvement.

JL asked if Ofsted expect movement on all 18 recommendations and HMC advised that they do and that there has been movement already. Specialist social work teams have been reintroduced in Reading and this has been well received, caseloads are down significantly, cases are stepped forward appropriately/safely. There is a better understanding of thresholds. HMC has requested more TVP resource for MASH.

BC asked for the new structure charts for the new Social Work teams; this will be sent out with the minutes.

5.   FUTURE MEETINGS
Children's Trust Board Meetings – 4pm – 6pm
10th January 2017 – Avenue Room, Avenue Centre
5th April 2017 – Avenue Room, Avenue Centre
19th July 2017 – Avenue Room, Avenue Centre
18th October 2017 – Avenue Room, Avenue Centre

Venue: The car parking facilities will not be available at the Avenue Centre from November 2016. However after 4pm the school car park can be used. DG to look at other possible venues in Reading. HMc advised that PACT have offered their meeting rooms at no cost (South Street).

6.   INFORMATION ITEMS
Year 2 of the Children and Young people's Plan 2016/2018

7.   ANY OTHER BUSINESS

8.   FUTURE ITEMS
18th November – Young People are taking over the council as elected members and will report back to Cllr's on 21st November.

25th October – Celebration Event for LAC, at the Avenue Centre, colleagues were encouraged to attend.

Postcards – HMC has had some postcards of Reading printed, they have been sent to LAC asking what they want Reading to look like and we can look at their ambitions and reflect them in the next C & YP Plan.

READING BOROUGH COUNCIL

REPORT OF DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP

TO:	ADULTS SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 8
TITLE:	SCHOOL PERFORMANCE 2015-2016
LEAD COUNCILLOR:	CLLR TONY JONES PORTFOLIO: CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES WARDS: BOROUGHWIDE
LEAD OFFICER:	RICHARD BLACKMORE TEL: 0118 937 4666
JOB TITLE:	HEAD OF EDUCATION E-MAIL:richard.blackmore@reading.gov.uk

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   The academic year 2015-2016 saw another year of extensive change in Education with schools reporting their outcomes against new Key Performance Indicators, where schools in Key Stage 2 report against the proportion of students meeting the expected and higher standard. At Key Stage 4, schools report against Attainment 8 and Progress 8, as well as the proportion of students attaining both English and Maths at grade C or higher and those achieving the English Baccalaureate.

This report looks at the provisional performance of schools in Reading for the academic year 2015-2016 at five stages:

- Early Years Foundation Stage (Reception year children)
- Key Stage 1 (Years 1 and 2)
- Key Stage 2 (Years 3 to 6, ending with SAT's)
- Key Stage 4 (end of compulsory secondary age, typically GCSE qualifications)
- Key Stage 5 (end of sixth form education, typically GCE 'A' levels)

1.2   The overall Reading performance is compared with both the national standards and benchmarks. Where data is published, the performance is also compared with other authorities that are considered to be statistically similar to Reading, our Statistical Neighbours (SN). Outcomes for this year cannot be compared to previous years, in most cases. This means that in order to compare the performance over time it is important to look at Reading Borough Council's position against the national picture.

1.3   The Council is committed to working in partnership with schools so that all children in Reading can benefit from a good or outstanding education. The

2015-2016 provisional results show continued progress towards the targets set within the Raising Attainment Strategy, which is being driven by the School Improvement Team.

1.4   Reading schools have been working with a specific focus to reduce the performance gaps in a number of groups as relevant to the individual school. This cannot be commented on at this stage as comparisons to the national picture will only be released in the spring of 2016

1.5   Reading has continued to improve the proportion of schools judged to be good or outstanding, with an increase from 77.8% at the end of July 2015 to 83% by October 2016.

1.6   Committee will note that the Council is responsible for ensuring that all pupils in the Borough can and do access education.

For maintained schools, that includes the responsibility and authority to intervene as required.

For Academy schools, the local authority has no power of intervention but is expected to challenge any underperformance and, if necessary report unresolved concerns to the Regional School's Commissioner, Reading Borough Council has a continuous dialogue through the Sub Regional Board.

2.   RECOMMENDED ACTION

COMMITTEE is asked to:

2.1   note the levels of performance at each of the five stages as set out in section 4 and to congratulate all of the pupils who have worked hard in the last academic year, along with all of staff in Reading's schools.

2.2   note the evidence of accelerated improvements over time in all phases, although further improvement are required to secure the absolute level of achievement set out in the Raising Attainment Strategy, particularly in relation to those who are most vulnerable.

2.3   note that Reading's absolute level of attainment in both primary and secondary phase is above national average levels.

2.4   note the increasing proportion of schools that are achieving judgements of Good or Outstanding from Ofsted

3.   POLICY CONTEXT

3.1   All pupils are subject to a number of tests at the end of each phase during their time at school which determine school performance against national benchmarks in terms of attainment as well as progress through their Key Stage.

3.2   The Government has set minimum standards in key stage 2 and key stage 4. At KS2 the Floor Standard for 2015-2016 was 65% of pupils achieving the expected

standard in reading, writing, and mathematics. At KS4 the Floor Standard has been set at a progress 8 score of -0.5.

3.3   Reading's results at all stages are compared with both the national benchmarks and averages and those of our statistical neighbours; 10 other local authorities that are considered to be statistically similar to Reading.

3.4   All schools are the responsible data owners for the pupil level data in their schools. All schools in Reading have entered a data sharing agreement to allow an aggregated analysis to be provided in this report.

3.5   The data used in this report is not yet validated, a process which has been slowed by the national issues relating to GCSE results this summer. The comparative data has been taken from the Department for Education's first statistical release (FSR) in October 2016.

4.   THE PERFORMANCE

4.1   Early Years Foundation Stage

4.1.1 71% of children in EYFS attained a Good Level of Development (GLD). This compared with 66% nationally. Reading was ranked 45th out of the 152 Local Authorities this year compared to a ranking of 65 in 2015.

In relation to our statistical neighbours RBC was 2nd.

4.1.2 In another measure – the proportion of children achieving the expected level in all Early Learning Goals (ELG's) - there was a similar picture, being ranked 2nd against our SN with 69% achieving the expected level. RBC ranking in national terms moved from 95th to 45th

4.1.3 In EYFS assessments are made in relation to children working securely in Communication and Language; Physical Development; Personal, Social and Emotional Development; Literacy; Mathematics; Understanding the World; Expressive Arts, Designing and Making.

In all cases our children have improved their performance over last year; being at National Average or above in all cases except for Physical Development.

4.2   Key Stage 1: Years 1 and 2 of the primary phase

4.2.1 77% of children achieved the expected standard in relation to Reading; this was the same as the National Average and ranked RBC in 77th place. Last year we were ranked 79th in relation to Level 2B or above.

4.2.2 In relation to Writing 65% achieved the expected standard (again in line with the national average at 65%). This gave RBC a ranking of 79th, which was above the 87th position last year.

4.2.3 The percentage of children achieving the expected standard in Mathematics was 74%, which was above national (at 73%). This gave RBC a ranking of 55th nationally as opposed to last year's position of 42nd. This is an area for further development

4.2.4 The second measure of the Higher Standard (sometimes known as Greater Depth) showed that Reading has performed well against the national picture, achieving:

- 26% for Reading, rank position 41st nationally
- 17% for Writing, ranking RBC 16th nationally
- 22% for Mathematics, giving RBC a rank of 20th nationally

4.2.5 RBC has performed well in the combined measure of RWM (Reading, Writing and Mathematics) with 61.2% achieving the expected standard; this is 0.9% above national. 26% of students achieved the higher standard, which was 2.4% above the national average of 23.6%

4.2.6 An area for development within Key Stage 1 is within Phonics, where we saw an improvement over last year; the proportion of students achieving the national standard raising from 74.5% in 2015 to 79.2% this year, however this is still below the national average at 80.6%. It is good to note however that the gap between the LA position and the national average has closed from 2.3 percentage points to 1.4 percentage points. However RBC ranking is still low at 102 (although improving from last year at 106th and in 2014 being 134th).

4.3 Key Stage 2: Years 3 to 6 in Primary phase

4.3.1 It is good to note that all primary schools in Reading are above the floor standard and that the LA is above the national average in relation to Reading, Writing and Mathematics for the first time in at least 10 years.

4.3.2 2016 Expected Standard

	R	W	M	RWM	GPS
Actuals	65.9%	76.5%	68.3%	54%	73.6%
Rank (152)	75	56	99	49	66

This is a great improvement on last year where the LA rankings were
- 103rd for RWM at Level 4+
- 113th for Reading
- 100th for Writing
- 103rd for Mathematics

The only slightly disappointing picture is a reduction in our ranking nationally in relation to GPS (Grammar, Punctuation and Spelling) dropping one place from 48th nationally.

4.3.2 2016 Higher Standard

	R	W	M	RWM	GPS
Actuals	22.4%	17.1%	20.7%	8%	27%
Rank (152)	27	66	24	**10**	24

The performance of children in relation to the Higher Standard is extremely pleasing, placing RBC in 10th position nationally for RWM. Making comparisons with last year is more problematical here, however in relation to the proportion of children achieving Level 4B+ in 2015, there has been some dramatic improvements.

4.3.3 Progress within Key Stage 2 is now an important feature:

Scores below -0.7 show that progress across the key stage are significantly below expectation; a score above 0.7 are significantly above the expected levels of progress.

There were a number of schools that were below -0.7 in relation to:
- Reading: 10 schools out of the 21 that were below 0
- Writing: 10 schools out of the 15 that were below 0
- Mathematics: 14 schools out of the 21 that were below 0

5 schools were below -0.7 on all three measures

10 schools had a progress score above 0 (of which 8 showed significant progress on all 3 measures)

The scores for each school are shown overleaf.

School Name	Matched Cohort	Average of Reading progress		Average of Writing Progress		Average of Maths Progress	
Alfred Sutton Primary School	47	4.0		2.69		4.14	
All Saints Junior School	21	1.7		0.18		-0.40	
Battle Primary Academy	40	4.0		3.95		3.08	
Caversham Park Primary School	26	0.5		-0.79		0.37	
Caversham Primary School	52	1.4		2.05		-1.73	
Christ the King RC (VA) Primary School	48	-2.3		0.40		-0.84	
Churchend Primary Academy	38	2.3		2.09		2.39	
Coley Primary School	17	1.5		0.22		1.30	
E P Collier Primary School	15	-1.8		-2.02		-1.79	
Emmer Green Primary School	59	-1.1		-1.01		-0.33	
English Martyrs RC (VA) Primary School	55	-1.4		0.75		-0.15	
Geoffrey Field Junior School	74	2.0		-0.49		2.54	
Katesgrove Primary School	46	-2.1		-0.20		-0.38	
Manor Primary School	39	3.5		-0.46		1.11	
Meadow Park Academy	39	-3.7		-6.47		-3.55	
Micklands Primary School	31	3.7		2.92		3.68	
Moorlands Primary School	45	-4.0		0.45		-4.18	
New Christ Church (VA) Primary School	30	0.5		-0.11		-1.91	
New Town Primary School	25	1.6		1.14		2.02	
Oxford Road School	27	4.4		2.43		2.69	
Palmer Academy	32	8.7		4.22		7.60	
Park Lane Primary School	57	-3.6		-0.78		-3.16	
Ranikhet Academy	22	-2.1		-3.87		-4.78	
Redlands Primary School	26	3.7		0.41		2.12	
Southcote Primary School	57	-0.7		2.51		-2.11	
St Anne's RC (VA) Primary School	19	1.3		0.29		-0.41	
St John's CE (VA) Primary School	40	-0.2		-2.66		-0.05	
St Martin's RC (VA) Primary School	26	3.0		-1.83		1.46	
St Mary and All Saints CE Primary School	46	-1.8		2.40		-1.03	
St Michael's Primary School	27	0.9		2.89		-0.47	
Thameside Primary School	42	0.2		0.10		-1.99	
The Hill Primary School	56	-0.5		-1.49		-1.71	
The Ridgeway Primary School	24	-4.0		-1.22		-1.89	
Whitley Park Primary and Nursery School	55	0.3		-0.31		-2.12	
Wilson Primary School	27	0.9		5.73		4.64	

4.4 Key Stage 4: Secondary GCSE and Equivalent Results

4.4.1 The only direct comparison that can be made with previous years is in relation to the percentage of students achieving 5 or more Grade A* to C, including English and Mathematics. The graph shows the results for the last 3 years; however comparisons from 2014 to 2015 are not reliable due to the changes in qualifications. It is however good to see that in the last year RBC's ranking on this measure would have changed from 72nd in 2015 to 49th in 2016.
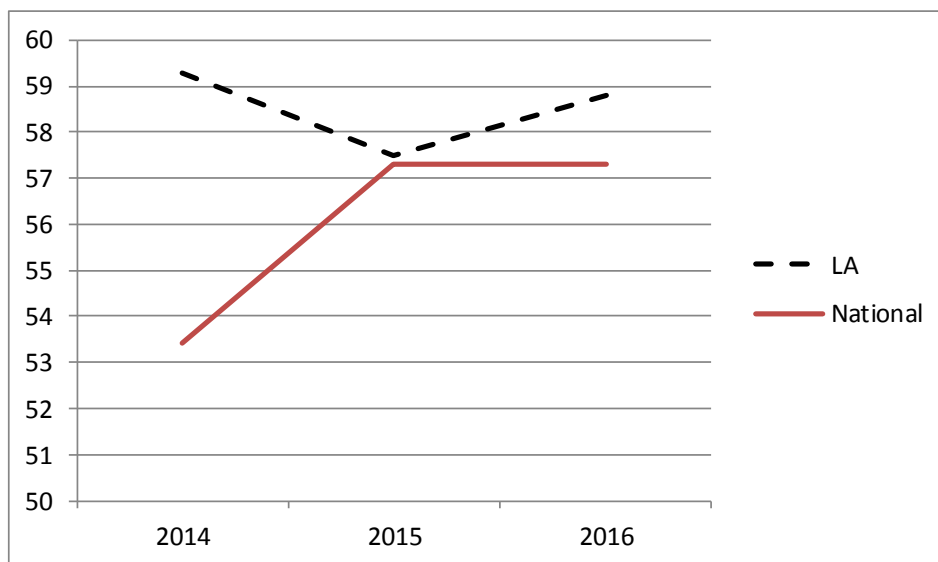
4.4.2 The key measure of the percentage of students achieving A* to C in both English and Mathematics, places RBC at 64th nationally with 63.6% achieving this standard as opposed to 62.6% nationally. RBC are ranked 5th out 11 in relation to our Statistical Neighbours.

4.4.3 The students in RBC schools achieved an attainment 8 score of 5.12 (equivalent of achieving a grade B in 8 subjects including English and Mathematics). Nationally this figure was 4.99, giving RBC students a ranking of 39th nationally, against our Statistical Neighbours RBC was ranked 3rd out of 11.

4.4.4 29.4% of students achieved the English Baccalaureate as opposed to 24.6% nationally, ranking RBC in 34th position nationally and 3rd against our statistical neighbours.

4.4.5 The Key Performance indicator for schools is Progress 8 and as a Local Authority, this is an area for some schools to develop. The floor target nationally is -0.5 and RBC are above this at -0.11. This, however ranks RBC in 100th position nationally and a disappointing 7th against our statistical neighbours. Scores for each school are shown below:

	Number of Students	Attainment 8	Progress 8
Blessed Hugh Faringdon	145	4.8	+0.20
Highdown	213	5.5	+0.04
JMA	178	3.6	-0.83
Kendrick	95	7.6	+0.57

Prospect	230	4.3	-0.23
Reading Girls School	132	4.3	-0.39
Reading School	124	7.7	+0.65
UTC	52	5.0	-0.27

4.5   Key Stage 5: Sixth form and college results

It is pleasing to note that RBC is the top ranked LA nationally on a number of indicators.

4.5.1 The average point score (APS) per student achieving all level 3 qualifications is 38.2; this compares favourably with the national position of 31.3, giving a rank of 1st against our statistical neighbours and nationally.

4.5.2 The APS per entry for A Level Students is 42.3 against a national average of 33.5, again giving RBC a rank of 1st position against our statistical neighbours and nationally.

4.5.3 The percentage of students achieving 3 or more of the highest grades (A* and A) is 42.4% against a national picture of 10.2%. Again giving a rank of 1st across both comparators.

4.5.4 The APS per entry is measured by type, as follows

	LA	National	National Rank
Academic	38.3	30.4	1
Technical	39.9	30.8	2
Applied General	36.6	34.7	35

4.6   Reading Priority: Narrowing the Gap

These comparisons are yet to be validated against the national picture, however early indications are promising within Key Stage 2. There is still an area to be addressed within Key Stage 4.

4.6.1 Key Stage 2

It is pleasing to note that the performance of children who are eligible for Free School Meals is in line with or above the national figures in every case except one (Expected Standard in Mathematics). However there is still work to be done in order to close the gap between those who are most vulnerable and other pupils, as can be seen when comparing outcomes for all pupils below.

		FSM Eligible		All Pupils	
		LA	National	LA	National
Expected Standard	Reading	48.3	48.3	65.9	65.7
	Writing	59.5	58.7	76.5	74.0
	Maths	46.1	52.7	68.3	69.7
	GPS	55.8	55.6	73.6	72.4
Higher	Reading	10.4	8.2	22.4	18.7
	Writing	7.8	6.9	17.1	14.7

Standard	Maths	9.7	7.2	20.7	16.6
	GPS	14.9	11.3	27.0	22.5

4.6.2 Key Stage 4

There are more disparities here in relation to the achievement of those students who are the most vulnerable and work needs to be done within the secondary phase for all students, but especially those who are eligible for Free School Meals.

- The average attainment 8 score for FSM students is 35.0 against a national of 38.9; whereas all students achieved above national
- The average progress 8 score for FSM students is -0.76 against a national of -0.46. For all students this is -0.11 against a national of -0.03
- The percentage of students who were eligible for FSM who achieved the English Baccalaureate was 6.9% against a national figure of 10.1%; the outcomes for all students in RBC was 29.4% against the national of 24.6%
- There was a gap of -4.4% for those students eligible for FSM achieving English and Mathematics at grade C or above, with 34.4% achieving this indicator as opposed to 38.8% nationally. For all pupils this was 63.6% against a national of 62.6%.

4.7 Ofsted Inspection Performances

4.7.1 83% of schools within Reading Borough Council are presently judged by Ofsted to be good or better. This is a distinct improvement from 2015, when 77% were in this category and from 2014 when there were 72% judged as good or better.

		Maintained (Including Nurseries)				Academies (including Free Schools)				All Providers		
			%	Cumulative			%	Cumulative			%	Cumulative
Ofsted Grading	1	7	17.9			6	42.9			13	24.5	
	2	29	74.4	92.3		2	14.3	57.2		31	58.5	83.0
	3	1	2.6			5	35.7			6	11.3	
	4	2	5.1			1	7.1			3	5.7	
	No Judgement					6	n/c	n/c		6		
	Total	39				20				59		

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 An effective education system is crucial to the success of Reading. It must be able to provide good quality education for our young people so they are skilled and ready to be economically active. The level of attainment is a nationally comparable measure of that readiness.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 It is a clear expectation of all schools that they assess, track and monitor pupil attainment and progress and Reading provides a comprehensive analysis of each schools performance.

6.2 Headteachers and Governors have been given regular briefings and updates relating to the national and local pictures and our performance in relation to our statistical neighbours the most recent of these was in October 2016.

6.3 The School Improvement Team has introduced a new School Improvement Framework. For schools within the bottom 2 categories, we have instigated a Raising Achievement review process which brings the Headteacher, Chair of Governors, Strategic Lead for School Improvement and the School Partnership Advisor together to plan and then review progress against very specific action/impact statements. This process will accelerate further improvements through 2016 and is being discussed under a separate agenda item within this committee meeting.

7. EQUALITY IMPACT ASSESSMENT

7.1 Section 4.6 details the focus on key gaps within the results for Reading to ensure that each group receives an appropriate education.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications arising from this report.

9. FINANCIAL IMPLICATIONS

9.1 If and when schools consider Academy conversion there is a risk to both the local authority budget and the Dedicated Schools Grant (DSG). When a school converts to an Academy, it retains any surplus budget from the DSG while any deficit is left as a pressure for the DSG to be absorbed in year. The local authority also experiences a reduction in the Education Support Grant effective from the month of conversion. This is the case when a school receives an Academy Order from the Secretary of State or if a school decides to convert or join a Multi Academy Trust (MAT)

10. BACKGROUND PAPERS

None

READING BOROUGH COUNCIL

REPORT OF DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP

TO:	ADULTS SOCIAL CARE, CHILDREN'S SERVICE AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 9
TITLE:	SCHOOL IMPROVEMENT FRAMEWORK
LEAD COUNCILLOR:	CLLR TONY JONES PORTFOLIO: CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES WARDS: BOROUGHWIDE
LEAD OFFICER:	RICHARD BLACKMORE TEL: 0118 937 4666
JOB TITLE:	HEAD OF EDUCATION E-MAIL:richard.blackmore@reading.gov.uk

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To provide an overview on the framework that the School Improvement Team is undertaking to work with schools towards a self-improving school system. The framework outlines:

- The LA investment in school improvement
- A continued focus on vulnerable learners
- The roles and responsibilities of key partners and stakeholders
- The LA categorisation process
- The definitions of each category for schools
- The monitoring and evaluation process, including exit strategies for those schools requiring intervention

2.   RECOMMENDED ACTION

2.1   To ratify the processes within the school improvement framework
2.2   To ratify the process within the framework on the categorisation of schools
2.3   To commit to support the continued focus on ensuring that all schools are at least good and on the more vulnerable learners

3.   POLICY CONTEXT

3.1   The LA's overriding purpose is to work in partnership with schools and other agencies, to raise attainment and safeguard the educational aspirations and achievement of individuals, groups and communities.

3.2   The role of the LA is to ensure that the needs of all children and young people are met. We are guardians and champions of all Reading children with particular responsibility for the most vulnerable learners in our community.

3.3 The LA has a duty to categorise all schools and settings according to how effective they are in delivering a high standard of education.

3.4 The LA is unequivocal in its determination to raise the educational achievement of all its learners irrespective of ability, age, gender or ethnicity and to counter any disadvantages they may experience. It recognises and values the diversity and distinctiveness of individual learners, groups and institutions. It actively promotes the concept of schools as self- regulating institutions within a professional, supportive and collegiate framework which sustains a climate of continuous improvement.

3.5 The LA will discharge this duty through monitoring all provision and outcomes; challenging, providing support and, where necessary, intervening when a school is not providing a good standard of education.

3.6 Although academies are responsible to the Secretary of State for Education for their achievement and standards; the LA will challenge any academy that is not offering a good quality of provision for local children and young people. We will do that initially through contact with the Headteacher, governing body and/or sponsors. If necessary we will alert the Secretary of State through the Regional Schools Commissioner.

4. CURRENT POSITION

4.1 There was no clear and transparent process in relation to the categorisation of schools in September 2015. Headteachers were unaware of the criteria used to arrive at the categorisation and there were no published criteria behind each categorisation. Discussions about the categorisation made on a school did not take place before they were informed of which category they were.

4.2 Schools and Headteachers have been consulted on the framework in order to finalise the current framework. This has also been scrutinised by the lead HMI for the region.

4.3 School Partnership Advisers are meeting with Headteachers and Governors during this term to discuss the categorisation after the summer meeting of the School Monitoring Group.

5. WORK UNDERWAY/PLANNED

5.1 The LA categorisation process

- On three occasions each year officers of the LA meet to discuss the categorisation of schools.
- The system of categorisation helps the LA triage its support and challenge in a way that is timely, fair, and effective; focussing on the unique needs of each school.
- Categorisation may change as the year progresses as outcomes can change suddenly, for example, as a consequence of changes to the leadership team or because of particular environmental stresses.

- The grades draw on the criteria in the Ofsted framework for the inspection of maintained schools and academies, however, they do not correspond to Ofsted categories.
- The LA categorisation of schools is reviewed and overseen by the Strategic Lead for School Improvement.
- The School Improvement Team RAG rate the categorization spreadsheet according to the evidence gathered from; time in classrooms, triangulation activities with school leaders, SPA meetings, RAISE, Ofsted, the DFE, centrally held LA data, and discussions with Governors.
- The School Improvement Team RAG against a range of rigorous key performance indicators. These include: Data (consistency, inconsistency, decline or improvement, performance against National standards), Level of concern/risk with regard to Ofsted inspection judgments, figures for overall attendance, latest figures and/or information about exclusions, LA reviews or reports, SIAM's inspections reports (where relevant), findings of HMI monitoring visits, any significant safeguarding issues, the number and nature of any parental complaints received by the LA, Ofsted or DfE and their outcomes.

5.2   There are four Categories:
- System Leaders (S)
- Strengthening Good Schools (G)
- Raising Achievement Schools (R)
- Schools in a Category (C)

5.3   An initial category is shared with each school at the start of the autumn term for the following year and where midyear changes are made.

5.4   Where schools are categorized as R or C, the school's SPA will arrange a visit to the school to collect additional information and discuss the issues of concern with the Headteacher.

5.5   The school is required to work with the LA to develop a Raising Achievement Plan or where a school is subject to Special Measures a Statement of Action.

5.6   LA categorization R and C trigger an entitlement to a package of support designed to accelerate improvement; this is planned in collaboration with the school, the implementation of which is overseen by the school's SPA.

5.7   A school would be expected, with support, to demonstrate significant improvement and to move out of a category of concern within a year.

5.8   A Governing Body can also request LA intervention. Any such request would be reviewed by the Strategic Lead for School Improvement.

5.9   The process is outlined within the School Improvement Framework as a flowchart and is shown overleaf.

RBC School Monitoring Group

Cat S and G

3 SPA meetings per year plus 1 Teaching and Learning Review (chargeable) based on the School's SEF

← TAS →

Cat R

T & L Review – Full Team

RAP Development meeting with HT, Chair of Governors, SPA and Subject Advisers as required

SPA, HT and CoG agree actions

HT and CoG present RAP review every 8 weeks; along with evidence of impact.

Peer review of RAP actions and impact

Cat C

Strategic Lead for SI meeting with HT and Chair

Use of Statutory Powers

IEB led RAP

Senior SPA supervision

RAP review Progress Meeting every 16 weeks with HT, CoG and SPA

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 One of Reading Borough Councils strategic aims is to "Increase the proportion of Schools that are judged good and outstanding".

This is a core aim of the School Improvement Framework and will accelerate the improvements already made (from 77% in 2015 to 83% by October 2016).

6.2 Safeguarding and protecting those that are most vulnerable is a core aim of Reading Borough Council and is a central element of the categorisation process within the framework.

6.3 A central part of the framework is around data and as more schools become system leaders and strengthening good schools the more pupils will exceed national average measures at all Key Stages and become comparable with other top quartile local authority areas.

7. EQUALITY IMPACT ASSESSMENT

7.1 All stakeholders and partners will be treated in a fair and equitable manner as the process is clear and transparent.

8. LEGAL IMPLICATIONS

None.

9. FINANCIAL IMPLICATIONS

9.1 As more schools become good or better there will be less need for intervention from the school improvement team.

10. BACKGROUND PAPERS

10.1 School Improvement Framework Document.

Reading Borough Council

School Improvement Framework 2016

Reading Borough Council School Improvement Framework

Introduction

- The purpose of School improvement is to ensure that all of our children have access to the best quality education system and are educated in a school graded good or better by Ofsted.
- Whatever structure or form of governance our schools choose to take, we regard them all as our partners, central to our work to improve outcomes for all children and young people.
- The Local Authority (LA) retains a legal responsibility for performance in the borough as a whole and we take this responsibility very seriously. Accordingly, we are determined to hold all schools, including academies, to account for their performance, acting as a guardian and champion for local children and families.
- The LA has specific duties and powers in relation to monitoring, challenge, support and intervention in maintained schools. This document sets out the way in which we carry out these functions, including our school categorization process and arrangements for targeted intervention where necessary.
- To ensure our approach to school improvement continues to reflect national and local priorities and is focused on securing ongoing improvement, this document will continue to be kept under review.

Towards a self-improving school system

- To sustain our improvement we continue to monitor and evaluate both the quality of educational provision and the progress achieved by all groups of pupils, challenging schools to raise standards where necessary, commissioning support to help them in addressing weaknesses and intervening where standards remain inadequate or show little sign of improving.
- The LA and individual schools cannot achieve this alone and we recognize the importance of bringing together all sources of support and expertise, working in partnership to achieve the best for the children and young people of Reading.
- Recognizing the role of the LA to work across the local system, we have worked with our partners to develop school improvement capacity.
- A key priority for the LA is to develop its commissioning role, working with partners to deliver targeted and integrated support leading to better outcomes for children and young people. The LA retains the responsibility for monitoring the quality of provision, identifying the need for improvement and brokering or coordinating appropriate support for schools where LA intervention is required. In order to do this, we have established the Reading First Partnership who will be involved in agreeing local arrangements for the provision of school to school support in LA intervention schools and monitoring and evaluating the impact of this. The RFP will also consider how best to co-ordinate the local school to school support offer to all schools, not just those in LA intervention categories.

LA investment in school improvement

- the following activities and services are centrally provided to support continued improvement in schools and sustain and promote a high standard of education for all Reading children:

  - A named LA School Improvement Partnership Advisor (SPA).
  - Specialist subject advisors for; Leadership, English, Mathematics, Early Years Foundation Stage (EYFS), Pupil Premium, Special Educational Needs and Disabilities (SEND), Under-performing Ethnic Groups (UPEG).
  - Virtual school for Children Missing out on Education (CME) and Looked After Children (LAC).
  - Continued investment in improving early years practice across both settings and schools, led by the Early Years Quality Improvement Team.
  - Continuation of a Governor Support Service and a comprehensive package of governor development activities.
  - Provision of support to schools in the moderation of teacher assessments at the end of key stages in primary schools.
  - The LA will discharge its statutory duties, acting in its role as the Appropriate Body to quality assure the induction of Newly Qualified Teachers.
  - Retention of a coherent induction and development programme for newly appointed Headteachers and the provision of a coaching and mentoring service.
  - The development and support of a network for Executive Deputy and Assistant Headteachers.
  - The development and support of a network for Special Educational Needs Coordinators (SENCOs).
  - Facilitation of Headteacher consultative group meetings with the Director of Education.
  - Provision of information and briefings through our regular electronic newsletters and website content.
  - Facilitating and supporting subject network meetings for primary and secondary schools.

Focusing on more vulnerable learners

- A continuing priority for the LA is to support and challenge schools to close the gap in both outcomes and the quality of experience between those who are vulnerable to educational underachievement and their peers.
- The LA keeps the progress of its underperforming and vulnerable groups under review, targeting support in schools with higher proportions of these children and young people.
- We promote the well-being of all children and young people through a policy of equality and inclusion. In parallel with this school improvement

framework, the LA has a plan to ensure successful outcomes and accelerated progress for vulnerable children and young people, particularly learners with learning difficulties and/or disabilities.

Children and Young People in Care and Care Leavers

- The Virtual School supports the education of children in care from the time they enter education to the time they leave education, including care leavers up to the age of 25. It is responsible for monitoring the educational achievements of Children in Care and for challenging and supporting schools so that the children and young people have access to high quality educational provision.
- The Virtual School strives to ensure that every child in care reaches their full potential wherever they are placed. To achieve this, the Virtual School works closely with other schools and other professionals both within Reading and in local authorities across the country. In addition the Virtual School has a role of liaising with other local authority Virtual Schools in relation to pupils in their care who are educated in Reading schools.

Promoting good behaviour and attendance

- The LA and its partners in schools recognise that the most effective way of improving behaviour (including attendance) is to intervene at an early stage. The LA has a strategy for early help which has led to the creation of three locality-based, multi-disciplinary teams called Childrens' Action Teams. These teams work with schools to identify children, young people and their families with additional or considerable needs, creating plans to intervene effectively.
- There is a good and growing partnership between mainstream schools, our Special Schools, the Pupil Referral Unit (PRU) and the Behaviour Support Service.
- The LA is committed to reducing persistent absence and increasing overall attendance in our schools. With the support and guidance offered to schools through CATS and by working together with School Partnership Advisers and pupil support services, we continue to work towards improving regular attendance and reducing exclusion.

Roles and Responsibilities

The Local Authority

- The LA's overriding purpose is to work in partnership with schools and other agencies, to raise attainment and safeguard the educational aspirations and achievement of individuals, groups and communities.
- The role of the LA is to ensure that the needs of all children and young people are met. We are guardians and champions of all Reading children with particular responsibility for the most vulnerable learners in our

community.

- The LA has a duty to categorise all schools and settings according to how effective they are in delivering a high standard of education.
- The LA is unequivocal in its determination to raise the educational achievement of all its learners irrespective of ability, age, gender or ethnicity and to counter any disadvantages they may experience. It recognises and values the diversity and distinctiveness of individual learners, groups and institutions. It actively promotes the concept of schools as self- regulating institutions within a professional, supportive and collegiate framework which sustains a climate of continuous improvement.
- The LA will discharge this duty through monitoring all provision and outcomes, challenging, providing support and, where necessary, intervening when a school is failing to provide a good standard of education.
- Although academies are responsible to the Secretary of State for Education for their achievement and standards, the LA will challenge any academy that is not offering good quality provision for local children and young people. We will do that initially through contact with the Headteacher, governing body and/or sponsors. If necessary we will alert the Secretary of State.

School Partnership Advisors (SPA)

- A fundamental aspect of the SPA role is in holding schools and settings to account for standards and supporting them to improve.
- SPAs are expected to verify the validity of leader's self-evaluation through scrutiny of teaching, learning and assessment with school leaders. This will involve SPAs spending a good proportion of their time in class.
- The involvement of SPA's in the work of the school will be in inverse proportion to success and those schools judged most effective will have only light touch monitoring. The work of the SPA will include:
  - ➢ Acting as a representative of the LA in championing the children and young people served by the school.
  - ➢ Providing professional challenge and support to improve the school's performance.
  - ➢ Monitoring the performance of LA category S and G schools and supporting them as appropriate to their identified needs.
  - ➢ Carrying out regular visits to LA category R and C schools. These more frequent and extensive visits will form part of the Raising Achievement Plan (RAP). These meetings will differ from school to school and will be driven by the needs of the school and agreed RAP actions.
  - ➢ Providing notes of visits to the Chair of Governors, Headteacher and the LA.
  - ➢ Providing advice to the Governing Body to inform the Headteacher's performance management and in Category R/C schools on the effectiveness of the school's performance management systems.

- Providing training.

- We believe it is important that a simple set of principles guide the work of SPAs These principles include;
  - Working in the best interests of Reading children without fear or favour.
  - Making evidence-based assessments of a school's performance and its strategies to improve learning and teaching – all SPAs are expected to spend time in classrooms, review school data and consider work in books when making judgments.
  - Demonstrating respect for the school's autonomy in planning its development, starting from the school's self-evaluation and the needs of the community, especially the pupils.
  - Providing intervention in inverse proportion to success, reporting on any causes for concern and agreeing an external support package as appropriate.
  - Ensuring coherence so that all partners consistently support the school's normal cycle of evaluation, planning and action
  - Providing written records of their work with schools within five working days of any meeting.
  - Written records comply with an agreed and common format and are periodically quality assured by the LA.
  - Ensuring judgments are periodically moderated through peer challenge and commissioned external review.

School Leadership teams
- It is the responsibility of the Governing Body and the Headteacher to secure high standards. Leaders are expected to be self-regulating and self-evaluating, monitoring their performance and planning for continuous improvement.
- Leaders and managers are charged with realising an ambitious vision for the setting or school, having high expectations of children and securing appropriate support from partners, including the LA.
- They should use challenging targets to raise standards and secure the well-being of all children, eliminating low attainment among particular groups.
- Headteachers are expected to provide key documentation to their SPA. They should provide self-evaluation comments against our information, including data analysis under agenda headings at least seven days in advance of meetings.
- Headteachers are expected to carry out agreed actions from SPA meetings and report on their impact by dates specified or by the next meeting.
- The Governing Body has the responsibility for the overall strategic direction of the school and for the standards achieved. Our expectation is that they;
  - Ensure clarity of vision, ethos and strategic direction.
  - Hold the Headteacher to account for the educational performance of the school and its pupils.
  - Ensure the effective performance management of staff.

> ➢ Oversee the financial performance of the school and make sure resources are efficiently and effectively used.
> ➢ Provide the LA with an annual Governance Self-Evaluation to support the LA to provide appropriate support and challenge.

Teaching Schools

- Teaching schools are responsible for the recruitment, designation, brokering and quality assurance of Subject Leaders in Education (SLEs). Each Teaching School has a pool of SLEs for which it is responsible. Multiple teaching schools may choose to join their SLEs together to offer an even wider range of expertise.

National Leaders of Education

- National Leaders of Education (NLEs) are outstanding Headteachers or principals who use their skills and experience to support other schools. NLEs' own schools are 'outstanding', with consistently high levels of pupil performance or continued improvement over the last three years. They have outstanding senior and middle leaders who have demonstrated the capacity to provide significant and successful support to underperforming schools. Their schools are designated as National Support Schools (NSSs) in recognition of the fact that their staff are likely to work alongside them in any support they may provide. The aim of the programme is to support schools in the most challenging circumstances. Usually, this means schools identified as being in need of significant improvement by the Department for Education (DfE), Ofsted or in LA Category C.
- The focus of NLE/NSS work is to assist underperforming schools in making significant and rapid progress. Deployment is tailored to suit the needs of the supported school. For example, in a school lacking the capacity to improve, an NLE could take the role of full-time acting or executive Headteacher and or work alongside an acting or executive Headteacher for a number of days each week.
- Where the NLE is not engaged in a specific deployment, he or she is expected to undertake other work with a school or schools in challenging circumstances.
- NLEs are responsible, on behalf of the NSS, for negotiating appropriate funding for deployments. It is up to the NSS Governing Body to decide whether the NLE or other staff are rewarded financially for their individual work as part of a deployment.

Local Leaders of Education

- Local Leaders of Education (LLEs) are serving Headteachers or principals with at least three years' headship experience, good outcomes in attainment and Ofsted outcomes, and a successful track record of school leadership and management.
- LLEs work outside their own school, providing support to another Headteacher and his or her school. The two Headteachers work

together to drive forward improvements. Through a coaching and mentoring approach, the LLE's support builds the supported Headteacher's leadership capacity to ensure that these improvements can be sustained.
- The LLE role is flexible but typical activities include:
  - ➢ Negotiating objectives for improvement and reviewing school documentation, policies and procedures.
  - ➢ Coaching and mentoring the Headteacher to develop skills, judgment and professional effectiveness.
  - ➢ Supporting or arranging coaching or training for key staff in the school.
  - ➢ Inviting the Headteacher or other staff to visit the LLE's own school for discussion, observation, development activities, coaching or placements.
  - ➢ LLEs also act as professional partners, providing mentoring support to new Headteachers in their first two years of headship as part of the Head Start programme.

- Deployments with a school improvement focus may last from six months to three years, with LLEs normally spending between half a day and one day a week working with the supported school. The LLE can allocate some of the contracted days to other members of staff in his or her own school.

The LA categorisation process
- On three occasions each year officers of the LA meet to discuss the categorization of schools.
- The system of categorisation helps the LA triage its support and challenge in a way that is timely, fair, effective and focused on the unique needs of the school.
- Categorisation may change as the year progresses as outcomes can change suddenly, for example, as a consequence of changes to the leadership team or because of particular environmental stresses.
- The grades draw on the criteria in the Ofsted framework for the inspection of maintained schools and academies, however, they do not correspond to Ofsted categories.
- The LA categorisation of schools is reviewed and overseen by the Strategic Lead for School Improvement.
- The School Improvement Team RAG rate the categorization spreadsheet according to the evidence gathered from; time in classrooms, triangulation activities with school leaders, SPA meetings, RAISE, Ofsted, the DFE, Centrally held LA data, and discussions with Governors.
- The School Improvement Team RAG against a range of rigorous key performance indicators. These are detailed in appendix A and include:
  - ➢ Data: consistency, inconsistency, decline or improvement, performance against National standards.
  - ➢ Level of concern / risk with regard to Ofsted inspection judgments.
  - ➢ Figures for overall attendance.

- ➢ Latest figures and/or information about exclusions.
- ➢ LA reviews reports.
- ➢ SIAMs inspections reports (where relevant).
- ➢ Findings of HMI monitoring visits.
- ➢ Any significant Safeguarding issues.
- ➢ The number and nature of any parental complaints received by the LA, Ofsted or DfE and their outcomes.

- Other LA officers involved with the school make judgements on areas outside of the Ofsted Framework that impact on school performance (such as budget, engagement with early help etc.).The Judgements on the categorization spreadsheet will then be discussed at the categorisation of schools meeting and an overall categorization will then be provisionally agreed.
- An initial category will be shared with school at the start of the autumn term for the following year and where midyear changes are made.
- Where schools are categorized as R or C the school's SPA will arrange a visit to the school to collect additional information and discuss the issues of concern with the Headteacher.
- The Strategic Lead for School Improvement with (or without the agreement of the Headteacher), will recommend that the school is placed in LA intervention. This recommendation will be considered by the Head of Education, who will determine if there is sufficient evidence to proceed and hear any alternative evidence provided by the school. If the recommendation is endorsed, a letter will be sent to the Governing Body confirming the re-categorisation and outlining the improvement plan process. In addition, a senior officer will visit the school to explain the process to the Headteacher and a representative from the Governing Body (normally the Chair).
- The school will be required to work with the LA to develop a Raising Achievement Plan or where a school is subject to Special Measures a Statement of Action. The process for monitoring this plan is detailed in Fig1 below.
- LA categorization R and C trigger an entitlement to a package of support designed to accelerate improvement, this will be planned in collaboration with the school, the implementation of which is overseen by the school's SPA.
- A school would be expected, with support, to demonstrate significant improvement and to move out of a category of concern within a year.
- A Governing Body can also request LA intervention. Any such request would be reviewed by the Head of School Improvement.

Funding of school to school support
- Financial assistance can be made available by the LA to fund school to school support for Category R and C schools. There is a limited budget set aside by the LA for this purpose.

Figure 1: RAP Process

RBC School Monitoring Group

Cat S and G

3 SPA meetings per year plus 1 Teaching and Learning Review (chargeable) based on the School's SEF

Cat R

T & L Review – Full Team

RAP Development meeting with HT, Chair of Governors, SPA and Subject Advisers as required

TAS

SPA, HT and CoG agree actions

HT and CoG present RAP review every 8 weeks; along with evidence of impact.

Peer review of RAP actions and impact

Cat C

Strategic Lead for SI meeting with HT and Chair

Use of Statutory Powers

IEB led RAP

Senior SPA supervision

RAP review Progress Meeting every 16 weeks with HT, CoG and SPA

Definitions of the Four LA categories for schools

Category LA1: System Leaders (S)

These are excellent schools that are consistently successful in securing very good outcomes for learners and offer many examples of good and excellent practice. Common features of these schools will likely include:

- The impact of Leadership is significant and there is a well-established culture of raising achievement for all children.
- Outcomes for children have been consistently above national averages in the last three years.
- The attainment of almost all groups of pupils is above or broadly in line with national averages or, if below these, is improving rapidly.
- In the current year throughout each year group and across the curriculum, current pupils make substantial and sustained progress, from their different starting points.
- For pupils generally, and specifically for disadvantaged pupils and those who have special educational needs, progress is above average across nearly all subject areas.
- Pupils are confident, self-assured learners. Their excellent attitudes to learning have a strong, positive impact on their progress. They are proud of their achievements and of their school.
- The schools culture and curriculum means that pupils are exceptionally well prepared for the next stage of their education.
- Teaching, learning and assessment is consistently good and much is excellent across all key stages.
- Leaders undertake work with other schools to help raise standards and improve educational provision beyond their own gates.
- There is an expectation that schools identified as System Leaders will support schools in other categories

Category LA2: Strengthening Good Schools (G)

These are schools where performance is good overall and capacity for sustained improvement is good. Common features of these schools will likely include:

- Leaders are embedding a culture that allows pupils and teachers to thrive from all starting points
- Where there are any minor aspects that may need further improvement, leaders have identified them and can provide robust evidence of activities which have led to improvement.
- Attainment over the last three years is likely to be above national averages for all groups or have been improving rapidly over this time
- Across almost all year groups and in a wide range of subjects, including in English and mathematics, current pupils make consistently strong progress from their starting points.

- There is a high level of consistency in the quality of outcomes in the current year across all phases and groups.
- Pupils' progress is above average or improving across most subject areas. Overall progress of disadvantaged pupils and those with special educational needs is above average or improving.
- Teaching, learning and assessment are consistently good and excellent practice is shared.
- Pupils are well prepared for the next stage of education and have good attitudes to school.

Category LA3: Raising Achievement Schools (R)

These are schools identified by the LA or themselves as providing a variable standard of provision. Some aspects may be good and improving. The degree of support and range of needs for schools in this Category is wide and therefore the degree of LA support will vary accordingly. Schools in this category are expected to work with the LA to develop and implement a Raising Achievement Plan.

- In the current year, across all year groups, outcomes for pupils are variable.
- Progress and/or attainment for some groups of children are below national averages.
- There may be a risk in relation to the next inspection judgment of the school not being graded "good".
- The quality of teaching, learning and assessment is inconsistent.
- There may have been a lack of significant improvement in outcomes, or decline in standards for pupils over the last three years.
- There may be insufficient evidence to show that the progress of underperforming groups is accelerating and enabling them to catch up.
- The school remains vulnerable having recently been removed from Ofsted category 4.
- There may be limited evidence of leadership impact and or school culture does not support rapid improvement.
- Systems may not be embedded across the school and there is an over reliance on one person for success.
- The school has a new Headteacher and/or may have undergone significant staff changes.

Category LA4) – Schools in a category (C)

These schools have been identified by Ofsted, the LA or the Governing Body as having significant weakness in one or more aspects of provision. Schools will require immediate intervention or radical solutions to prevent further decline because the school has limited capacity to make necessary changes. The LA may categorise schools as C where:

- Groups of children and young people are failing to make progress in line

with national averages and this has been a feature of the school in the last three years.

- Attainment and progress data shows a significant downward trend and/or is below national averages in one or more key stages.
- The schools results are below national floor standards.
- Where learners are likely to be at risk because of poor behaviour, poor attitudes to learning or poor attendance.
- A school that has been judged as Requiring Improvement and is not able to provide sufficient evidence of effective action to secure rapid improvement.
- Safeguarding is ineffective.
- Where groups in particular year groups or key stages are failing to make good enough progress year on year.

Schools Judged Inadequate by Ofsted

- Where a school or setting has been judged Inadequate by Ofsted, an LA Statement of Action will be produced and submitted to Ofsted within ten days of the publication of the report. This will consider options for the future of the school. This will include exploring with Governing Bodies the brokerage of a sponsored academy solution and or appointment of additional governors and the use of an Interim Executive Board. The SPA will maintain regular contact with such schools in order to intervene early to avert further decline.
- The LA is committed to working in partnership with the Diocesan Authorities where appropriate to develop any intervention necessary to improve performance.
- The school will be required to demonstrate that it is making best use of its delegated funding to support the improvement process. Where the needs of such a school require additional support, the LA will assist the school in brokering support from external sources, firstly through the arrangements agreed through the Statement of Action, then through the RFP where appropriate. The SPA will, where required, commission support from officers in the wider council, prepare monitoring information as required by HMI and work with the school to adapt activities in the light of monitoring information.

Monitoring and Evaluation of RAP intervention

- The impact of RAP Intervention programmes are evaluated at each review meeting against the success criteria agreed- where possible these will be written in terms of changes to pupil outcomes.
- Meetings are chaired by a senior LA officer. This on-going scrutiny ensures consistency in approaches and the development of an exit strategy to secure ongoing improvement. Schools that are successful in being removed from LA intervention are categorised as Category G and receive reduced support from a School Partnership Adviser.

Exit strategy

- The five non-negotiable criteria for exiting from intervention are made clear to all RAP schools at the beginning of the process.
- Where a school is able to show evidence of the criteria it is likely that independent sustainability of improvement can be maintained without additional input form the LA. These are:
  - ➢ Robust, rigorous, accurate and regular School Review and Self-Evaluation processes including evidence of regular reporting to the Governing Body and subsequent challenge.
  - ➢ A credible School Improvement Plan with outcomes focused milestones and monitoring in place.
  - ➢ Leadership is stable and suitability skilled at senior and middle leader level
  - ➢ Regular tracking and monitoring of progress and attainment against age-related expectations for all groups. Regular quality assurance and moderation of assessment to ensure accuracy across all subjects
  - ➢ A continuing professional development programme integrated into the School Improvement Plan and monitored for impact

Impact evidence will include some or all of the following:

- ➢ Consistent practice in teaching, learning and assessment across all year groups which has led to rapidly improving outcomes.
- ➢ The school is achieving the attainment and progress targets established in the Raising Achievement Plan.
- ➢ The school's monitoring of in-year progress data indicates an upward trajectory is secure.
- ➢ Test results are above national floor standards.
- ➢ Evidence of additional capacity in the school's leadership team (including governance).

When the Strategic Lead for School Improvement judges that the school is ready to exit from intervention, they will request that the Head of Education approves removal and that this is communicated in writing to the School's Governing Body and Headteacher.

Disputes about LA intervention

- Where the Governing Body does not agree with the concerns raised, discussions will take place between the SPA, Headteacher and Governors in the first instance.

- The LA may choose to work within the framework available for formal warning procedures, as required (In extreme circumstances this could result in the following:

  ➢ Issuing of a formal performance and safety warning notice requiring the school to take specified action.
  ➢ Nominating additional governors to a school's Governing Body.
  ➢ Suspending the school's delegated budget.
  ➢ Requiring the Governing Body to enter into collaborative arrangements.
  ➢ Issuing of a formal performance report where there is a concern about the performance of the Headteacher.
  ➢ Replacing the Governing Body with an Interim Executive Board (IEB) or Executive Governing Body.

- The Secretary of State has the intervention powers to appoint additional governors, nominate and pay the Chair, or direct the closure of the school.

- The LA has the power to intervene to prevent the breakdown of discipline in a maintained school. The LA will only use this statutory power as a last resort. It is possible that it may come into operation when a school is failing to respond to support or when an Ofsted inspection judges a school to be inadequate (or having 'Serious Weaknesses' or requiring 'Special Measures').

Quality Assurance of the LA's work with schools in Category R and C

QA takes place through:
- RAP review meetings.
- Reviews of school/LA action plans.
- Appraisal meetings.
- Ongoing scrutiny through the LA Management Board and RFP.
- HMI letters following monitoring inspections of schools in Ofsted categories that comment on the work of the LA.
- Feedback reports from Ofsted.
- Feedback from schools.

Raising Achievement Plan (RAP) meetings

RAP meetings will focus on the impact of intervention and LA/school commissioned activity to improve outcomes. The purposes of the RAP meetings are to:

- Monitor the impact and effectiveness of the work of school leaders to bring about required change.
- Monitor the impact and effectiveness of LA commissioned support, agreeing redirection where necessary.
- Hold the school to account for the impact of external support and achieving accelerated improvement.
- Celebrate success.
- Membership of the RAP includes the Headteacher, Deputy Headteacher where agreed by the head, Chair of the Governing Body, the SPA and will be chaired by the Strategic Lead for School Improvement or Head of Education.

Schools in LA intervention category R and C – RAP responsibilities

The Headteacher is responsible for ensuring that he/she or members of the Senior Leadership Team:

- ➢ Draft the Raising Achievement Plan (School Improvement Plan).
- ➢ Agree the RAP with the SPA and Strategic Lead for School Improvement.
- ➢ Present evidence for the RAP review. This should draw on existing data and analysis, be relevant to the success criteria and milestones in the RAP and be provided at least 5 working days before the review meeting.
- ➢ Ensure that 'next steps' identified in these meetings or following partner visits are effectively actioned, including the identification of success milestones and target groups.
- ➢ Makes clear to the School Partnership Advisor any challenges, difficulties or barriers to progress they may be unaware of.

The Governing Body is responsible for:

- ➢ Ensuring the Chair of Governors or agreed representative attends the RAP development and review meetings.
- ➢ Ensuring RAP minutes are an agenda item on the full Governing Body agenda.
- ➢ Engaging with the School Partnership Adviser, where appropriate, when prospective candidates for teaching posts are discussed prior to short listing.

The SPA is responsible for:

- ➢ Providing an agenda for all members of the RAP at least 10 working days in advance of the meeting.
- ➢ Ensuring key points and actions are minuted and circulating the minutes within 10 days of the meeting.
- ➢ Regularly reviewing and verifying the evidence of progress against success criteria in the RAP provided by the Headteacher (minimum once per half term).
- ➢ Commissioning support where appropriate.
- ➢ Providing written and oral reports of their work with the school at RAP meetings.
- ➢ Bringing information about the impact of support from LA colleagues not attending the RAP meeting.

- ➢ Keeping relevant LA colleagues informed of any decisions of RAP meetings which impact on support.
- ➢ Communicating with the Diocese where appropriate.

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULTS SOCIAL CARE, CHILDREN'S SERVICES AND EARLY HELP SERVICES COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 10
TITLE:	EARLY YEARS SERVICE 2016/17
LEAD COUNCILLOR:	CLLR TONY JONES PORTFOLIO: CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES WARDS: BOROUGHWIDE
LEAD OFFICER:	RICHARD BLACKMORE TEL: 0118 937 4666
JOB TITLE:	HEAD OF EDUCATION E-MAIL: richard.blackmore@reading.gov.uk

1. PURPOSE OF REPORT

1.1 To update the Committee on the priorities of the Early Years' Service 2016/17.

2. RECOMMENDED ACTION

2.1 To note the contents of the report

3. BACKGROUND

3.1 The Childcare Act 2016 takes forward the Government commitments to secure an additional entitlement of childcare support for working parents. This extends the current universal entitlement for all 3&4 year olds to 570 hours a year of early education/childcare. The new entitlement enables working parents to have an additional 570 hours a year bringing their entitlement to 1,140 hours a year for 3&4 year olds in families where all parents are working.

3.2 The Childcare Act 2006 requires local authorities in England to ensure a sufficiency of childcare for working parents, parents studying or training, and for disabled children. Childcare sufficiency relates to the provision of registered childcare for children aged 0-14 years old, and up to and including 17 years old for children with Special Educational Needs and Disabilities (SEND). The childcare sufficiency duties include the requirement to shape and support the development of childcare in the area and to make it flexible, sustainable and responsive to the needs of the community.

3.3 There is also duty on local authorities to provide information, advice and assistance to parents and prospective parents relating to the provision of childcare, services or facilities that may be of benefit to parents and prospective parents, children and young people, something that is strengthened in the Childcare Act (2016). The Family Information Service in Reading undertakes this role.

3.4 The Family Information Service (FIS) is a statutory service under Section 12 of the 2006 Childcare Act, & Section 5 of Childcare Act 2016.

3.5 Alongside the introduction of the Childcare Act 2016 there are a number of additional policy initiatives that will impact on the early years and childcare provision in Reading. These include:

- National Living Wage
- Automatic enrolment for employees pensions from April 2016
- Tax free childcare
- 30 hours childcare
- National Early Years Funding Formula
- Right to Request
- Changes to universal credit

The impact of these changes have been considered and included in the changes to the national funding formula and the development of the 30 hours entitlement.

4 POLICY CONTEXT - Summary of Priorities for the Early Years' Service in 2016/17

Early Years Foundation Stage Profile (EYFSP)

4.1 The Government proposed to introduce a baseline assessment for children on entry to Reception in 2015. Following a review in 2016 this was not implemented. The DfE have confirmed that local authorities will continue to use the EYFSP until 2018.

4.2 For 2016, the EYFSP in Reading continued an upward trend in the number of children achieving a good level of development and narrowing the achievement gap. Reading also continues to achieve outcomes and to narrow the achievement gap higher than the national average.

Performance

Good Level of Development & Gap for the Early Years Foundation Stage Profile in Reading.						
	2012	2013	2014	2015	2016	2017

						Target
LA	70.4%	51.3%	63.7%	67.4%	71.1%	74%
NATIONAL	64.0%	52.0%	60.4%	66%	69.3%	
Gap LA	29.7%	33.3%	31.5%	31.4%	30%	29%
Gap National	30.1%	36.6%	33.8%	31.4%	31.4%	

4.3   In spring term 2016 there were 788 eligible two year olds and 4,811 eligible three & Four year olds taking up their early years entitlement. Reading has 3,526 childcare places for children aged 0-4 years within the PVI sector and 1,813 places in the maintained sector. The majority of 2YO (93.9%) access their entitlement within the PVI sector.

5   30 HOURS CHILDCARE

5.1   According to Early Years Census January 2016, 837 parents are paying for their child to have additional hours alongside their universal entitlement of the 570 hours a year free. This equates to roughly 25% of families.

5.2   From September 2017 eligible parents may seek to 'convert' the hours they currently pay for to funded hours with their current provider. Where this is not possible, they will look to take up some or all of their additional free entitlement at another provider. This will mean childcare bills for eligible families should decrease. The cost of childcare is cited by parents as the main barrier to using more childcare and for some families, the additional free entitlement will mean they can increase their childcare hours, lengthening the childcare day, access childcare at weekends, or stretching their free early learning and childcare across school holidays, or a combination of all three.

5.3   The Early years Team have started to work with Early Years providers and Schools to prepare for the extended hours offer. This will continue up to September 2017 when the extended hours entitlement is introduced.

6   NATIONAL EARLY YEARS FUNDING FORMULA

6.1   A national funding formula for early years will be introduced in April 2017. The Government has committed to uplift to the national average rate paid for the two, three and four year old entitlements. The national average rates for both two-year-olds and three and four year olds will increase.

6.2   The funding allocations will come as part of the direct schools grant (DSG) in the early years funding block. The early years' service has consulted with providers and reported to schools forum on the rates set for 2016/17.

6.3   The early years' service has been working with providers to prepare for this change to funding. The impact of this new formula in Reading should provide an uplift to most providers. The new formula will however, have an impact on the funding that Maintained Nursery Schools receive. Local authorities will receive a supplement for the Maintained Nursery Schools to 2019. The Government have indicated that there will be further consultations with the sector in the coming months.

7   RIGHT TO REQUEST

7.1   From September 2016, parents have the 'right to request' the school their child attends considers establishing wrap-around and holiday childcare to support working parents. Childcare providers will also have the 'right to request' a school allows them to use its facilities at the end of the school day and during school holidays when the school is not using them.

7.2   The overall aim of the policy is to help parents to work, or work for longer. The 'Right to request' refers to children from Reception up to the end of Key Stage 3. Where there is demand, schools and providers may also want to consider wraparound/holiday childcare for the under 5s or for Year 10 and above.

8   THE FAMILY INFORMATION SERVICE (FIS)

8.1   FIS has been instrumental in providing information, advice and guidance to parents and carers on childcare in Reading particularly during the development of the free childcare places for two year olds.

8.2   FIS is a well-established service in Reading offering impartial advice, support and brokerage to families for over 25 years, it is a trusted and valued service by both parents   and   practitioners.   The   Reading   Services   Guide   (RSG), www.reading.gov.uk/serevicesguide is the web platform which supports the work of FIS and this is well used by both parents and providers in Reading. It has become 'the front door' and a single point for information on childcare as well as other information for parents which helps them access support and services in Reading. The website gets on average 30,000 to 40,000 hits per month, and this is growing each year. Providers can keep their information and vacancies updated so the information is current and relevant to parents; this process helps alleviate sufficiency and empowers the providers to promote their settings to potential families.

8.3   FIS have also worked on implementing the Local Offer to meet the SEND Code of Practice and the associated reforms to meet statutory requirements. The Local Offer is also hosted on the Reading Services Guide and is an integrated part of the FIS. Settings that have completed their local offer information are given a 'local offer' image which indicates to the parent the setting can offer support to a child with SEND, further robust tagging is also done to ensure the parent can find the information on settings offering specific support which can be found quickly and efficiently; this is in line with the requirements of the SEND Code of Practice 0-25 years.

9   CONSULTATIONS

9.1   During the summer of 2016 the early years' service commissioned work with Hempsalls consultancy on the Childcare Sufficiency Audit for 2016/17. There was a clear focus on the context of this audit taking into consideration future plans for the expansion of the childcare market with the introduction of the entitlement for working parents.

9.2   Alongside the work on the audit of childcare we also undertook a consultation with parents on childcare in Reading. We had just fewer than 900 parents take part in this consultation. We have subsequently worked with specific groups of parents in focus groups to gain further understanding of the childcare market in Reading. This work is currently underpinning the planning for meeting the growing demand for childcare and to ensure sufficiency of childcare for September 2017.

9.3   The recommendations from the Childcare Sufficiency Audit will enable the childcare market in Reading to meet existing & changing childcare needs. Given a more diverse population, an increase in the child population, the introduction of 30 hours childcare from September 2017 and 'right to request', the sector could expect new or different demands from parents and carers on the next few years.

10.   CONTRIBUTION TO STRATEGIC AIMS

10.1   An effective early education is crucial to the success of Reading pupils. It must be able to provide good quality education for our young people so that the council can provide the best life through education, early help and healthy living.

11.   COMMUNITY ENGAGEMENT AND INFORMATION

11.1   Engagement with parents and carers is vital in the Early Years. The assessment of children's attainment and progress provides a comprehensive analysis of a setting's performance.

12.   EQUALITY IMPACT ASSESSMENT

12.1   The Early Years team will focus on key gaps within the results for those children in settings to ensure that each group and setting is supported so that every child receives a good start to their school life.

13.   LEGAL IMPLICATIONS

13.1   Covered under section 5.

14   FINANCIAL IMPLICATIONS

14.1   National Early Years Funding Formula – section 4.

15.   BACKGROUND PAPERS

None.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULTS SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 11
TITLE:	PROGRESS WITH RAISING YOUTH PARTICIPATION AND REDUCING NEET
LEAD COUNCILLOR:	CLLR TONY JONES PORTFOLIO: EDUCATION
SERVICE:	EDUCATION WARDS: BOROUGHWIDE
LEAD OFFICER:	Richard Blackmore TEL: 0118 9374240
JOB TITLE:	Head of Education E-MAIL: richard.blackmore@reading.gov.uk

1.   PURPOSE OF REPORT

This report sets out the continued progress against our ambition to increase the participation of our young people and reduce our published NEET statistic. It seeks to update Members on the recently released changes to the way that DfE tracks and records the data related to young people, and it seeks to update Members on the steps being taken to reduce the cost of the IAG service to meet the Council's need to deliver their statutory duties more effectively and efficiently.

2.   RECOMMENDED ACTION

2.1   To note the continued progress of increasing participation of our young people and reducing the NEET statistic.

2.2   To note the changes to the way that DfE tracks and records data related to young people.

2.3   To note the steps being taken to reduce the cost of the IAG service while maintaining an effective and efficient service.

3. POLICY CONTEXT

Local Authorities have broad duties to encourage, enable and assist young people to participate in education or training. Specifically these are:

- To secure sufficient suitable education and training provision for all young people in their area who are over compulsory school age but under 19 or aged 19 to 25 and for whom an Education, Health and Care (EHC) plan is maintained. This is a duty under the Education Act 1996.

- To fulfil this, local authorities need to have a strategic overview of the provision available in their area and to identify and resolve gaps in provision.

- To make available to all young people aged 13-19 and to those between 20 and 25 with special educational needs and disabilities (SEND), support that will encourage, enable or assist them to participate in education or training under Section 68 of ESA 20082.

Tracking young people's participation is a key element of these duties. Local Authorities are required to collect information about young people so that those who are not participating, or are NEET, can be identified and given support to re-engage. Robust tracking also provides the Local Authority with information that will help to ensure that suitable education and training provision is available and that resources can be targeted effectively.

In addition, ESA 2008 placed two RPA-related duties on Local Authorities with regard to 16 and 17 year olds:

- Local Authorities must promote the effective participation in education and training of 16 and 17 year olds in their area with a view to ensuring that those persons fulfil the duty to participate in education or training. A key element of this is identifying the young people in their area who are covered by the duty to participate and encouraging them to find a suitable education or training place.

- Local Authorities must make arrangements – i.e. maintain a tracking system - to identify 16 and 17 year olds who are not participating in education or training. Putting in place robust arrangements to identify young people who are not engaged in education or training or who have left provision enables local authorities to offer support as soon as possible.

4.   CONTINUED PROGRESS

The 2015 DfE NEET data reported the percentage of Reading's 16-18 year olds not in education, employment or training as 8.1% - a decline of 1.8% from 2014.

The 2016 DfE NEET data reported the percentage of Reading's 16-18 year olds not in education, employment or training at 4.7% - an improvement of 3.4% from 2015.

2016 has seen a 2.7% improvement in 16 and 17 year olds participating in education or training rather than just moving from NEET into work with training.
It has also seen a 3.2% improvement in 16 and 17 year olds made an offer of an education place under the September Guarantee.

Activities undertaken to achieve these improvements included:

- the appointment of a 14-19 Participation Adviser, working within the Education department, who focused resource into coordinating the various activities and groups, as well as understanding and plugging the gaps in the system to reach the published targets and milestones.

- performance management, rather than contract management, of the Council's IAG provider Adviza, which resulted in a dedicated Delivery Manager being appointed for Reading to work closely with the Council to meet the targets set.

- a NEET Governance Group, with membership consisting of key decision makers from across the Council, whose responsibilities impact on the NEET agenda. This group subsequently expanded to include external partners, such as Adviza and Reading College. The Group met monthly and focused on increasing the understanding of the NEET.

- partnership working between DCEEH and Elevate Reading to establish a NEET Operational Group consisting of key front-line staff from across the Council and key

partners. This group met regularly and focused on sharing knowledge of, and agreeing interventions for young people who were AT RISK, NEET or NOT KNOWN to the authority.

- sharing of the Risk of NEET Indicators (RoNi) report with Reading College to allow them the best opportunity to plan support and focus for those students who are most at risk of becoming NEET.

5   REPORTING CHANGES

The Department for Education recently changed the reporting requirements for Local Authorities to report on its young people.

Although the changes came into effect on 1st September 2016, the annual NEET scorecard for 2015 has been released with the new system – which makes it difficult to compare to the 2014 scorecard.

From September 2016 the upper age limit of the cohort of young people to be included in the data submission is changing. Authorities will only be required to include information about young people up to the end of the academic year in which they have their 18th birthday (academic age 16 & 17 or years 12 & 13).

DfE expect existing resource levels to be maintained and refocused to ensure that all 16 and 17 year olds enter and complete a sustained positive destination after compulsory education – they expect the 16 & 17 year old NK and NEET figures to improve.

The statutory duty has not changed. LAs still have a duty under Section 68 of the Education 7 Skills Act 2008 to encourage, enable and assist young people's participation up to their 20th birthday – we just no longer need to report on the whole age group.

DfE will continue to publish key stage 5 destination measures but by using a combination of HMRC and DWP data instead. Schools will still have the obligation to provide their own destination measures for Ofsted.

From September 2016 the NEET and Not Known figures will be combined. This will be calculated by the DfE and sent back to the Authority on a monthly basis.
The new combined figures will only report on years 12 & 13 (as explained above).

SEND young people will continue to be tracked and supported until their 25th birthday.
DfE have recently introduced a separate data sheet on young people with an EHCP between the ages of 20 and 24.

A strategic decision has been made to replace the tracking of year-14 with the tracking of all vulnerable groups – including care leavers - until their 25th birthday. This supports our intention of more targeted intervention to ensure those young people furthest away from the labour market have effective support to re-engage.

Reading Borough Council welcomes the new combined reporting of NEET and NOT KNOWN as a way to create more equity of reporting across Local Government. We are now able to compare realistically, and favourably, with our geographical neighbours and against the England average (1% below).

6   IAG CONTRACT & COMMISSIONING PLAN

The provision for delivering our IAG statutory duty is currently provided by Adviza under a Berkshire Framework contractual agreement. The council has purchased services under this agreement until 31st March 2017. The annual contract value for Reading is £450,774.

In addition to delivering services for Reading Borough Council, the majority of Reading schools purchase IAG directly from Adviza in order to meet their own requirements.

Reading Borough Council has committed to meeting the requirement to reduce the budget by 40% from April 2017 and has produced a more targeted commissioning plan – working closely with the relevant teams within the authority. The 14-19 Participation Adviser is working closely with Adviza to meet this reduction from next year and progress is positive.

The 14-19 Participation Adviser is also working closely with Elevate to ensure that the support they provide for 16-24 year olds focuses on the young people who will be most affected by the changes to DfE reporting for 18 year olds.

It is clear that following the cessation of the Berkshire Framework agreement, Reading Borough Council needs clarity as to the long term intentions for commissioning the   IAG service. A review is being conducted by the 14-19 Participation Adviser – supported by contracts, commissioning, and Elevate Berkshire – to determine the long term commissioning strategy. The strategy will include an investigation on the validity of an internal or external service and will seek to better understand the commissioning and procurement approaches of local authorities across the country.

7. CONTRIBUTION TO STRATEGIC AIMS

This activity contributes to the following strategic aims from "Reading 2020": The Sustainable Community Strategy (SCS)[1]:

- *Priority One:* Skills for all: the Productive Pathways programme is the centrepiece of work to address skills gaps, which are a key constraint on economic growth in our area. The objective is to get more young people into meaningful education, employment and training, by redesigning a fragmented service so that it puts the customer first, is visible, and fully accessible and delivers in ways that support young people who are NEET into meaningful activity as quickly as possible. We are doing this by bringing the many existing providers into a collaborative framework ('Pathways') and by involving key stakeholders to develop something that is adopted and makes a tangible difference. It is part of a wider programme to strengthen employment and skills planning, capitalising on the key developments taking place that offer significant opportunities for employment.

- *Priority Two:* Learning and employment[2], Reading's children and young people plan 2015 -2018 states: "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.

8. COMMUNITY ENGAGEMENT AND INFORMATION

Community Engagement and information is not relevant to this report.

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) is not relevant to this report.

10. LEGAL IMPLICATIONS

There are no legal implications arising from this report.

11. FINANCIAL IMPLICATIONS

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[1] http://www.reading2020.org.uk/
[2] http://www.reading2020.org.uk/childrens-trust/children-young-people-plan/

The activity has been developed within existing resources.

12. BACKGROUND PAPERS

http://www.reading2020.org.uk/childrens-trust/children-young-people-plan/

READING BOROUGH COUNCIL

REPORT OF DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP

TO:	ADULT SOICIAL CARE, CHILDREN SERVICES AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 12
TITLE:	HOME TO SCHOOL TRANSPORT
LEAD COUNCILLOR: CLLR T JONES	PORTFOLIO: EDUCATION
SERVICE: EDUCATION	WARDS: BOROUGHWIDE
LEAD OFFICER: RICHARD BLACKMORE	TEL: 0118 937 4666
JOB TITLE: HEAD OF EDUCATION	E-MAIL: richard.blackmore@reading.gov.uk

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   The background to the proposals is to streamline the procedures, to ensure greater efficiency of the process and reduce overall cost of home to school transport arrangements. The timescale of the consultation extended from 16th June 2016 to the 16th August 2016. The purpose is to report on the outcomes of the transport consultation now concluded.

1.2   There are three proposed changes that views were sort on:

1) Withdrawal of free transport on denominational grounds
2) Changes to the Transport Appeal process
3) Changes to the payment of Transport arrangements for young people over 16 and children under 5 who have Education, Health and Care Plans or Statements of Special Educational Needs.

2.   RECOMMENDED ACTION

2.1   To note the responses (see appendix 1) to the consultation and agree the proposals for future action.

2.2   To remove the provision of free transport to children whose parents or carers wish their child to attend a school on denominational grounds where that school is not their nearest school, or the Local Authority determines that suitable education can be provided at a nearer school.

2.3   To simplify the current appeals process for families or carers who wish to challenge a decision made about home to school transport.

2.4   To seek contributions from parents or carers to contribute towards the cost of the transport arrangements for children over the age of 16 and under 5.

3. POLICY CONTEXT

3.1 **Proposal 1** - There is no legal duty for Local Authorities to provide free transport to children whose parents or carers wish their child to attend a school on denomination grounds where:

- that school is not their nearest school, or
- the Local Authority determines that suitable education can be provided at a nearer school.

There are discretionary powers under which the Local Authority may provide transport assistance having considered all the circumstances. Parents have the right to express a preference for a place at a particular school, and admission authorities must comply with that expression wherever possible. However, the allocation of a school place does not carry with it an entitlement to transport.

All those who make new requests for free transport from September 17, 2017 will be informed that the Council no longer offers free transport on Denominational grounds.

From September 2017, those requesting free transport on denominational grounds because they have a sibling in the school will be told that the Local Authority no longer offers free transport to siblings.

3.2 **Proposal 2** - The Department for Education (DfE) has issued guidance to Local Authorities which is intended to improve the current appeals process for families or carers who wish to challenge a decision made about home to school transport.

The new guidance is also intended to achieve greater consistency across Local Authorities and allow for increased opportunities to consider the needs of a child.

3.3 **Proposal 3** - There are changes to the funding of school transport for certain children and young people who have either an Education, Health and Care needs plan or Statement of Special Educational Needs.

These changes apply to young people over the age of 16 and under the age of 5 (pre-school).

The changes mean that there is now no legal duty for the Local Authority to provide such children with free transport to and from home to their educational setting. The recommendation is for Local Authorities to request contributions from parents or carers to contribute towards the cost of the transport arrangements for children over the age of 16 and under 5.

4. CURRENT POSITION AND PROPOSALS

4.1 Proposal 1

As it is not a legal duty to provide free transport, the Council is proposing that the current arrangements will cease from July 2017. This will generate savings of £20k per annum.

All children who currently receive free transport will continue to do so until either the end of year 6 for primary pupils or the end of year 11 for secondary pupils.

4.2 Proposal 2

The adoption of the new DfE guidance which will mean the following changes (by April 2017 if agreed):
It is a three stage process (see Appendix 1 at end of this document).

- Stage 1: Parents/carers will be asked to submit their concerns in writing to the Local Authority Officer.

- Stage 2: The challenge process allows for a second stage where further consideration of the challenge can be made by an officer who was not involved in the transport decision and the Lead Member for Education.
At both the first and second stage every effort will be made to discuss the concerns directly with the family.

- Stage 3: Appeal to the Ombudsman. The Local Authority is encouraged to explain to a family how they can make a representation to the Ombudsman if they wish to do this.

4.3   Proposal 3

Reading Borough Council is proposing to seek contributions towards the cost of travel to and from home to school, for all children older than 16 and younger than 5 from September 2017 who have an Education, Health and Care Plan.

This will not apply to students going to college, but it will apply to all students who are over 16 on 1st September 2017 who need to travel to a school destination.

An annual parental contribution of £456 towards the transport costs will be requested from 1st September 2017. The average total cost to the Council is approximately £3,800 for the average current transport costs for an individual child or young person.

The Council is committed to ensuring that all travel arrangements are considered on an individual and child by child basis, which takes into account specific needs. Any proposed changes to transport arrangements will only be made after consultation with families and schools. In coming to this proposal, the Council has looked at the charges made by similar sized Local Authorities. The average contribution is £500 per year.

Before making the charges, the family will be contacted by the Transport Service who will explain the costs and the arrangements for paying. We will also wish to hear about any family circumstances that would hinder the collection of this payment.

5.   CONTRIBUTION TO STRATEGIC AIMS

5.1   The proposals aim to ensure that the council provides the best life through education, early help and healthy living. It also helps to ensure that Reading Borough Council remains financially sustainable to deliver the service priorities.

6.   EQUALITY IMPACT ASSESSMENT

6.1   All stakeholders and partners will be treated in a fair and equitable manner as the process is clear and transparent.

7.   LEGAL IMPLICATIONS

7.1   There is the potential for challenge to:
- when the removing of denominational transport would take place

- the decision to the outcome of an appeals process through the new arrangements

- require for contributions as per proposal 3.

8.   FINANCIAL IMPLICATIONS

8.1   Proposal 1 – saving of £20,000, Proposal 2 and 3 – Reduction in cost but specific savings unknown at this stage.

Proposed Draft for Revised appeals process

"If an application is turned down, a challenge can be made either on-line at:
www.reading.gov.uk/schooltransportappeal

or by submitting a written challenge to:

School Transport Manager
Reading Borough Council, Bridge Street, Reading RG1 2LU

GROUNDS FOR CHALLENGE

You can challenge on one of the following grounds:
• That the policy has been incorrectly applied
• That the policy has been properly applied but there are exceptional
  circumstances

STAGE ONE

A challenge should be submitted within 20 working days from the receipt of
the Authority's written decision. The Statement should include any personal
circumstances you feel should be considered, accompanied by any additional
supporting evidence from professionals.

The decision will be reviewed by a Reviewing Officer within 20 working days of
receipt of the request and parents/carers will be notified in writing.

STAGE TWO

If you wish to challenge the Stage One decision by the Reviewing Officer, you
have 20 working days from receipt of the Stage One decision to submit your
intention to progress your case to Stage Two, where your case will be reviewed
by an Officer Panel headed by a Manager and the Lead Member for Education.

You will get the opportunity to submit additional information.

The Stage Two review will take place within 40 working days of receipt of our
request. Prior to the case being heard, a full copy of all correspondence will
be sent to you.

A letter will then be sent outlining the Panel's decision. Transport assistance,
if awarded, will normally take the form of a bus pass. If other provision is
being sought, the request should form part of your submission.

LOCAL GOVERNMENT OMBUDSMAN

If the challenge is unsuccessful, representation can be made to the Local
Government Ombudsman:

PO Box 4771, Coventry CV4 0EH (Tel 0845 602 1983) www.lgo.org.uk

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	Adults Social Care, Children's Services and Education Committee
DATE:	**13 DECEMBER 2016** **AGENDA ITEM:13**
TITLE:	**READING BOROUGH COUNCIL PROPOSED APPROACH TO SHORT BREAK AND DIRECT PAYMENT PROVISION**
LEAD COUNCILLOR:	Cllr GAVIN **PORTFOLIO:** CHILDREN'S SERVICES
SERVICE:	DCEEHS **WARDS:** ALL
LEAD OFFICER:	ANN MARIE DODDS **TEL:** 72421
JOB TITLE:	**ACTING DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES** **E-MAIL:** Annmarie.dodds@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

    1.1 The purpose of this report is to outline the proposed direction with regard the provision of Short Break and direct payments for the children and families of Reading who have disabilities and/or Special Educational Needs.

    1.2 Following a proposal to Adults Social Care, Children's Services and Education Committee (ACE) in February 2016 that identified potential changes to the provision of direct payments and short breaks a public consultation exercise was carried out through a variety of means both face to face and through various media. The result of the consultation identified that Reading Borough Council should address the provision of support to children and families through a range of options allowing children and families' choice in their access to appropriate support (APPENDIX A).

    1.3 The findings from the consultation are in line with the legislative requirements in addressing the provision of choice and support delivered by Reading Borough Council.

    1.4 A full review of the eligibility criteria and practice associated with identifying and addressing need will follow during the spring of 2017 thus ensuring that access to support is appropriate and equitable for those children and families in need.

2. RECOMMENDED ACTION

> 2.1 That Reading Borough Council provides support to children and families with disabilities and special educational needs through a range of direct payments and the provision of short breaks.
>
> 2.2 That eligibility to direct payments and short breaks is identified through the publication of criteria and is subject to assessment and appropriate review.
>
> 2.3 That the provision of short breaks is secured and delivered through outcome based contracts with a range of providers to ensure that varied services achieve appropriate outcomes for Reading's children in need of support.

3. POLICY CONTEXT

3.1 On 3rd February 2016 Adults Social Care, Children's Services and Education Committee (ACE) received a report proposing a plan for a personalised approach to short break services in Reading. The report was followed by a public consultation that ran during the summer of 2016.

3.2 The provision of a range of services to address the needs of children with disabilities, Special Educational Needs and their families is legislated for in three key pieces of legislation, the most recent (Children and Families Act 2014) places a duty on the Local Authority to provide a range of access to provision across universal to specialist services.

3.3 Reading Borough Council currently address their provision of Short Breaks through a range of in house provision, grant payments to community and voluntary sector providers and direct payments. This arrangement addresses the legislative requirements.

3.4 The current grants to providers of short breaks were originally due to expire on 31 March 2016. This grant arrangement has been subsequently extended with the expectation that there would be an increased demand for personalisation through the direct payment option and upon the shift to this revised scheme the grants from the Local Authority would be expected to cease.

3.5 The consultation exercise was inconclusive with the response indicating that a range of options should be provided by Reading Borough Council.

This response is in line with the legislative requirements of support provision to children and families with disabilities and special educational needs.

4.   THE PROPOSAL

5.   CURRENT POSITION

5.1   The current position is that Reading offers a range of options for children and families with disabilities and special educational needs. The current position does not have published full eligibility criteria and as a result there are families entitled to support who do not access support and conversely there may be families accessing support at an inappropriate level in relation to their level of need.

5.2   Short break providers are currently funded through a grant system which requires modernisation in order to ensure the right children are receiving the right services at the right time evidencing outcome based accountability and sound financial decision making.

OPTION PROPOSED

5.3   The proposal is that Reading Borough Council continues to provide a range of options in the provision of support to children and their families with disabilities or special educational needs.

5.4   In order to appropriately meet the needs of the population and to ensure appropriate financial control there will be a review of the current provision and operational system in the award of packages of support to children and families.

5.5   Reading Borough Council will publish a revised set of criteria (April 2017) that will assist children and families with disabilities and special educational needs in understanding their entitlement to support.

5.6   A robust system of assessment and review will ascertain the needs and requirements of individual child and family circumstances in order to ensure that the approach requested is appropriate.

5.7   Reading Borough Council will identify the outcomes required from providers for children accessing short break intervention. Reading Borough Council will then invite providers to tender for short break contracts. The contracts once awarded will be robustly managed to ensure the correct outcomes are achieved for the correct families. This

approach will ensure the delivery of financial control and success in the achievement of outcomes.

5.8   Where children and families opt for direct payments Reading Borough Council will ensure, in line with the requirements of the Children and Families Act 2014 that the Local Offer is maintained and accessible and families can use this to assist them in securing their own individualised support.

5.9   This proposal therefore ensures that Reading Borough Council is compliant with legislation in offering a range of support. It also ensures that appropriate families are identified for support and that providers are directed to deliver appropriate outcomes to safeguard and promote the welfare and opportunity of Reading's Children.

OTHER OPTIONS CONSIDERED

5.10   The option proposed within the February 2016 ACE report identified a direct payment funded short break programme. This proposed recipients of direct payments collaborating to secure short break provision from local providers. This option was not universally accepted within the consultation by providers of short break provision; or from recipients of direct payments. As a sole model of provision this would not meet with the legislative duty placed on the Local Authority.

5.11   The market is underdeveloped in Reading (as it is in many other areas) and does not provide fully the range of services that may be required by children and families to ensure successful access to individualised provision. This would place greater pressure on recipients of direct payments.

5.12   In order to ensure that Reading Borough Council meets its duty and in order to ensure that the children and families of Reading are appropriately supported to achieve successful outcomes no other options are under consideration at this time.

6.   CONTRIBUTION TO STRATEGIC AIMS

6.1   This report is in line with the overall direction of the Council by meeting the following Corporate Plan priorities:
- Safeguarding and protecting those that are most vulnerable
- Providing the best start in life through education, early help and healthy living.

7.   COMMUNITY ENGAGEMENT AND INFORMATION

7.1 During the late spring of 2016 Reading Borough Council contacted a number of user groups including the Family Forum, Short break providers and the voluntary and community sector to ascertain those groups and individuals who could best contribute to a consultation on short break/direct payment provision.

7.2 The formal consultation managed by Reading Borough Council commissioning service took place over the period 20th May to 17th august 2016.

7.3 A press release launched the consultation and the Family Information Service sent direct correspondence to 700 families across Reading. Reading Borough Council's Social Media accounts were utilised in order to direct respondents to an online consultation link as well as dates for face to face interactive consultation meetings. Paper copies of the consultation document were also available. There were only 71 respondents to the consultation. Those respondents were primarily parents or family members of children with disabilities.

7.4 Reading Borough Council worked collaboratively with Reading Families' Forum, RCYVS and Reading MENCAP to utilise existing meetings and established groups to inform the consultation.

7.5 Key findings from the consultation concluded that many families are not aware of their entitlement to Short Breaks or direct payments; that face to face support would be required where direct payments are provided; the key success of either provision would be flexibility and choice and that periods including holidays, weekends and afterschool periods are the primary focus of provision (including overnight respite).

7.6 The consultation did not predominantly favour any single type of provision and a range of options would be required to address the findings of the consultation.

8. EQUALITY IMPACT ASSESSMENT

8.1 A full Equality Impact assessment will be completed in line with the review of practice and eligibility criteria.

9. LEGAL IMPLICATIONS

9.1 The provision of support to the children and families of Children with disabilities is governed under three key areas of legislation Section 2 of 1970 Chronically Sick & Disabled Persons Act; Section 17 of the Children's Act 1989 and The Children and Families Act 2014.

9.2 A primary aim of the Local Authority should be to promote access to a range of services that promote the welfare of the child.

9.3 Under the provision of these acts the Local Authority has a duty to provide a range of support to families of children where a child has special educational needs or a disability. The Local Authority must give young people and their parents more say about the help they get. Children, young people and their parents have to be told the information they need to be able to do that. Local Authorities have to keep checking whether their Local Offer provides enough help for children and young people with a disability or special educational needs. They have to ask children and young people and their parents what they think when they do this. If children, young people and parents say they don't think there is enough help, the council have to say what they are going to do about that.

10. FINANCIAL IMPLICATIONS

10.1 The current (2016 – 2017) combined spend Direct Payments and Short Breaks is £179,900. This is made up of £84,000 on direct payments and £95,900 on short breaks.

10.2 The consultation identified that some families with children with a disability were not aware of their entitlement to support via direct payments or short breaks and therefore it can be expected that there is an increase in demand for support. This position is not quantifiable at this time and will require rigour in the application of eligibility criteria and assessment to ensure the Local authority meets its duty under the legislation.

11. BACKGROUND PAPERS

SHORT BREAKS COMMISSIONING PROCESS 2016-17

http://www.reading.gov.uk/article/8897/Adult-Social-Care-Childrens-Services-and-Education-Committee-03-FEB-2016

The Local Offer

http://servicesguide.reading.gov.uk/kb5/reading/directory/family.action?familychannel=3-7

To view the current Short Breaks Statement 2015/2016
https://search3.openobjects.com/mediamanager/reading/enterprise/files/rbc_short_breaks_statement_2015-16_v6_2__1.pdf

APPENDIX A

Short Break Consultation Summary 2016

Do you or another member of your family (between the age of 0 and 25) use a Short Breaks service at the moment?

Yes	30
No	41

Do you or another member of your family (between the age of 0 and 25) receive a Direct Payment at the moment?

Yes	14
No	57

What opportunities do you see in using more Direct Payments for accessing Short Break services?

More options	24
Tailored services	4
Better value for money	2
Timetable for support to suit my needs	16
Other	12

Other examples include 'None', 'Finding PAs', 'Response to specialist demand' and 'Very few'.

What are your main concerns about using more Direct Payments for accessing Short Break services?

I am unaware of the process	21
I am unaware of the eligibility criteria	17
Inefficiencies	5
Less value for money	4
Other	10

Other examples include 'Assessment process itself', 'Bureaucracy', 'Suitability', 'Cost', 'Times', Increased Cost and 'Availability'.

If an introduction to Direct Payments was given, which of the following formats would you prefer? (You may select more than one)

Face-to-face	29
Online training	15
Information booklet	21
Other	2

Other examples include 'Proper written contract with CYPDT' and 'Full cost breakdowns'.

Please tick which of the following information and support services you have used in the past (you may select more than one):

Family Information Service/DISC	39
Alafia Information Service	5
Enrych's Personal Assistant Register and Client Support Service (PARCCS)	10
Reading Services Guide	18
Mencap Information & Advice Service	5

Autism Berkshire Information & Advice Service (formerly BAS)	12
Reading Information Advice & Support Service for SEND (Reading IASS)	13
None	2
Other	4

Other examples include 'Reading Families' Forum', 'Reading Autism Families Together', 'Surestart', 'Dingley' and 'Local knowledge'.

Which of the following type of short break services would you be most likely to use in future (you may select more than one)?

Weekend Short Break club	35
After School Short Break Club	28
Short Break holiday club	38
Support to access a regular club or activity individually	27
Overnight	23
Evening	19
None/not applicable	1
Other	2

Other examples include 'All of the above and more. We don't have enough' and 'Something dealing with more severe needs'.

Who responded?

Age	Count
26-34	14
35-44	37
45-54	17
55-64	1
65 & over	2
Grand Total	**71**

Ethnic Background	Count
Asian or Asian British - Pakistani	12
Black or Black British - African	1
Black or Black British - Caribbean	1
Prefer not to say	10
White - Any other White background (Please specify below)	2
White - English, Scottish, Welsh, Northern Irish or British	41
(blank)	4
Grand Total	**71**

Short Break Involvement	Count
Parent/carer of a young person with a disability	67
Provider of Short Breaks services for disabled children	2
RBC Staff	1
Young person with a disability	1
Grand Total	**71**

Main Topics Raised in Open Response

What do you value/look for most from a Short Break service?

- Accessible service outside of work/school hours.

- Time to spend with other family members.

- Enriching development services and activities catering for children and young people with disabilities in Reading once the Council has assessed and matched their needs.

- Services offering personal care and able to manage challenging behaviour.

- Services that can meet the needs of a whole family so all siblings can access them together.

- Value for money and minimal admin.

What aspects of the current Short Breaks service offer in Reading could be improved?

- More availability for clubs outside of working hours. Fewer waiting lists.

- More clubs in Reading for children with complex needs covering all age groups.

- Better communication for what is available, who is eligible and how to get an assessment.

- More input from families on chosen service providers.

- It is currently very difficult to find a good PA and assessments are heavily delayed.

What topics would you be most keen to see covered in a Direct Payments introduction?

- How to apply, timeframes for assessment, who is eligible and how to make the most of it.

- Genuine examples of how the process works in practice.

- Does this process demonstrate value for money? If so, how? What is included?

- PA recruitment problems, quality monitoring and paperwork/admin support.

What kind of issues would you like support with when using information and advice services?

- Out of school information, suitable activities and events, care options, how to access/apply.

- Good knowledge of multi-disability challenges with meaningful signposting/advice.

- What is available for families? Equipment, therapy, crisis management, Direct Payments, etc.

Do you have any additional comments you would like to make? It would be useful for Reading Borough Council if you use this box to tell us about your child's Special educational need/disability. Doing this will help us develop and shape services in the future.

- Very difficult to access Short Breaks that understand a number of needs including non-verbal, GDD, significant learning difficulties, sensory difficulties, anxiety, personal care, depression, rarely recognised forms of autism, etc.

- Establishing trust is very difficult in this area.

- The wait time for an assessment from the CYPDT is too long and staff engagement with families can seem minimal. Families want RBC to invest in this team as they are concerned of capacity for assessments.

- Charities will not supply Short Break services without guaranteed funding to cover costs.

- The Short Break needs of the whole family must be considered. Time off to recharge, meeting needs of other siblings, etc.

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

TO:	**ADULT CHILDREN AND EDUCATION COMMITTEE**
DATE:	**13 DECEMBER 2016**　　　**AGENDA ITEM:**　**14**
TITLE:	**CHILDREN'S SERVICES LEARNING AND IMPROVEMENT PLAN PROGRESS UPDATE**
LEAD COUNCILLOR:	**CLLR J. GAVIN**　　**PORTFOLIO:**　Children Services and Families
SERVICE:	**DIRECTORATE OF CHILDREN, EDUCATION & EARLY HELP SERVICES**　　**WARDS:**　**BOROUGHWIDE**
LEAD OFFICER:	**KELLY SWAFFIELD**　　**TEL:**　**01189 373153**
JOB TITLE:	**HEAD OF TRANSFORMATION AND IMPROVEMENT**　　**E-MAIL:**　kelly.swaffield@reading.gov.uk

1. **PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY**

1.1 The purpose of this report is to update on the progress being made in implementing the Council's Improvement Plan, following the June 2016 Inspection of Reading Borough Council services for children in need of help and protection, children looked after and care leavers.

1.2 The Ofsted monitoring framework requires local authorities judged to be inadequate to provide a written statement of action (Action Plan) to the Secretary of State and HMCI within 70 working days from the local authority receiving their inspection report.

1.3 The Council's Children's Services Learning and Improvement Plan was approved at Full Council on 18 October 2016, and endorsed by the independently chaired Children's Services Improvement Board (CSIB) on 10 November 2016.

1.4 The RAG rating and progress summary was updated at the beginning of November to reflect the progress made to date, and submitted to the Secretary of State and Her Majesty's Chief Inspector on 10 November 2016. The Plan has been shared with the DfE appointed Commissioner, Mr. Nick Whitfield.

1. POLICY CONTEXT

3.1 Ofsted's Inspection findings (report dated 5 August 2016) identified that safeguarding needs of children were not addressed through consistent and prompt enquiry. The impact on children being that they are left in situations of unknown risk. Inspectors found children in situations where they had not been seen by social workers and those in situations where their risks were not understood and acted upon with sufficient urgency.

3.2 Reading's Learning and Improvement Plan is structured around three key pillars of reform (People and Leadership; Practice and Systems; Governance and Accountability), that incorporates the 18 recommendations for improvement set out by Ofsted in its inspection of children in need of help and protection, children looked after and care leavers in June 2016.

3.3 Ofsted will make quarterly monitoring visits to Reading Borough Council. The first Monitoring Visit was undertaken by Ofsted on 31 October and 1 November 2016. The Council has received the first report (not published by Ofsted), which reflects that early progress in being made by the Council in improving services for its children and young people in need of help and protection. There were no cases seen where children were judged to have been at immediate risk of harm.

4. CURRENT POSITION

4.1 The Improvement plan is structured around 3 key pillars of reform with 18 cascading outcomes, consisting of 60 actions. Each action was RAG rated in the initial stages of developing the plan (September 2016) and is reviewed monthly by the Children's Directorate Management Team (DMT) and the Corporate Management Team (CMT). Progress and any proposed changes to the RAG status is scrutinised and approved by the independently chaired Children's Services Improvement Board (CSIB). Table 1 (appendix 1) provides an overview of the RAG rating against the plan.

4.2 Progress continues to be made against the majority of the actions within the plan, with the overall direction of travel (RAG status) presenting an improvement since the previous month. A total of 3 actions have been RAG rated DARK GREEN, these remain within the plan for 6 months and continue to be monitored by the CSIB to ensure that improvement is sustained. A total of

38 actions are RAG rated LIGHT GREEN, these are in progress and on track for completion by the agreed date.

4.3 There are 4 actions that have been RAG rated RED as at 1 November 2016:

4.3.1 (Action 1.1) The creation of an effective and affordable children's services structure; The new SW service model was implemented on 22/08/2016 and early feedback from Ofsted during the monitoring visit (31st October 2016) is that it is already beginning to have a positive impact on reducing caseloads, and improving the effectiveness in relation to the timeliness of management oversight, and meeting statutory timescales. Work has been undertaken to build a new financial model for Children's Social Care which will reflect the need for an increased number of social workers, this has yet to be approved through the normal budget setting process. **This action continues to be RAG rated RED due to the current gap in base budget funding for 17/18 and beyond.**

4.3.2. (Action 7.4) Implement effective performance management mechanisms to ensure that data and information is timely and used to inform practice; Interim agency capacity is now in place to support the business critical data extract and reporting tasks, progress is impacted by the Mosaic system issues. A long term solution is required to respond to the capacity and current skills gaps that exist within the service. **This action continues to be RAG rated RED due to the current gap in base budget (performance team) funding for 17/18 and beyond, and the impact of Mosaic system issues.**

4.3.3 (Action 5.4) Implement restorative practice into the pathways plans and family group conferencing; To implement a restorative practice approach throughout the Directorate and its partner agencies will have a significant cost implication, including training which will need to be factored into the service budget for 17/18 and beyond. **This action continues to be RAG rated RED due to the current gap in base budget funding for 17/18 and beyond. The timescale for delivery may need to be reviewed and re-prioritised.**

4.3.4 (Action 12.5) Increase the permanent establishment of the IRO service to reduce caseloads and ensure IROs are able to effectively fulfil their QA responsibilities including undertaking mid-way audits; progress has been made with the appointment of an interim IRO in September 2016, which has reduced caseloads on a short term basis. **This action continues to be RAG rated RED due to the current gap in base budget funding for 17/18 and beyond to increase the permanent staffing establishment (that reflect the national levels and IRO handbook).**

4.4 There are 15 actions that have been RAG rated AMBER as at 1 November:

4.4.1 (Action 1.2) Implement a workforce strategy to improve the recruitment, induction, and retention of social workers; The permanent recruitment process continues with 51fte social work posts (inc. managers) still vacant as at 1 November. This assumes the full 16fte being processed pass validation and start at RBC. As at 1 November 49% of social work posts were permanently filled and 26% of SW Team Manager posts and above were permanently filled.

This action continues to be RAG rated AMBER due to the proportion of SW posts that remain vacant as at the beginning on November 2016.

4.4.2 (Action 1.4) Complete a skills audit across the workforce to determine the current levels of professional competence, and inform the design of the learning and development offer; In order to ensure that this action is completed and delivered in the most economical way, the skills audit will be delayed until Spring 2017 when it is anticipated the fuller complement of permanent social workers will be in place. Any identified un-met need will be responded to within the 17/18 training year. This action has been revised to an Amber RAG rating due to the planned delay in completing the action when a fuller complement of permanent staff are in place.

4.4.3 (Action 1.6) To deliver a leadership and development programme for all managers (team managers and above) through the Virtual Staff College; The first phase of managers to complete the leadership and development programme has been completed. A second phase will be required following the permanent recruitment of SW managers. This action continues to be RAG rated AMBER, due to the delay in establishing and training a permanent complement of SW Managers.

4.4.4 (Action 7.2) Determine manageable caseloads for social workers, so that they can respond appropriately and in a timely manner to the needs of children and young people; Intensive work has been undertaken over the last 3 months to strengthen the MASH arrangements and appropriately step down cases that no longer meet tier 3 thresholds to Early Help. This has resulted in stepping down 131 cases to Early Help Services (approx. 6 SWs caseloads) from August to end October 2016, reducing the original requirement of an additional 15 SWs to 7 SWs (based on current demand) to achieve safe and appropriate caseloads across the system (18 to 22). This continues to be RAG rated AMBER due to the permanent staffing establishment issues set out in action 1.2 and 1.3 above; which includes base budget funding implications for a permanent and fully funded establishment.

4.4.5 (Action 7.5) Mosaic system to be reviewed to ensure that the recording tools to support the accurate and timely recording of management oversight and supervision are fit for purpose, and are used consistently across the service; and (Action 2.1) Review the workflow on Mosaic to ensure that the casework system meets the recording needs of assessment, strategy discussion, and section 47 investigations (including a structured recording template for minutes); and (Action 17.4) Improve the business process and recording tool on Mosaic for pathway plans, ensuring that they reflect the needs and aspirations of young people, which involves them in the planning process; Progress in improving functionality and data quality in the Mosaic system remains limited. A paper is being presented to the December Mosaic Programme Board setting out a proposed long-term solution for application support. These actions continue to be RAG rated AMBER due to the limited progress, and awaited confirmation of 'Business as Usual' functions for Mosaic database administration and system development to meet the business needs.

4.4.6 (Action 6.2) Ensure that children and young people are seen regularly, in line with agreed timescales, and that their views, wishes and feelings are recorded and used to inform assessments, care planning and reviews; There has been progress since the inspection and an improvement in the timeliness of children being seen. Performance at 1 November 2016 across the 4 Safeguarding Teams for CP visits within timescale was 98%, 81%, 77%, and 62%. This continues to be RAG rated Amber given the current higher caseloads than the statistical neighbours and performance not yet at target level (100%).

4.4.7 (Action 10.1) Revise the CSE screening tool and provide training to frontline staff to embed its consistent use; ensuring through SEMRAC that the CSE profile of Reading recognises the full spectrum of risk;
The CSE Screening tool has been revised. A refreshed training pathway with differing levels of training provision has been agreed and ongoing training to RBC frontline staff continues this financial year. Audit activity is being completed in December 2016, led by the CSE co-ordinator, findings will be reported to the LSCB QA sub group and main Board in January 2017.This action continues to be RAG rated Amber due to the awaited funding confirmation for the CSE co-ordinator post from LSCB for 17/18.

4.4.8 (Action 12.6) Complete 'Project 50' which will review arrangements for all children who are looked-after under voluntary care arrangements (S20) to ensure the most appropriate destination; Progress is being made against this action, however this continues to be RAG rated Amber due to the limitations and delay in pace set out in action 14.1 and 14.2 below; which focuses on effectively stimulating and managing the LAC placement market.

4.4.9 (Action 14.1) Update the Placement Sufficiency and Commissioning Strategy (based on a strategic needs assessment) to ensure the local authority has sufficient breadth and quality of placements to meet the needs of children looked-after; A proposal to develop an Access to Resource Team has been put forward to CMT and on to Budget-Sub and is awaiting approval. A new Placement Officer for Children's Services has been appointed from within Adult Services. This action has been revised to Amber (from Red) based on the allocation of one placement officer and on the balance of the CMT decision regarding the creation of single Access to Resource Team.

4.4.10 (Action14.2) Implement improved commissioning arrangements to secure a broader range of housing options for care leavers, and further embed the Staying Put Policy across Reading; As above This continues to be RAG rated Amber due to the limitations set out in action 14.1.

4.4.11 (Action 14.3) Support the Children in Care Council (Your Destiny Your Choice) to develop their role so they are able to engage, support, and represent the views of all children and young people who are looked-after in line with Every Child Matters outcomes;
and (Action 15.1) Deliver a development programme to support the Children in Care Council to promote its purpose; review its terms of reference; create an annual programme of activity;

and (Action 15.2) Revise the participation and engagement strategy for children and young people, with a focused forward plan for continuous improvement, to include a review of advocacy arrangements;
the Participation Officer and the Service Manager Specialist Youth are both leaving RBC at the end of December and the resulting reduction in capacity will impact on timeliness. The RAG ratings on these actions have been revised to Amber as there is likely to be a delay on meeting the timescale.

Other Options Considered

4.5   There are no other options being considered at this stage. The Council is required to undertake these actions under central government direction.

5   CONTRIBUTION TO STRATEGIC AIMS

5.1 This report is in line with the overall direction of the Council by meeting 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.

6   COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The Ofsted Inspection Report is a public document and is widely available to provide the community with the judgement of Reading's Children's Services.

6.2 The second and subsequent quarterly Ofsted Monitoring Visits will be published and as such will be public documents that will be available to provide the community with an update on the progress child.

6.3 The community have not been engaged in the preparation of the immediate improvement response to the Ofsted report publication. However, the improvement plan will be implemented in conjunction with partners, particularly Thames Valley Police, the Clinical Commissioning Group, Berkshire Health Care Foundation Trust, Royal Berkshire Hospital and Public Health, Schools and The Foster Care network.

6.4 Particular attention will be paid to the voice of the child which will be represented through the improvement journey outlined in the improvement plan. Work has already been started to strengthen the role of the independent Reviewing Officers, and to strengthen the Children in Care Council.

7   EQUALITY IMPACT ASSESSMENT

7.1 An Impact Assessment is not relevant to the preparation of this report.

8 LEGAL IMPLICATIONS

8.1 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's Act 2004 to address the quality of services and to safeguard and promote the welfare of children.

9 FINANCIAL IMPLICATIONS

9.1 Most of the resources associated with the actions identified in the plan are identified in the plan. The Council is currently working under significant financial constraints (as have been outlined to Policy Committee), so as far as practical the action plan will need to be resourced within already approved resources during 2016/17.

9.2 Formally the Council's budget for 2017/18 is set in February 2017, and at that stage the council will need to prioritise the resources necessary to deliver this plan in that year within the context of its budget as a whole. It is anticipated that the budget proposal for DCEEH will include the resources indicated in this plan.

10 BACKGROUND PAPERS

Inspection of services for children in need of help and protection, children looked after and care leavers review of the effectiveness of the local safeguarding board.
https://reports.ofsted.gov.uk/local-authorities/reading

Monitoring local authority children's services judged inadequate.
https://www.gov.uk/government/publications/monitoring-local-authority-childrens-services-judged-inadequate-guidance-for-inspectors

Putting Children First: Delivering Our Vision for Excellent Children's Social Care
https://www.gov.uk/government/publications/putting-children-first-our-vision-for-childrens-social-care

Improvement Plan
http://www.reading.gov.uk/media/6028/item07/pdf/item07.pdf

Table 1: Improvement Plan RAG Rating

Initial RAG-rating September 2016		Previous Month October 2016		Current Month 1 November 2016	
RED	5	RED	5	RED	4
AMBER	15	AMBER	15	AMBER	15
LIGHT GREEN	40	LIGHT GREEN	40	LIGHT GREEN	38
DARK GREEN	0	DARK GREEN	0	DARK GREEN	3
COMPLETED	0	COMPLETED	0	COMPLETED	0
TOTAL	60	TOTAL	60	TOTAL	60

RED	Action not yet started/significant delay in implementation/delay due to resource availability. The action must be prioritised to bring it back on track to deliver improvement.
AMBER	Action started but there is some delay in implementation. The action must be monitored to ensure the required improvement is delivered.
LIGHT GREEN	Action is on track to be completed by the agreed date. Evidence is required to show that the improvement has been sustained.
DARK GREEN	Action completed and there is evidence that the improvement required has been made. The action remains in the plan for monitoring.
COMPLETED	Action completed and there is evidence that the improvement has been sustained. Approved by CSIB Chair to be removed from the plan.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 15
TITLE:	READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT
LEAD COUNCILLOR:	CLLR JAN GAVIN PORTFOLIO: CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES WARDS: BOROUGHWIDE
LEAD OFFICER:	ESTHER BLAKE TEL: X73269
JOB TITLE:	BUSINESS MANAGER FOR READING LSCB AND CHILDREN'S TRUST PARTNERSHIP E-MAIL: esther.blake@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Reading Local Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they do (Working Together To Safeguard Children 2015).

1.2 This Annual Report is being presented to the Adult Social Care, Children's Services and Education Committee to ensure members are informed about the achievements of the LSCB for the 2015/2016 financial year. The Annual Report has a wide distribution and is sent to key stakeholders and partners so that they can be informed about the work and use the information in planning within their own organisations to keep children and young people safe.

2. RECOMMENDED ACTION

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

3. POLICY CONTEXT

3.1 As required by Working Together 2015, the LSCB Chair is required to publish an annual report on the effectiveness of child safeguarding and promoting welfare of children in Reading.

3.2 In line with this statutory guidance the report is presented to the Adult Social Care, Children's Services and Education Committee for information. It will also be presented to the Children's Trust Board and the Health and Wellbeing Board in January 2017.

4.   THE PROPOSAL

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

4.2   This report focusses on the achievements and ongoing challenges for the LSCB and partners specifically against our priorities.   The priorities for the 2015/16 year were:

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

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

4.4   The annual report in previous years has focused on work being carried out individually by LSCB partners, however it is positive that this year the content reflects more widely the work undertaken in partnership.

4.4   In summary, key LSCB achievements for 2015/16 are listed below under the priority headings. Also listed are the ongoing concerns which the LSCB will continue to challenge in 2016/17, all of which are included within the LSCB Improvement and Development Plan for 2017.

4.5   **Priority - Domestic Abuse**
Achievements:
- LSCB input and endorsement of the Domestic Abuse Strategy 2015-18, managed through the Domestic Abuse Strategy Group (sub group of the Community Safety Partnership).
- Continued support for the Family Choices Programme for families affected by domestic abuse.
- Support, through Public Health, for the IRIS project to support and training GP practices in how to identify domestic abuse and make referrals.
- Domestic Abuse Challenge session identified key areas of progress required in 2016/17.

Ongoing Challenges:
- A consistent and comprehensive approach to deliver information and support to schools needs to be further developed.
- Establish a system which allows schools to receive domestic abuse notifications.

4.6   **Priority - Strengthening the Child's Journey and Voice**
Achievements:
- The Youth Cabinet carried out a domestic abuse survey which was presented to the Board and recommendations discussed and agreed.
- Emotional Health and Wellbeing was identified as a key issue by children and young people and is a key priority for 2016/17.

- LSCB has continued to fund the MoMo app which provides young people an easy way to get in touch with Children's Social Care. Up to April 2016 46 submissions had been made.

Ongoing Challenges:
- To better include the direct voice of young people at our Board meetings.
- A review of the MoMo app is required to ensure it is value for money and effective.

4.7   **Priority - CSE and other Particularly Vulnerable Groups**
Achievements:
- A clear multi-agency LSCB CSE strategy is in place with a live action plan.
- The CSE toolkit and screening tool was rolled out in June 2015 attended by 100 practitioners and managers from across the partnership.
- The LSCB funded productions of Chelsea's Choice in all Reading secondary schools reaching approximately 2000 pupils.
- CSE training continues to be offered to LSCB partners at universal, targeted and specialist levels, with attendees reporting that their knowledge has either significantly or very significantly improved.
- 7,000 CSE Safeguarding Business Cards, produced and funded through the LSCB have been distributed across the partnership.
- There has been increased referrals to SEMRAC (Sexual Exploitation and Missing Risk Assessment Conference) as professional knowledge of CSE indicators increases.
- Improved notification and recording of missing children information and the creation of a dedicated Missing Children Coordinator since January 2016 has enabled better reporting and understanding of the issues and better inter-agency sharing of information.
- The number of successful missing children interviews has been steadily increasing, and issues identified through these meetings have been reported to Children's Social Care. However the timeliness of these interviews needs to increase.
- An LSCB task and finish group was established to gain a better understanding of the risk of Female Genital Mutilation in Reading, establish the processes already in place and what improvements are required. An action plan and strategy were written, which led to reviewing and improving training opportunities for front line practitioners, production of a clear risk assessment tool with identified pathways for all front line staff to follow.

Ongoing Challenges:
- Further training on CSE is required for schools and the voluntary sector to improve knowledge of indicators and pathways.
- A revised CSE risk assessment tool needs to be rolled out and embedded.
- The timeliness of missing children interviews needs to improve to ensure vital information can be captured as soon as possible after the child/young person returns home.
- The FGM guidance and tool kit needs to be embedded in front line practice, with available training opportunities.

4.8   **Priority - Neglect**
Achievements:
- The LSCB produced a Neglect Protocol with clear recommendations for all partners.
- Information from the LSCB regarding neglect was produced and disseminated, this included:

- o the production of a booklet that identified signs, symptoms and effects of neglect
- o introduction of a 'neglect' page on the LSCB website
- o training template written to help practitioners understand, identify and respond to neglect
- o neglect briefing session delivered to school designated safeguarding leads.
- The Thresholds document was significantly reviewed and revised in late 2015, with new posters and guidance booklets distributed to all partners. Over 350 front line staff attended launch workshops, and threshold information is now a key part of universal safeguarding training.

Ongoing Challenges:
- The LSCB recognised that there had been a lack of progress in this priority area and as a result task and finish group has been set up for 2016/17 to push this work forward. This group has written a strategy and action plan.
- The regular review of thresholds needs to target key areas of the partnership where inappropriate or no referrals are being made.

4.9 **Priority - Effectiveness and Impact of Reading LSCB**
Achievements:
- A risk and concern log has been established and embedded which is reviewed at each Board meeting to ensure any concerns are kept live until resolved.
- Boards meetings reflect greater challenge and Board members feel more confident in expressing views and holding partner agencies to account.
- LSCB Sub Groups have been restructured to ensure a local focus on quality assurance and performance. Performance data and auditing outcomes are expected and presented at every Board meeting.
- The LSCB training offer has been discussed at Board level to ensure all Board members had oversight of this vital element of the LSCB.
- Reading LSCB has funded Reading Children and Voluntary Youth Services (RCVYS) to provide a range of safeguarding training courses directly to the voluntary sector. In 2015/16 64 different organisations attended training courses which includes universal safeguarding training, managing safeguarding within your organisation, trustee's awareness training and train the trainer training for voluntary sector early years providers.
- LSCB communications has improved with:
  - o a revised website with dedicated pages to key safeguarding priorities
  - o 'Safeguarding is Everyone's Business' video created and disseminated to partners
  - o CSE Safeguarding business cards and threshold documentation disseminated to front line practitioners
  - o regular newsletters and weekly information bulletins are produced and sent out for dissemination via the Board.

Ongoing Challenges:
- Further strengthen the governance of the LSCB and its sub groups to ensure better communication with the Board and members.
- Continue to strengthen the auditing and performance review function to ensure the Board can hear and discuss the learning/issues raised.
- Ensure the LSCB Training offer within Reading has a more specific focus on the needs of the Reading workforce.
- Further communication and awareness raising is targeted, such as thresholds information to those practitioner groups that currently make inappropriate or no referrals.

- Learning from audits and reviews are better disseminated to front line practitioners to support improvements in practice.

4.10 The Annual Report relates specifically to the 2015/16 year, however there have been a number of developments since March. These include:
- FGM resource pack (including guidance, risk assessment tool and pathways) was successfully launched to 100 staff from across the partnership.
- A range of factsheets on topics such as FGM, thresholds, Prevent and Private Fostering have been produced and can be found on the website.
- School Designated Safeguarding Leads have been running through out 2016 and are routinely attended by up to 40 school colleagues. These focus on specific topics identified by attendees but also provide an opportunity to disseminate safeguarding information direct to schools.
- The Thresholds document has been reviewed by partners and updated in line with current key priority areas such as CSE, FGM and neglect. Updated guidance, posters have been produced and disseminated, along with a new 'top tips for making safeguarding decisions' sheet and thresholds business cards.
- A Safer Recruitment e-learning package has been created in Reading and shared with partners across the west of Berkshire. An FGM e-learning package to support practitioners in understanding the pathways and completing the risk assessment tool is currently being produced.
- New induction packs have been created and distributed to all Board members, plus to sub-groups, to support new members of the LSCB understand their roles and responsibilities. Board members have also signed the revised member compact and agreed a revised Learning and Improvement Framework.
- CSE Training has been revised to include practical application of CSE tools. CSE short courses have been developed and CSE champions trained to deliver these in schools and to the VCS.
- Processes and forms in relation to missing children have been revised to enable the collection of better information in a more timely way.
- Neglect strategy and action plan written and progress is being made, for example guidance on completing chronologies is being produced and training options are being explored.
- A range of training opportunities are being progressed to compliment the traditional LSCB safeguarding programme, such as LSCB Forums which will be short two hour sessions.
- A twitter account was launched in April, currently with 226 followers.

4.11 Ofsted Inspection May/June 2016 – Ofsted agreed that progress had been made within the 2015/16 year citing 'positive change' and that 'the challenge and concern log facilitates active challenge, and has led to practice improvements'. Ofsted graded the LSCB as 'Requires Improvement' and made five recommendations which have been clearly included within the highlighted ongoing challenges for the Board. All challenges are included as part of the LSCB Improvement and Development Plan for 2017.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The work of the LSCB aligns with the Council strategic aim of Narrowing the Gap and two of its service priorities:
 – Safeguarding and protecting those that are most vulnerable and;
 – Providing the best life through education, early help and healthy living.

6. COMMUNITY ENGAGEMENT AND INFORMATION

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

7. EQUALITY IMPACT ASSESSMENT

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

8. LEGAL IMPLICATIONS

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

9. FINANCIAL IMPLICATIONS

9.1 None

10. BACKGROUND PAPERS

- Reading LSCB Annual Report 2015/16

Reading Local Safeguarding Children Board

Annual Report 2015-2016

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Forward

Welcome to the 2015/16 Annual Report for Reading Local Safeguarding Children Board. I am very pleased to present the achievements of the Board over the past year in relation to its key statutory duties and the Board's priority themes, agreed in consultation with children and young people and with agency partners on the basis of learning from outcome data, multi-agency audits and from reviews of children's cases. The report also sets out the remaining challenges we face and work we need to do together to deliver fully on our agreed priorities. I am committed to working with partners to further increase the pace of change and deliver better outcomes for children, young people and their families, over the next year.

I hope you will agree that the report shows that the Safeguarding Board is in a very different place than it was this time last year. Strong progress has been made to get basic systems, processes and governance arrangements in place including more robust quality and performance information to enable partners to more effectively challenge and support each other in the collective interest of safeguarding Reading children. I am pleased also at the progress that has been made to involve children and young people in the work of the Board and to contribute their thinking on priorities. Examples include the children and young people's annual report and the consultations undertaken by the Youth Cabinet, in particular their targeted work on children's mental health services and promotion of emotional health and well-being. I would also highlight the much stronger engagement now with schools in the work of the Board and the contribution they are now making to keep children safe and to support those pupils who are vulnerable or have more complex needs.

The Ofsted Inspection of Reading in June 2016 confirmed the Board's own assessment of 'Requiring Improvement' but making progress toward meeting the requirements of a Good Rating. This report shows evidence of some strong improvements in agency practice and some improved outcomes for children and young people. These include the notable increase in referrals to Early Help services and the further development of early support services. This has resulted in a higher proportion of children and families receiving a support service with some good outcomes for those families reported. This is reflected in the relatively low proportion being referred back into Children's Social Care. We will work across the partnership to extend the reach of these services further during 2016/17, resolving problems at an earlier stage and reducing the need for more formal interventions involving safeguarding and looked after children's services.

I would like to say a big thank you to all the agency partners represented on the Board, for their hard work and joint ownership of the challenges and opportunities we face. Also to the LSCB Sub-Group Chairs, Esther Blake and Donna Gray in the Reading LSCB team who, with Gary Campbell and other senior managers, have given their all to support and drive the Board's improvement.

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

Reading is a vibrant multi-cultural town: the second most ethnically diverse in the South East outside London. Reading is home to approximately 35,850 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).

What are the needs? (Figures as at 31st March 2016)

Approx. 24%children in Reading live in poverty

184 children and young people are living with their families in B&B

253 children and young people subject to Child Protection Plan (March 2016)

220 Looked After Children

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

589 identified Young Carers

52% of school population belongs to an ethnic group other than White British (29% in England overall)

259 families were receiving a Health Visiting Service at Universal Partnership Plus Level (Q3)

100 Young Offenders

27 Looked After Children and Young People have a disability (March 16)

66 Teenage Conceptions (2014). (rate per 1000 15-17 year olds = 26.9, England average in 2013= 24.5)

34 Looked after Children from other LA areas living in Reading (Jan 2016)

Of the 43 children reported missing in March 2016, 40 received a Return Interview, 24 within 72 hours of CSC being notified

124 Number of identified vulnerable mothers worked with by midwifery (Dec 2015 annual figure)

12 young people identified at risk of Child Sexual Exploitation (figure for

During 2015 there were 97 children referred to Tier 3 mental health services. 10 Looked after Children and 29 Young People Subject to a protection plan were accessing CAMHS (Q3)

26.7% of Police Domestic Violence notifications sent to MASH lead to a referral (March 2016)

67% of families subject to a CP, CAF or CIN Plan are using Children's Centre services

60% of Looked after Children are in stable placements

Proportion of children entitled to free school meals: Primary 15.3% (National average 15.6%)

3 known Privately Fostered Children

The proportion of children and young people with English as an additional language:
Primary 35% (National average 19.4%)
Secondary 26% (National average 15.0%)

177 referrals to Children's Social Care from the Royal Berkshire Hospital Emergency Department, 131 of them being for self harm (Q4, West of Berks)

534 missing episodes were reported to Children's Social Care for 394 individual young people in 2015/16

32 (19%) of cases referred to the Multi-Agency Risk Assessment Conference (MARAC) are repeat cases

49% of Looked after Children are placed more than 20 miles away from their home address

55.3% of 253 children and young people have a child protection plan for neglect

4

Early Help:

There is 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. 11165 children have used the Children's Centres which is 90% of 0-5 population.

Early Help Referrals and the number of Common Assessments (CAF) completed have increased in 2015/16 compared to the previous year. Schools, Children's Centres, Early Help and Children's Social Care continue to be the main sources of requests for help. 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.
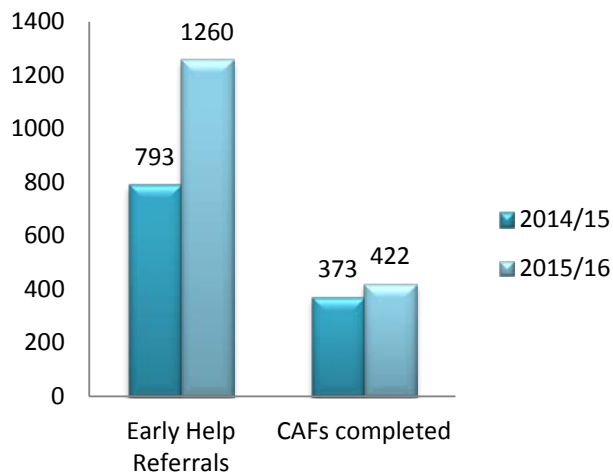
Cases are 'stepped up' to children's social work services where required, with all 'step up' referrals submitted through the Multi Agency Safeguarding Hub (MASH) to ensure a greater consistency of thresholds. 339 cases have been 'stepped down' to the Children's Action Teams (year to date March 2016) from the MASH, A&A or Area teams. 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.

A revised Early Help pathway was implemented in early 2016 meaning that referrals for all early help services come through 'one front door', using a web based contact form. Once submitted to the Early Help Hub decisions are made as to what support is to be offered, building upon the already established multi-agency meeting.

The Children's Action Teams (CATs) are multi-professional teams that link into existing local resources to provide holistic family support, early intervention and prevention services for children 0 to 19 year old and their families. 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. 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.

83% of referrals to Early Help access a service or intervention depending on the presenting need. As at March 2016, only 7% of closed CAT cases were referred back to social care within 3 months of closure.

5

The MASH team provides the 'front door' or entry point to Children's Social Care. Between 1st April 2015 and 31st March 2016 there was an increasing number of both contacts and referrals - 3096 referrals were accepted and 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. This is almost a two-fold increase requiring a qualified social work intervention.

This was an average of 258 referrals a month. This has grown steadily during the year peaking in March 2016 at 422 referrals for that month. This volume of referral resulted in a rate per 10,000 of 885.9 for Reading with Statistical neighbours at 704.5 and England at 548.3 for 2014/15.
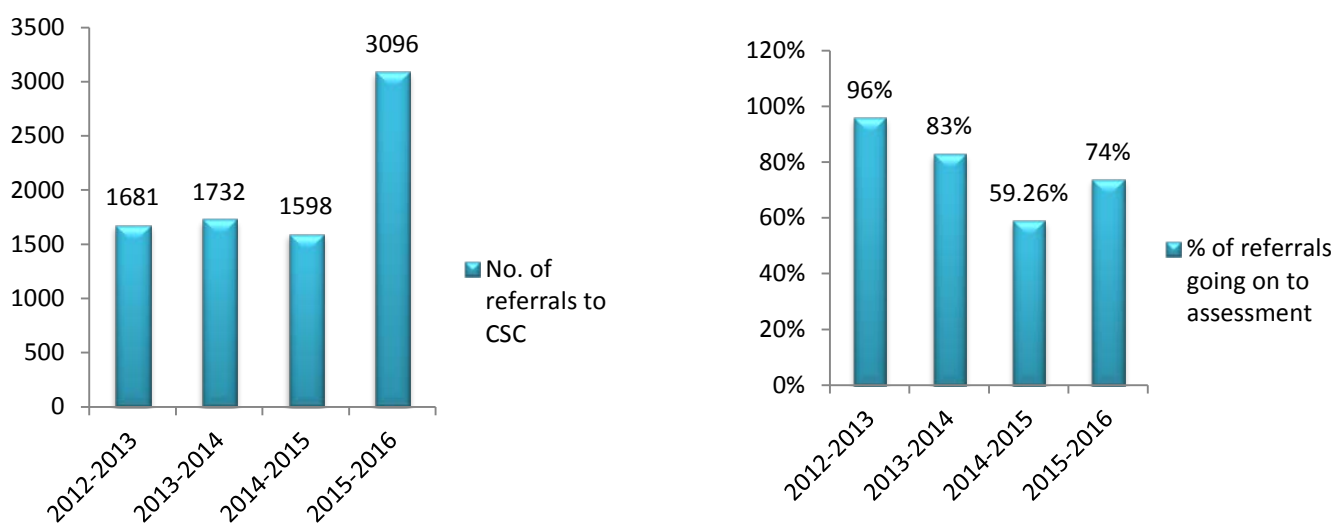
The majority of referrals originated from the Police 33.4% (1035 during 2015-16) with schools being the second highest referrer at 19.22% or 595 for the same period. This also highlights a significant increase in referrals from schools year to date and positively reflects the work undertaken by schools to identify children in need or those who may be at risk of significant harm.

Domestic Abuse has remained the highest reason for referral (629 or 20.3% of referrals). Members of Thames Valley Police are now co located with social work staff in the MASH and all domestic abuse contacts are rigorously screened. Referrals concerning physical abuse (13.57%) and Neglect (9.46%) also remain highly represented.

Section 47 enquiries (undertaken where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm) have increased with 945 enquiries in 2015-16 (rate 272.3 per 10,000 population), an increase from 579 (rate of 161.5 per 10,000) 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).

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

6
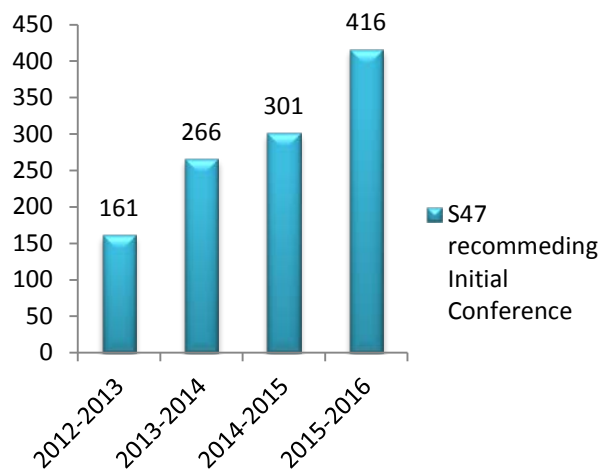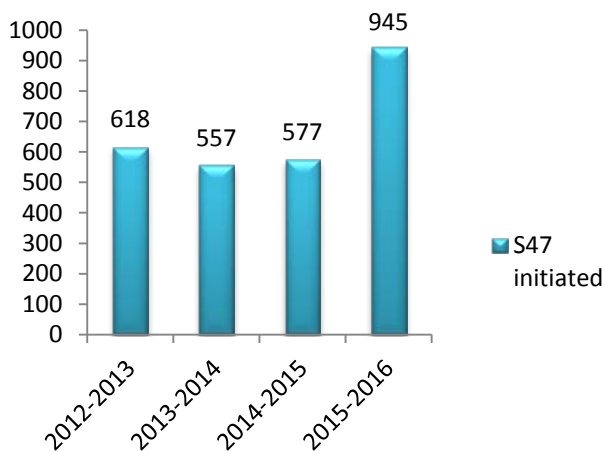
The total number of child protection plans and current breakdown of plans as of 31st March 2016 are:

Catergory	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
Total	93	165	258

As at March 2016, there were 616 children categorised as In Need (rate per 10,000 child population including CP and LAC is 177.5; Statistical Neighbours is 343.8 for 2014/15). At the end of March 2016 58% of our children had CIN plans, but the figure is increasing.

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

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.
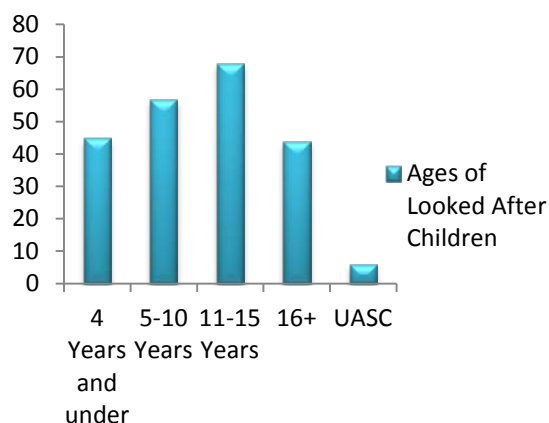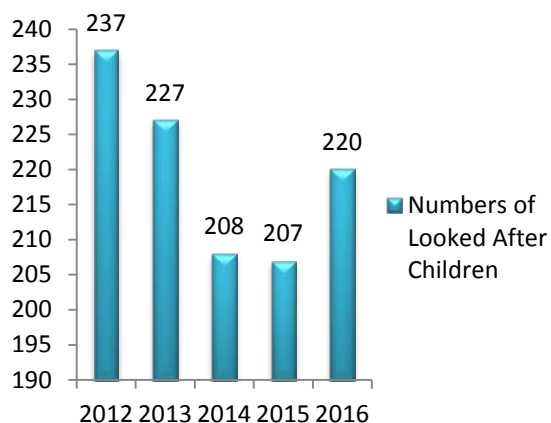
The lack of local placements in the Reading Borough Council area means that 34.5% of our Looked after Children are placed more than 20 miles away from their home address. While this may be for a positive reason (such as children in adoptive placements or in specialist residential settings) this overall percentage figure must be reduced to retain stability in education provision, receive local health services and remain in contact with their family and community when safe to do so.
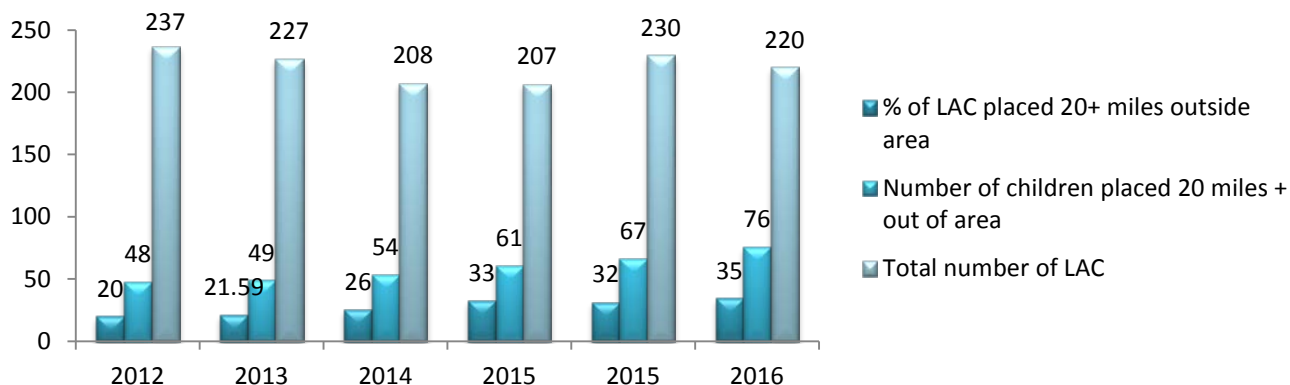
Since April 2015 there have been 25 adoptions, 23 children became subject of special guardianship orders, 8 children became subject to Child Arrangements Orders and 133 children ceased to be looked after.

At the end of March 2016 there were 103 young people entitled to services under the Children Leaving Care Act 2000 aged 17-21. 80% had a Pathway Plan which is a significant increase on 27% in April 2015. 39.8% were not in suitable employment, education or training which is slightly higher than the latest Statistical Neighbour benchmark of 39.0%.

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%.

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.

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

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. Our current membership is listed in appendix 4, page 50.

Partners in the Board financially contribute specifically to the LSCB to enable it to operate and undertake work against the priorities. Information relating to financial contributions can be found in appendix 5, page 52. Some further work is needed to increase both the overall level of funding to the Board and agency contributions to enable the Board to make progress against its priorities.

Reading LSCB meets up to six times per year for standard Board meetings, where evidence on the delivery of work streams against priorities by the sub-groups is considered; performance and audit information is reviewed and emerging issues discussed. The Board also convenes at least once a year for business planning sessions.

Business Planning:

Business planning sessions allow us to review our impact; recent performance data and audit evidence, to decide if our priorities remain relevant and set new priorities accordingly. In October 2014 board members agreed the priorities for the 2015/16 year which are reported on in this annual report. The business plan written for the year to reflect the agreed priorities has been reviewed regularly and in March 2016 the action plan was finalised. Of the 55 actions identified, 46 were completed and rated as green, with any outstanding actions transferred into the plan for the following year. Some of the completed actions include:

- Domestic Abuse Strategy launched
- CSE Strategy - toolkit and training pathway developed
- Review of thresholds – new guidance has been distributed
- Introduction of Early Help Hub
- Education task and finish group – the reinstated Designated School Safeguarding Leads meetings, has enabled better information dissemination from the Board to schools on key safeguarding messages.

In November 2015 the Board agreed the following priorities for the 2016/17 year. The revised Improvement and Development Plan sets out the actions identified to make progress against these priorities, a copy of which can be found on the Reading LSCB website (www.readinglscb.org.uk):

Priority 1. Children's Emotional Health and Wellbeing

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Priority 2. Strengthening the Child's Journey and Voice
Priority 3. Child Sexual Exploitation (CSE)
Priority 4. Neglect
Priority 5. Improving Cultural Confidence and Competence in our Workforce to Meet Children's Needs

Joint working:

Reading is one of six Unitary Authorities in Berkshire and the Board endeavours to work collaboratively with our neighbours to ensure a more joined up approach to safeguarding. This is particularly important where a number of agencies deliver services across a number of LSCB areas and in agreeing a common approach and response to specific safeguarding and child protection issues such as child sexual exploitation and female genital mutilation.

The six Berkshire LSCBs work closely together and many partners are represented on all six Boards. There are three sub-groups of the Board which operate across the whole of the county, and two which focus on the west of Berkshire. Sub groups for quality assurance and performance, and child sexual exploitation are Reading specific to maintain a local focus on current issues. Our LSCB Structure chart can be found in appendix 3, page 49.

LSCB Business Managers and Chairs from across Berkshire meet regularly to share and discuss specific issues; protocols and developments, along with examples of good practice.

Reading LSCB also works closely with a number of partnership boards in the area including the Health and Wellbeing Board, Reading Children's Trust and the Berkshire West Adult Safeguarding Board. A new joint protocol initiated by LSCB has been written to provide greater connectivity across the work of the Boards and clarification of lead and support roles and leadership for new areas. The protocol requires a minimum of one meeting a year of all partnership board chairs and this is facilitated by Reading Borough Council Managing Director.

Priority 1: Domestic Abuse

Using the national definition the number of Domestic Abuse related recorded and non-recorded crime in Reading remains comparatively high, 7.74 and 7.12 per 1,000 population respectively in 2015/16. This is higher than the average across the Thames Valley (4.77 and 5.94 per 1,000 population). Domestic abuse within a family can result in children being subject to a Child Protection Plan due to the physical and emotional impact as well as neglect. The Board has a key role in scrutinising the effectiveness of partner agencies responses to domestic abuse and advising on improvements that can be made in the co-ordination of or development of services to improve safeguarding of children and young people. Domestic Abuse is also a key priority for the Community Safety Partnership (CSP) and the partnership response to this issue has been progressed through the Domestic Abuse Strategy Group, a sub group of the CSP.

Domestic Abuse Strategy 2015-18

The new strategy was launched in 2015 following extensive consultation, with input from LSCB partners. It outlines key areas for the Domestic Abuse Strategy group to focus on and incudes a clear action plan.

Key themes relating to children and young people:
Priority 1 relates to improving information and education to children and young people about what healthy relationships look like and how to keep safe, with a particular focus on continuing to improve the level and quality of PSCHE education in schools.

Priority 2 relates to improving the early identification and interventions of services to domestic abuse by providing the right response the first time, and ensuring clear pathways into services such as Early Help and the Multi-Agency Safeguarding Hub (MASH).

What has been delivered:
- The Domestic Abuse Training sub-group was developed and set out a revised training programme to ensure effective and consistent training across the workforce.
- Successful re-launch of the Domestic Abuse forum.
- Supported by a MARAC improvement plan, and linked to the effective training programme, there has been a focus on increasing referrals to, and improving the effectiveness of the MARAC.
- Specific training for designated MARAC officers has been provided, supported by a standard operating procedure used across Berkshire.
- Introduction of the DARIM (Domestic Abuse Repeat Incident Meeting) which runs in parallel to the MARAC. The MARAC covers high risk cases, but DARIM supports those that have high levels of repeat incidents which in their own do not meet the MARAC threshold. It provides a multi-agency response for medium risk, high volume cases, creating action plans to prevent escalation, reduce risk and reduce impact on numerous services.

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- All safeguarding training includes a focus on domestic abuse. This includes the LSCB training and that offered by individual agencies. Partners are made aware that disclosures of domestic abuse involving children should lead to a discussion with Children's Social Care.

What is the evidence:
- 112 delegates have attended level 1 & 2 Domestic Abuse training in 2014/15. The programme to train 160 delegates is in place for 2016/17.
- Specific risk assessment (DASH) training has been delivered to 57 new starters in social care teams during early 2016.
- 5 well attended Domestic Abuse forums delivered in 2015/16 creating a network of 191 front line professionals.
- A significant increase in MARAC referrals (28%). In 2015/16 185 referrals were received - up from 144 in 14/15. This means the number of cases per 10,000 female population has increased from 22 to 29 and is converging on the national average (33).
- 41% of referrals were from partner agencies in 15/16, increasing from 27% in 2014/15.
- In Reading an individual is referred to DARIM if there are more than 6 reports to the police in the last 3 months. Circa 190 cases were discussed in 2015/16. This, and the DA activity as a whole, has a clear links with the Troubled Families programme in Reading and effective links across work programmes have been made both strategically and operationally.
- Circa 270 individuals have engaged in the 'Breaking the Cycle' course delivered by Berkshire Women's Aid (BWA) in 2015/16.
- 26 perpetrators have engaged with the Family Choices programme to address their abusive behaviour (holistic family support).

What has been the impact:
- The increase in referrals to MARAC has resulted in a corresponding increase in children discussed at the MARAC, raising from 188 in 2014/15 to 250 in 2015/16.
- 216 young people have been referred to support services (BWA young people programme) in 2015/16 (up 24% from previous year).
- 44 out of 64 (69%) of adults referred to the Family Choice programme engaged with the programme in 15/16.
- 19 cases of whole family engagement in the Family Choices programme in 2015/16.
- 90% of perpetrators that engage with Family Choices do not generate any subsequent referrals or notifications.

Family Choices Programme

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

What has been the impact:
Feedback from those attending the programme suggest that families find it helpful in a number of ways. Perpetrators have commented on how the work undertaken has had a positive impact on their behaviour, highlighting increases in respect for their partners, with understanding of how to control anger and alternative non abusive ways of behaving. Victims have found the support particularly

helpful in overcoming isolation through the opportunity to meet others with similar experiences. Learning how to identify signs and traits of Domestic Abuse has led to participants feeling more able to set appropriate boundaries within their relationship with their partner, and a subsequent improvement in relationships with their children.

As noted above, 44 out of 64 (69%) of adults referred to the Family Choice programme engaged with the programme in 15/16 and there were 19 cases of whole family engagement in the Family Choices programme in 2015/16. 90% of perpetrators that engage with Family Choices do not generate any subsequent referrals or notifications

IRIS Project

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

What has been the impact:
Following training, there were 60 referrals from GPs to domestic abuse support services in 2015/16 when previously there had been very few.

Learning from audits - MARAC Audit

Reading LSCB Quality Assurance Sub Group tasked agencies to establish how the Multi Agency Risk Assessment Conference (MARAC) process considers children, and contributes towards the safeguarding of children whose parents/carers have become involved in Domestic Abuse. The lessons learnt from this audit and improvements made were:
- Actions specifically relating to children discussed at MARAC will be recorded formally in the MARAC minutes available for all agencies to view on MODUS.
- Agencies named in carrying out the actions for children must complete their MODUS action plan by the agreed date.
- All agencies will consider risk to children (which may be different to the risk to adult) in the context of the child. This consideration will be recorded in the minutes and agencies will robustly challenge inappropriate risk assessment.

Domestic Abuse Challenge Session

Reading Local Safeguarding Children Board hosted a Domestic Abuse Challenge and Support Session to seek clarity and assurance around the work currently taking place in each agency to tackle Domestic Abuse. The session was an opportunity for agencies to share good practice and identify any changes required to enable professionals to work confidently with children and young people who experience Domestic Abuse. The key lines of enquiry were informed by the Domestic Abuse Strategy Action Plan, written by the Community Safety Partnership and included discussion on education for young people; effective support and training for the workforce; the referral process; sharing of domestic abuse notifications, and an understanding of the needs of our mixed population.

The session identified a range of areas where progress has been made but also identified a number of actions going forward. The Domestic Abuse Strategy Group have included these actions within their action plan, however there are two areas that require further input from Reading LSCB. These are in relation to schools regularly receiving domestic abuse notifications, and a review and improvement in the PSCHE offer to schools. These have been included in the Reading LSCB Improvement and Development Plan for 2015/2016.

Ongoing Challenge/Actions:
- Not enough progress has been made to ensure a consistent approach to the delivery of information and support to schools. Further work is required to progress this action, and the LSCB Improvement and Development Plan for 2016/17 has been updated to reflect this requirement.
- Domestic Abuse Notifications to schools – in neighbouring boroughs the schools regularly receive domestic abuse notifications. A similar notification system will be developed to ensure that Reading schools can also receive this vital information and put in place appropriate support for children and young people.

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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.

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

What has been delivered:
- The Youth Cabinet have presented their campaigns to the Board.
- The Youth Cabinet have been consulted regarding their engagement with the Board.
- The Quality Assurance and Performance Sub group have included the Childs Journey and Voice priority in their dataset and audit programme. It is also now a core standard in all multi-agency audits.
- Young person's version of the Annual Report 2014/15 was produced.

What is the evidence:
- The Youth Cabinet carried out the Domestic Abuse survey and the Member of Youth Parliament reported the survey finding to the LSCB at a Board meeting in 2015. The recommendations were discussed and agreed.
- Evidence from hearing the child's voice has been identified to come through the Quality Assurance and Performance sub group. This is also a standing item on Reading LSCB Board agendas and in multi-agency audits.
- Engagement of children and young people in their CP Conferences and reviews is regularly presented to the Board through performance data and from audits.
- The LSCB Independent Chair and Board Manager have attended Youth Cabinet meetings.
- The Member of Youth Parliament has contributed to the Reading LSCB Annual Report 2014/15.
- The Young Carers produced a young person's version of the Reading LSCB Annual Report 2014/15 – the video can be seen on the LSCB website. The video has been shared with partners, Children's Services staff events and the Health and Wellbeing Board.
- The Reading LSCB has funded the MoMo App for a further year (2016) to allow Looked After Children to feed back directly their experiences.
- The Youth Cabinet were consulted on their key priorities which have directly contributed to the priorities chosen by the Reading LSCB for 2016/17.

What has been the impact:
- The Board has been more focussed on the needs of children and young people and recognises the need for their direct influence on our work.
- Young people have made presentations to the Board and contributed to discussions.
- Young people have contributed to discussions about the LSCBs priorities and are directly contributing to work on some of these.
- Emotional Health and wellbeing identified as a key issue by children and young people and is now a key priority for the Board in 2016/17.
- In the last 18 months (up until end April 2016) the MoMo app has provided young people and easy way to get in touch with Children's Social Care - 46 submissions have been made, 14 of

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these have been about changing something, 17 preparing for a meeting, 16 to sort a problem, and 1 about a worker visit. Of these 46, 32 have been made since December 2015.

Reading Youth Cabinet

Achievements:
The Reading Youth Cabinet is made up of 18 elected young people – in the December 2015 elections, 3,302 young people across Reading voted. The new group decided to again focus on mental health services for young people as one of their campaigns. A second campaign was on challenging discrimination – this was decided by vote of those attending the Youth Cabinet event in November 2015. The group also decided on a third campaign around self-expression and identity, a focus of which is to increase acceptance of young people coming out as LGBT+ across Reading. The youth cabinet have presented these to both the Health and Wellbeing Board and the Children's Trust Board, and are making positive progress towards their objectives as set out in their manifesto.

Reading's Children-in-Care Council, now rebranded as Your Destiny Your Choice (YDYC) continues to meet once every six weeks. Achievements over the previous year include running an event in December for staff and carers, developing an info sheet for social workers to use when they are meeting new young people in care, and participating in the planning of the Looked After Childrens celebration events.

Young people have also been involved in the recruitment of staff by having their own interview panel; including interviewing for the role of Head of Social Care, Head of Transformation and Governance and for new Children's Social Workers.

The new Young Inspectors/Researchers group has now been established, and are undertaking projects looking at Mental Health Services with the Youth Cabinet, and at Fostering Placements with YDYC. Though this work is not yet complete, it promises to be a successful project with young people being able to feedback how services are delivered to young people in Reading with recommendations about what should be done next.

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

A range of consultations and surveys are undertaken annually with young people. This includes almost 3,000 young people participating in a survey run in conjunction with the youth cabinet elections and one for young people in care about their experiences of going into fostering placements

Impact:
In partnership with the Reading Borough Council Public Health team, the Youth Cabinet were involved in distributing a mental health booklet to all young people attending secondary schools in Reading, putting together a promotional video in the process.

The YDYC Group wrote an open letter about why it is so important that young people have good placements, and why they want to be heard and have a voice. This letter was given to all Children's

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Services staff at some Whole-Staff conferences, and was also presented to the Corporate Parenting Panel.

The LAC Information Pack which the YDYC helped develop has now been given to all young people in care with Reading, and via the IRO's to those coming into care. This also gives young people the opportunity for young people to have one place to store information they are given by social workers, IROs, advocates or anyone else.

Although early days, the YDYC groups Traffic Light challenges, which they present at Parenting Panels, have already ensured the LAC Health Nurses will agree with young people where they want their assessments to be held, and have raised the issue to changes in social workers and breaks of promises when social workers do change.

The LAC Celebration Events, held at Beale Park for those aged up to 10, and Oakwood Youth Challenge for those aged 11+, were very successful, celebrating the achievements of young people in care and being fun and enjoyable days for all.

Young people involved in recruitment have had a direct say on the staff employed by Reading Borough Council.

Challenges
Engaging regular changes of staff in the work of YDYC continues to be challenging as messages and initiatives are lost as people change. This has a direct consequence on the limited numbers of young people attending YDYC events – though we have a solid core of young people, we would like to recruit more regular members, and particularly members from the leaving care population and males.

Ongoing Challenge:
- There is the need to better include the direct voice of young people at our Board meetings. We are planning to use video/audio presentations of concerns from young people, and then provide responses from Board members.
- A review of the MoMo App is required to ensure it is value for money and effective.
- Increase the number of regular members to Your Destiny Your Choice and those attending YDYC events.

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

Multi-agency approach to CSE

In 2014/15 there was no clear CSE strategy in place and no data or profile of Reading CSE available to map the level of concern and inform the work that was needed. The levels of awareness of CSE, indicators and process needed to be improved across the workforce. There was a lack of coordinated approach to interventions for children who are being/at risk of being sexually exploited, with limited access to specialist services for children and young people.

What has been delivered:
- The CSE strategy and risk assessment toolkit were developed and launched in June 2015.
- Multi-agency CSE Training has been imbedded since 2013 with Universal, Targeted and Specialist courses available. 464 multi-agency delegates have attended training since Sept 2013 and 438 individuals have completed the Universal CSE online learning.
- The Chelsea's Choice drama production was delivered in February 2015 and February 2016 in all secondary schools. Approximately 2000 have watched this production each year.
- CSE Intelligence Sharing training was provided in November 2014, January 2015 and January 2016. More sessions are being arranged for 2016/17.
- SEMRAC multi-agency risk assessment CSE meetings now occur on a monthly basis. The first SEMRAC meeting was in April 2014and since then there has been ongoing refinement and development of these meetings resulting in significant improvements in attendance, oversight and coordination of safeguarding interventions and planning for children and young people.
- SEMRAC meeting were further developed to combine with the Missing Children's Panel in September 2014.
- The CSE Champions group was established across agencies there currently 23 Champions from various services & teams.
- Services and pathway have been established to support victims of CSE including Champions; Barnardos specialist CSE workers; specialist exploitation service and a therapeutic service for victims of sexual abuse.
- The CSE and Missing Strategic group has been driving forward the CSE strategy action plan. It's governance arrangements changed in January 2015 when it became a sub group of the LSCB.
- CSE Safeguarding Business cards have been produced – nearly 7,000 cards have been handed out to the workforce across Reading and beyond. This is a handy sized reminder of signs and indicators of CSE and referral pathways for concerns. In addition to staff who work with children regularly, these have also been handed out to all taxi drivers licenced in Reading.
- A CSE Coordinator was recruited September 2015 to provide a dedicated resource to develop and progress the CSE Action Plan.

What is the evidence:
- A launch event of the CSE strategy that was attended by 100 practitioners and managers from across the LSCB partnership. Copies of the strategy, toolkit and screening tool were provided to

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delegates and these were also made available on the Reading LSCB website, along with the CSE training programme for access by agencies and practitioners.

- Minutes of SEMRAC meeting evidence the attendance, referral numbers and safety plans for children.
- From SEMRAC and Missing reports a network map was developed linking names of victims, friends and individuals of concern. This lead to two (multi-family) complex strategy meetings held in early 2016.
- A CSE and Missing dataset and dashboard has been developed and populated monthly to enable the LSCB to better understand the local picture.
- The LSCB Learning & Development sub group and RBC Workforce Development team have embedded a process for post course evaluation to begin measuring impact of the various training courses on increasing professional knowledge and confidence in identifying and responding to children and young people vulnerable; at risk of and experiencing sexual exploitation to promote early identification and effective safeguarding.
- There have been increased referrals to SEMRAC as professional knowledge of CSE indicators and the process for notifying and responding to CSE increases.

What has been the impact:
- Improved data/challenge has enabled the LSCB and partner agencies to focus efforts on identifying and responding to the most vulnerable and at risk children. As at end April 2016 there were 19 open CSE cases to Children's Social Care.
- SEMRAC is running more efficiently and enables professionals to better protect children by sharing intelligence to enable disruption activity and identify the key concerns and risk to the child(ren). 53 children and young people have been discussed at SEMRAC over the period August 14 to November 15
- Reduction in risk to children has been evidenced by SEMRAC data within the LSCB dashboard (risk level reduced, case close, friendships disrupted).
- Professionals are better able to identify and respond to the indicators of CSE.

Learning from audits - Children and young people at risk of or experiencing sexual exploitation

Carried out in quarter 2 of 2015/16, the focus of the audit was to consider the information held within each agency and in particular note:
- Whether or not the Child Sexual Exploitation Screening Tool was used
- Comment on the quality of its completion
- Assess the effectiveness of communication between agencies
- Whether there was a shared understanding of levels of risk as well as how the management of the assessed risk was addressed.

The audit found that professionals in all the agencies were generally more confident, with increased knowledge and understanding of the issues relating to child sexual exploitation. The launch of the Strategy and the information sharing and training around the use of the Child Sexual Exploitation Indicator tool, was seen as positive. It identified that although there was evidence of positive multi agency working, this was not always explicit in the overarching plans for the young people, and that there was not a consistent approach to the completion of the indicator tool or communicating with other agencies that it had been completed or how it was used to inform interventions.

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The learning and recommendations were considered by the Quality Assurance and Performance Sub Group, and the resulting action plan has been progressed and incorporated into the ongoing CSE Strategy Action Plan.

CSE Challenge Session:

Reading Safeguarding Children Board hosted a CSE Challenge Session in June 2015 to seek clarity and assurance around the work taking place in each agency to tackle CSE. This challenge session was an opportunity for agencies to share good practice and identify any changes required to enable professionals to work confidently with these vulnerable children and young people.

Key lines of enquiry, as identified by Ofsted in their CSE thematic inspections included: effective strategic leadership of the multi-agency response to CSE; identification of prevalence, trends, themes and patterns; how effectively are partners sharing information and working together; how effective all organisations are at identifying those at risk at the earlier opportunity; and whether children and young people who are at risk of, or who have been, sexually exploited are effectively safeguarded, protected and supported.

A number of key partners gave comprehensive presentations and actions were identified. All the relevant actions were incorporated in the CSE Action Plan and have been progressed through the CSE & Missing Sub Group. This session directly informed the CSE Toolkit Launch event at the end of June 2015, and led to the production of the plastic CSE Safeguarding business cards.

Missing Children

What has been delivered:
- An updated and improved workflow for missing children notifications has been developed, with alerts to allocated social workers or MASH, including 24 hours, 5 days and 3 x missing in 90 days.
- The Missing Children Interviews are now being arranged directly from Police Reports to improve timeliness.
- Recording missing children information on MOSIAC (Electronic Social Care Recording system) has improved to capture and identify risk factors, to aid better decision making.
- Since April 2015 the Return interviews have been completed by a rota of Youth workers. The Youth Workers are highly skilled in speaking to young people and their parents, and as they are not Social Workers or Police Officers, are often more successful in engaging with the young people. The Youth Workers are also able to offer additional Early Help services when appropriate.
- The Missing Children Coordinator has been in post from January 2016 (new role) to continually assess and improve delivery.
- The Mind of My Own 'MoMo' App is available for looked after children (11-17 year olds) who want to share concerns in relation to their placement which is fed back into looked after children reviews at the request of the young person. This aims to reduce the number of looked after children who leave their placement and are then reported as missing.

What is the evidence:
- There has been improved interagency information sharing and working for Missing Children, Child Sexual Exploitation and Children Missing Out On Education.
- The accuracy and timeliness of reporting missing children notifications from Thames Valley Police has improved, along with the recording and workflow for missing children within Children's Social Care – most reports are now received within 24 hours (or reported first day after Weekends/Bank Holiday).
- During 2015/16, 534 missing episodes were reported to Children's Social Care for 394 individual young people. This figure has gradually increased over the past 9 months. Out of these episodes 495 required a return interview. 116 episodes were refused for interview by either the parent of young person
- Throughout 2015/2016 264 return interviews were carried out. 53% of missing children have had return interviews carried out although this figure has been improving with 70% children missing in March 2016 having a successful missing interview from youth service.
- A significant issue is the number of missing interviews being completed within 72 hours. Of the completed interviews in 2015/16 only 76 (29%) were completed within the Statutory 72 hours from when the young person is returned home. This figure needs to significantly improve and was highlighted in the recent Ofsted inspection.

What has been the impact:
- Improved safeguarding arrangements for children who go missing from home or care placements.
- Better evaluation of risk factors affecting young people to aid improved decision making.
- Return interviews currently being audited for quality assurance. This will be completed by end of June 2016
- Issues for Young People who go Missing have been identified through the Missing Interview process and reported to Social Care for assessment/signposting to services.

Children Missing out on Education (CMoE)

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

What has been delivered:
- The CMoE Strategic Group meets regularly to discuss and track cases, and an action and communications plan is now in place.
- Cross border meetings take place to ensure those moving in and out of our boundaries do not get lost. All those assessed to be at level 1 (highest risk) have a level 1 plan in place, monitored by a lead professional.
- Pupils in year 12 who are NEET are now tracked, ensuring responsibility is handed over to an appropriate service, such as Adviza (formerly known as Connexions Thames Valley).
- The Virtual Head for CMoE is a member of SEMRAC (CSE); cross-referencing to ensure that the most vulnerable children have robust lead professional support.
- The Virtual Head now has the details and monitors all pupils who are on reduced timetables in Reading primary, secondary and special schools for return to full time education.

- Cross-matching of Management Information will give us greater intelligence of children at risk – we are working on automated systems for the future.

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

Female Genital Mutilation (FGM)

The population profile of Reading indicates that FGM could be a potential issue for certain groups of children and young people in the town. In 2015 the LSCB Independent Chair challenged the Health and Wellbeing Boards across the West of Berkshire to take a lead on FGM, in recognition that this is not an issue only for girls. The LSCB recognised that a co-ordinated strategic direction is required to progress local developments that will ensure girls living in the West of Berkshire who might be at risk of FGM are identified and protected. Successful models of addressing FGM currently existing within the UK are based upon the recognition that tackling FGM warrants a co-ordinated approach, from statutory and voluntary organisations as well as representatives from community groups of those affected.

What has been delivered:
- A new LSCB task and finish group was formed with representation from across the West of Berkshire progress this issue.
- A vision and action plan for the area has been written and agreed by all three West of Berkshire LSCBs.
- The action plan recognises actions that have a statutory partner responsibility, such as clarity around identification and reporting requirements. It also has a clear preventative element reflecting the importance of working with the voluntary sector, in the high risk communities to raise awareness.
- FGM awareness training has been made available through the annual LSCB training programme and a focus on FGM has been incorporated in to all Reading Universal Safeguarding Children training courses. The free FGM online training course from the Home Office has been identified and promoted for those unable to attend the face-to-face one day course.
- In March 2016, FGM training specific to schools was provided by Forward UK to 19 representatives from across Reading.
- The task and finish group have identified potential pathways into services for girls and women at risk, suspected to have undergone or who have been subjected to FGM. A risk assessment tool has been written, along with guidance on completion of the tool; pathways and a factsheet on FGM. These are being launched at an event open to practitioners across the West of Berkshire on 30th June 2016.
- A dedicated page on the Reading LSCB website has been created with links to the guidance, toolkit, factsheet and training opportunities. This page is being used as the central point for all three West of Berkshire LSCBs.

In the first six months of 2016 the task and finish group have fulfilled much of its initial remit however there are clear ongoing actions to enable support to be provided to women who come forward as survivors.

Ongoing Challenge:

Child Sexual Exploitation
- An ongoing review and analysis of data is required to provide a problem profile for Reading, identify themes and recognise areas for development.
- More CSE Champions need to be recruited from schools and children's social care long term teams.
- We will review and embed updated CSE Risk Assessment toolkit. This will enable the workforce to work more comprehensively with children and families where there may be CSE concerns.
- We will develop and deliver short courses for schools and voluntary sector to improve knowledge of CSE, indicators and pathways.

Missing Children
- Significant improvement is required in the timeliness of missing children interviews to ensure that vital information is not lost and support and advice can be offered. The information gathered from the interviews must also be routinely included on case files and used to support assessments and decision making.

Female Genital Mutilation
- The guidance, toolkit and risk assessment tool launch must be embedded into frontline practice. This will need to be evidenced during 2016/17.
- Actions within the FGM vision and action plan will be progressed and completed. This is particularly important with regards to supporting women and girls who present as having been subjected to FGM and require emotional, as well as medical support. The aim is to establish a Reading clinic, similar to that available in Oxford, which will provide this wrap-around service.
- Ongoing FGM training must reference the local toolkit and pathways.

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Priority 4: Neglect

There are more children and young people in Reading on a Child Protection Plan for neglect than any other category and this has remained the case for some time. The number of children with a child protection plan for neglect out of the four categories (neglect; physical; sexual and emotional abuse) has been routinely above 50% for the last three years, which is above the national figure of 43%. Research has shown the negative impact of living with neglect can have on children and young people's emotional and physical development and has lifelong consequences in terms of poor outcomes in educational achievement; mental health; employment etc.

What has been delivered:
- A multi-agency audit was completed to establish how well agencies were working together in order to address neglect. Recommendations and learning were shared with the Board on 14.05.15 with a clear action plan for improvements.
- An audit of repeat CP cases with Neglect as the primary reason was undertaken. Learning and actions were reported to the CSIB & LSCB.
- A review of Thresholds was undertaken that included looking closely at the neglect indicators. The Threshold booklet was updated and LSCB joint workshops with Early Help and Troubled Families explained about use of thresholds and response expected by professionals.
- A specific Neglect webpage for professionals was developed on the LSCB website.
- A Reading version of a 'Guide to understanding Neglect' was developed and placed on the LSCB website as a downloadable booklet.
- A training template to help teams understand, identify and know what to do when they spot Neglect was written and trailed at a RBC Corporate session. This is also available on the website.
- A Neglect briefing session was delivered to designated safeguarding leads in Schools, which highlighted the resources on the LSCB website.

In 2015 Reading LSCB agreed a protocol for all partner agencies that covered the following points:
- A regular review of the LSCB threshold document is undertaken to ensure the inclusion of new signs and symptoms of neglect from research or Serious Case Reviews.
- That key agencies ensure that their safeguarding policy and protocol adequately addresses the risks related to neglect and the need for timely and proactive intervention.
- That all agencies provide access to training for staff in their organisation to assist with the identification and response to neglect.
- That all agencies ensure that staff are briefed or trained on the importance of listening to the voice of the child and mindful of the risks of the child's voice being overshadowed by adult opinion or circumstance.
- That all agencies ensure that there is a record of significant events over time in the form of a chronology or log on order to assist with the identification of neglect and its impact on the child.
- That all agencies ensure that staff understand how to escalate concerns and are confident in the escalation process.

In response to the protocol partners contributed to a combined short term action plan, finishing in March 2016. However, it was recognised that there had been a lack of progress and pace in relation to neglect in 2015/16. To ensure progress in 2016/17 the Independent LSCB Chair agreed for a task and finish group to be set up, with its first key action to create a truly multi-agency Neglect strategy and

action plan that builds on a partnership workshop that took place in March 2016. In addition the Learning and Development sub-group reviewed the training programme and has included Neglect as an area for development in 2016.

Evaluation of Thresholds

The thresholds document was produced by RBC in 2011. It therefore needed to be reviewed and updated to become a multi-agency document.

Through consultation with Reading LSCB partners a review of the thresholds document took place in 2015 and a revised poster size version was re-issued. Changes were made to ensure that current practice and current risks were reflected. There was also agreement on the need for common language in line with that used in the Early Help Hub Pathway and the MASH. A Thresholds Guidance booklet was also introduced which includes the threshold risk factors, as well as the protective factors that can sit alongside them. Clear referral processes were also included to enable practitioners to use the document in their day-to-day work. The new documentation was disseminated through workshops during October and November 2015 with over 350 front line staff from across the partnership attending. Attendees took with them a copy of the new guidance, LSCB pens and CSE awareness cards. Post course evaluation shows over 90% of attendees improved their knowledge of thresholds and how to apply them.

The revised Thresholds document and guidance has been circulated widely across agencies and organisations and is also available on the Reading LSCB website

What has been the impact:
Thresholds guidance has enabled practitioners to be clear and confident about applying safeguarding thresholds – ensuring that referrals are made appropriately (right service, to the right child, at the right time and in the right place). Verbal feedback has been very positive, with a number of practitioners commenting that they carry the booklet with them and use the guidance every day. For the period Jan to March 2016, there was an increase in referrals to the Early Help Hub of 52% over the same period last year. However, there is an ongoing challenge to ensure that the understanding and application thresholds remain embedded in practice. Thresholds has been included as part of the Universal Safeguarding training and MASH briefing sessions, but following the annual review of thresholds in July and August 2016, a further programme of dissemination and training will be required.

Learning from audits - Neglect:

In 2015 we carried out an audit to establish identified themes and areas of learning from a multi-agency perspective and identify how well agencies are working together in order to address neglect in Reading. The key learning points were:
- There is a lack of evidence of holistic assessments being undertaken led to gaps or inconsistencies in assessments. Inconsistent use and standards of chronologies had a direct impact on the outcome of assessments.
- There is often a lack of coordination between agencies and failure to escalate concerns at an earlier stage which has led to drift and delay in some cases. Where evidenced, early robust interventions led to timely and appropriate plans being put in place for children. There is a need

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for all agencies to support targeted interventions and support at an earlier stage in order to reduce drift and problems becoming more entrenched.

- The voice of the adult could often overshadow the voice of the child, and there was also evidence of over optimism of parental capacity to change or engage with services as well as disguised compliance by parents or carers. Better evidencing is required of the understanding of the Childs Journey/Voice of the child.
- Inconsistent communication between agencies particularly prior to cases escalating to the child protection process led to delay. Schools need to develop a clear system of recording child protection concerns across schools to prevent information being lost during transfer between schools.
- The use of Family Group Conferencing does not appear to be embedded into practice. There was evidence to suggest that in some of the cases this should have been considered and offered to families.

A multi-agency action plan was produced and had been monitored through the Quality Assurance and Performance Sub Group. The actions have been transferred into the action plan for the new Neglect Task and Finish Group to ensure they are completed.

Ongoing Challenge/Actions:
- There has been a lack of progress in improving and understanding of developing agency interventions to neglect in 2015/16. A task and finish group is required to push this work forward at a pace. The multi-agency LSCB group has met and agreed that the new strategy and action plan needs to address 4 key priorities:
  - To raise awareness and the ability of our workforce across the partnership to recognise and identify neglect enabling earlier intervention and improved outcomes for children.
  - Information will be systematically gathered and appropriately shared to enable holistic assessments and shared chronologies to take place.
  - The workforce across the partnership is equipped to have difficult and honest conversations with families and provide robust supervision.
  - There will be a suite of coordinated interventions across thresholds to tackle neglect to enable sustained change within families as well as practical support to address immediate needs.
- It is expected that significant progress will be made during 2016/2017 to support front line staff in the identification of neglect, quality assessments, training opportunities and guidance.
- Clear links required between the Neglect Task and Finish Group and the Learning and Development Sub Group to ensure progress with key actions around learning opportunities and raising staff awareness.
- Review of Thresholds to be undertaken, with clear dissemination and embedding of revised documentation by all LSCB partners. (Ofsted Recommendation – see page 43)

Priority 5: Effectiveness and Impact of Reading LSCB

The Board must have a strong focus on scrutiny and challenge of partner agencies and services and its own effectiveness, to ensure it meets local and national priorities and is able to evidence impact on improving outcomes for children.

Governance and Challenge function of the Board

In 2014/15 it was acknowledged by Board members that meetings had not been challenging of partners/services/Board members, with decisions and responsibility often not held at Board level due to the LSCB structure, making effective challenge difficult. There had also not been a systematic approach to recording risks/concerns and areas requiring further assurance. The work of the sub groups are often not known or considered at the Board meetings.

What has been delivered:
- Reading LSCB structure was re-organised at the end of 2014.
- The Independent Chair has encouraged the Board to be more vocal and challenging.
- The LSCB recognised that improvements were necessary in terms of the data, audits and Section 11 returns received and considered by the Board to enable them to scrutinise and understand frontline safeguarding practice. This was addressed in the new LSCB structure.
- The Independent Chair raised a number of challenges including:
  - raising concerns regarding the rapid response procedure at the Royal Berkshire Hospital;
  - with Chief Constable regarding TVP reporting and attendance at CP conferences;
  - to partners in relation to LAC Health Assessment timeliness;
  - to partners in relation to budget contributions.
- To enable the Board to effectively monitor the progress of the challenges/concerns raised a Risk/Concern log has been established. This is RAG rated and key issues are followed up at each Board meeting.
- Two specific challenge sessions have been held by the Board and the results have fed into action plans. Details of these are noted within the Domestic Abuse and CSE priority sections of this report.
- The Members Compact and Induction Pack have been revised and reissued to support Board members in their role and responsibilities as a member of Reading LSCB. Induction packs for sub-group members are also being developed.
- A requirement has been established for sub group chairs to provide regular reports to the Reading Board, and that identified Reading Board members sit on each sub group to ensure Reading is represented in the sub-groups. This will ensure that there is improved communication and oversight of the work of the sub-groups to deliver that priorities of the LSCB via the Improvement and Development Plan.

What is the evidence:
- The Executive meetings were removed in 2015 to ensure decisions and responsibility are firmly held by the main Board

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- Recent minutes of meetings reflect the increased challenge that has taken place. Board members feel much more confident in expressing their views and holding agencies to account.
- A revised dataset and dashboard has been produced and is discussed at every Reading LSCB Board meeting.
- In relation to specific challenges:
    - A new rapid response protocol has been written;
    - TVP agreed to employ two case managers with specific responsibility to attend CP conferences following challenge;
    - Timeliness of LAC Health Assessments improved from 72.2% in Q4 14/15 to in 92% for initial and 96% for review assessments completed in time for in area LAC Q3 15/16;
    - Increased budget contributions have been received.
- The learning from audits is now reported back to every Board meeting.

What has been the impact:
- Improved data/challenge has enabled the LSCB to focus efforts on the most vulnerable and at risk child and young people
- Clear rapid response protocol which is now in place has ensured that families receive an appropriate and timely response when a child dies unexpectedly.
- CP conferences now run more effectively with regular TVP attendance ensuring an improved multi-agency consideration of risk and safety plan.
- More LAC having health needs assessed and met.

High Quality Training

The Learning and Development (L&D) sub-group consists of representatives from the 3 West Berkshire LSCB's. In 2015 it was recognised that the LSCB L&D Strategy was out of date and there were areas that required strengthening. The sub-group subsequently refreshed the strategy, which has formed the basis for the development of the training programme and activity for 2015/2016.

The training programme was created by a working group of the three Local Authority leads and virtual input from other members of the L&D sub-group. It was created through assessing the information from previous years and the learning needs provided by partner organisations.

Post-course evaluation/audits commenced in late 2015 to measure the impact and improvements in safeguarding practice across the partnership and first tranche of evaluations now becoming available.

However, in Reading, we have recognised that connectivity between the work of the West of Berkshire sub group and Reading LSCB, the business plan and priorities of the Board, need further strengthening. A number of changes to membership and clarifying expectations of sub-group members, coupled with the development of the Reading LSCB learning and development action plan, will be put in place to ensure a closer alignment between the priorities of the Board and the sub-group.

Training for the Voluntary and Community Sector (VCS):

In recognition of the difficulty the voluntary sector can have to be able to access appropriate, affordable and accessible safeguarding training, Reading LSCB have worked in partnership with Thames

Valley Police (Reading) and Reading Children's and Voluntary Youth Services (RCVYS) to design, implement and embed a programme which meets the safeguarding training needs of the local Voluntary Sector. Reading LSCB funds RCVYS to provide additional safeguarding training opportunities to the VCS. The Safeguarding Training Programme 2015 proposed delivered a structured programme of Children's Safeguarding Training over the year and was a trial programme designed for the following purposes:

- To increase the knowledge and awareness of safeguarding children for the Voluntary Sector in Reading.
- To test the concept of having a structured programme, and how this would work alongside the LSCB Training Programme.
- To gauge the level of demand for different safeguarding training courses.
- To establish ways to deliver and evaluate the impact of the training.

This programme was focussed around Universal Safeguarding Children Training and other courses which have a strong demand from the local Voluntary Sector, as well as working in partnership with more specialist groups to deliver introductory and specialist courses.

What has been the impact:
The original outcomes for the courses were to deliver the following outcomes:

- Keep children safe by training front line workers in safeguarding awareness.
  In total, 210 different people from 64 different Voluntary Sector organisations received safeguarding training to help to better keep children safe in Reading.
- Ensure that more Voluntary Sector organisations can refer appropriately into MASH or other departments, if this becomes necessary.
  Representatives from 58 different organisations attended a training course which provided them with the tools and information to refer appropriately.
- Increase Voluntary Sector organisations' ability to manage safeguarding in their organisation.
  Representatives from 44 different organisations attended a training course which helped to increase their ability to manage safeguarding in their organisation
- Increase trustees' awareness of their safeguarding responsibilities.
  7 people representing 8 different organisations attended, and after the course, all of them reported feeling confident about actively promoting good practice in safeguarding children in their organisations.
- Increase the awareness of the importance of safeguarding for BME/Equalities groups, and other Voluntary Sector groups.
  The Safeguarding Our Children Awareness Seminar helped to increase the awareness of safeguarding for BME groups.
- More PVI Nurseries and Pre-Schools can deliver their own appropriate Universal Safeguarding Children Training.
  There are now 20 Voluntary Sector Early Years Trainers (a 42% increase this year) trained to deliver the Universal Safeguarding Children Training in their settings, and now have access to specialist complementary materials to increase the quality of the training they deliver.

Following the success of the first year's training, Reading LSCB have agreed to fund this for the next year and thank RCVYS for their support in providing this valuable programme. For more information pleases see the RCVYS training page: www.rcvys.org.uk/services/training/safeguarding.

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Communication

Reading LSCB recognised that it cannot be effective if front line practitioners are not aware of the work of the LSCB and the messages it is disseminating.

What has been delivered:
- The Reading LSCB Communications strategy was revised and agreed by the Board. Communication from the LSCB to partners and practitioners has been improved with the new website, regular newsletters and regular information updates to Board members and designated safeguarding leads in schools. Recent communications to the Board have included the request that members confirm that the information has been disseminated and an email from a GP and a school have been received regarding an article in the newsletter – proving it had been disseminated and read.
- A new stand-alone LSCB website has been produced ad is regularly updated to reflect new guidance and developments. This contains a wealth of information not only about the LSCB and what we do, but also provides guidance, information and useful links for professionals, families and children and young people.
- A 'Safeguarding is Everyone's Business' video was created and disseminated to partners for use in public facing areas. The 'Safeguarding is Everyone's Business' video is being shown in GP surgeries and before every Reading football club home game.
- Plastic CSE safeguarding business cards have been produced and disseminated. Nearly 7000 have been distributed across Reading.
- 'Safeguarding our Children' Awareness Seminar took place in May 2015 to promote Black and BME community engagement in partnership with the voluntary sector.
- Most recently, in March 2016 a Reading LSCB twitter account was created with followers increasing weekly (now over 150).
- Key pieces of work have helped to raise the profile of Reading LSCB such as the thresholds workshops, CSE launch event, learning lessons reviews dissemination events and annual safeguarding conference.

Learning from audits – Reading LSCB Effectiveness Survey:

Effectiveness and impact of the LSCB is a key priority for the Board, and this starts with ensuring basic awareness of the LSCB and its role. In July 2015 the Quality Assurance and Performance Sub Group agreed to run a quick survey across a selected number of staff within LSCB partner agencies to establish how aware they are of the LSCB and its role.

Survey response:
A number of agencies indicated a good awareness of the LSCB and its role, including Children's Social Care (CSC), Berkshire Healthcare Foundation Trust (BHFT), and the Royal Berkshire Hospital (RBH) however with GPs and Thames Valley Police (TVP) there were some clear areas for development.

Positively, everyone knew where to go if they have a safeguarding concern and all bar one respondent stated they understood their role in safeguarding children and young people. Overall, 74% of respondents were aware of the LSCB website, although only 35% of respondents had visited it.

Although this was a small scale survey it does provide an insight into professionals general knowledge of the work of the LSCB. For those agencies which do not solely have a child safeguarding focus, the results of the survey highlighted less knowledge of the LSCB and its work and this is perhaps understandable. Of those professionals who confirmed that they were aware of the LSCB many (including in TVP and GPs) stated that the LSCB impacted on their role in a positive way.

Recommendations from the audit included improving communications from the LSCB and dissemination methods. These have been significantly progressed in the last year with the new Communications Strategy and various events have taken place with front line staff, e.g. the thresholds workshops.

Ongoing Challenge/Actions:

Challenge Function
- Ongoing review of data to ensure continued focus on priority areas.
- A focussed review of LAC and Children in Need data, to ensure those vulnerable groups are being appropriately supported.
- Review and embed strengthened governance of Reading LSCB sub groups to ensure clear lines of communication to the Board. Sub group chairs will be expected to report quarterly to the Board on work within the sub group and six monthly on progress against work plans. This will enable the Board to better scrutinise progress against priorities.

Training
- The provision of training within Reading to be updated to provide courses in line with the Reading LSCB priorities i.e. safer recruitment and neglect. (Ofsted Recommendation – see page 43). The Reading LSCB budget is re-aligned to support the delivery of a programme that reflects the priorities
- A training pathway for professionals be clarified and re-issued across organisations commensurate with roles and responsibilities
- That a programme of post-course evaluations now established be reported on a quarterly basis to evidence impact

Communication
- Continued focus on communication to ensure the work of the Board is seen by front line practitioners and in the community.

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Statutory Legislation

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

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

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

b) to ensure the effectiveness of what is done by each such person or body for that purpose.

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

Policies and Procedures Sub Group (Pan Berkshire)

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

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

Summary of activity/achievements:

- A review of the online procedures in the summer of 2015 identified that they had become large and difficult to manage and many of the documents were out of date. There was no clear process in place to manage the online procedures and the contract with the provider TriX was not understood. The current Chair took over in July 2015 and led this review and consequent work.
- Trix had recognised that this was an issue for a number of authorities and had remodelled their online system.
- The Pan Berkshire Group renegotiated the contract with Trix and work was completed by the Group to review a whole new set of policies and procedures for the new system. This was achieved in January 2016 with the new system operational, and all new documents uploaded. http://www.proceduresonline.com/berks/
- It was then recognised that there would need to be a programme of reviewing the policies and procedures over the year and a more robust programme to manage this has been put in place.
- The Group has met quarterly during the year and multi-agency attendance and participation has been excellent. Some of the gaps identified in membership have been addressed and there is now a good range of multi-agency engagement including Children's Social Care which had been a significant gap.

What has been delivered:
- A new online format for practitioners across Berkshire with a set of agreed policies and procedures.
- A Group that is structured and contributes effectively to the ongoing plan to maintain and update the policies and procedures for child protection.

Ongoing Challenge/Actions:
- Managing the work of this group is time consuming and requires a lot of coordination. The Group is using electronic communication to manage a lot of business in-between meetings and group members have taken responsibility for communicating information to their own local authority / LSCB areas and also for coordinating any responses to consultation on policy / procedure changes / reviews.

Section 11 Panel (Pan Berkshire)

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

Pan Berkshire Approach

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

Summary of activity/achievements:
- Since the Annual report, the next round of Audits has commenced utilising the new audit tool and the revised process.
- A 6 month interim report was submitted to the LSCB's independent Chairs in September 2015, to provide process assurance.
- The LSCB Independent Chairs are assured that progress is being made, they have provided positive feedback and are happy with the forward planner. The only challenge is around themes for individual LSCBs.

- Membership is now more comprehensive, but continues to lack attendance from any of the Social Care Children's team which will need addressing. Other organisations have provided representation, on the whole, following a request by the chair.
- The panel now splits into 2 subpanels to review submissions with the organisations who submit the return, this allows for fuller exploration of the submissions and an ability to get answers on the day and agree necessary actions to be added to the action plan.
- At the S11 panel meetings in September and December 2015 and March 2016 there were 11 audits for review:-
  - South Coast Ambulance Service
  - British Transport Police
  - Berkshire Healthcare Foundation Trust
  - Royal Berkshire Foundation Trust.
  - EDT
  - Thames Valley Police
  - Probation
  - Thames Valley Community Rehabilitation Company
  - CAFCASS
  - Thornford Park Secure Hospital
  - Broadmoor Hospital

Ongoing Challenge/Actions:
- Children's social care re-presentation on the panels – there are still no representatives.
- How national organisations can provide meaningful assurance for Berkshire specifically.

Local Approach

Reading LSCB is responsible for the undertaking S11 returns for local organisations not included in the S11 Panel above. In 2015 all academies and maintained schools were asked to complete an annual safeguarding audit and by June 2016 all forms were received. These have all been monitored by the Virtual Head for Children Missing out on Education, who has contacted any schools requiring further information, or where clarification was required with regards to a response. This audit had not been undertaken for a few years, therefore this process was new to a number of the schools and headteachers. In 2016 the process will be strengthened with spot checks on a percentage of returns, forms will be returned if evidence is not provided and independent schools will also be included. An improved form will be developed to allow improved analysis.

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

Ongoing Challenge/Actions:
- Ensure the annual school safeguarding audit process is more robust – include spot checks and the requirement to provide evidence.

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In 2008, Child Death Overview Panels (CDOPs) were statutorily established in England under the aegis of Local Safeguarding Children Board (LSCBs) with the responsibility of reviewing the deaths of all children (0 to <18 years) in their resident population.

Within Berkshire there is a shared child death overview panel that works jointly for the 6 Unitary Authority Local Safeguarding Boards and is made up of a range of representatives from a range of organisations and professional areas of expertise. This process is undertaken locally for all children who are normally resident in Berkshire.

The purpose of the CDOP, (as required by the Local Safeguarding Children Boards Regulations 2006) is to collect and analyse information about each child death with a view to:
- Identifying any changes that we can make or actions we can take that might help to prevent similar deaths in the future.
- Sharing this learning with colleagues regionally and nationally so that the findings will have a wider impact.

The total number of deaths which occurred during April 2015 and March 2016 across Berkshire was 45. Over the past few years, whilst there will be some random fluctuations in numbers of deaths, there is a downward trend in the total number of deaths notified. During 2015-16 there were 49 cases reviewed by the panel, the numbers differ as the cases reviewed include deaths from 2014/15 and is due to the time taken to review the circumstances of each death following notification.

Expected And Unexpected Deaths - An unexpected death is defined as 'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death.' In the past year 17 unexpected deaths were reviewed, 10 had a rapid response review. During the last 5 years the proportion of unexpected deaths is showing a slight downward trend. Two thirds of deaths now occur within the hospital setting.

Summary of key findings
- In 2015/16 the significant impact of congenital abnormalities on the child death rate is evident again. We not only see significant numbers of deaths in children under 1, we are seeing increasing numbers of children dying as a result of congenital or chromosomal abnormalities in the 1 – 4 year age group and older as the ability of medicine to support for longer periods children with life limiting conditions improves. This year the impact of Edwards syndrome has been more visible. Edwards syndrome is caused by cells in the affected child having 3 copies of chromosome 18 not 2, which disrupts the baby's normal development. Edward syndrome is now able to be detected as part routine antenatal care: combined blood test and ultra sound. This triple programme began in April 2016 across Berkshire and so in 2016/17 we will be able to assess the impact of this screening programme on our childhood deaths.
- Another reflection in 2015/16 is the increasing mention of socio economic influences on rates of child hood deaths. It is well known that rates of childhood deaths are double in SEC group 5 than in SEC 1, however our database does not currently allow us to map the pattern of child hood

deaths in a timely manner and so we need to develop this ability to support / develop targeted work to minimise the risks of future child deaths

Reflections on work of CDOP
- There has been good operational performance against national standards with good cross organisational working that allowed timely and thorough review of cases.
- There was good representation of the panel at the National CDOP panel network and annual general meeting,
- The CDOP panel had supported 4 Ofsted inspections in our local authority children departments and no concerns had been raised with our function.
- Attendance at the meeting was good, with members attending regularly throughout the year.
- It has been noted that the panel is a safe place to have a voice, with members commenting that the group had good open and frank discussions about each case.

Ongoing Challenge/Actions:
We will continue to build on the lessons and work from previous years - with particular reference to:
- Congenital/genetic abnormality work, working with families and communities to reduce risk
- Sustained reduction of SUDI e. g. supporting ongoing work to improve uptake of safe sleeping etc.
- Continuing work on deaths from external causes, particularly accidents
- Reduction of risk factors for preterm and low birth weight deaths
- Further develop the pilot work on asthma care and mortality reduction after external enquiry in one area.

Actions identified in the development session:
- New members will be supported by an induction pack, which outlines the main function of the group, how the group works and the role that each member has.
- An annual development session will be initiated to continue improvement.
- A separate neonatal group will be developed to support the panel, the neonatal group will allow proper clinical and professional review of the most complicated cases whilst also allowing the main panel focus on themes.
- We will explore opportunities with neighbouring CDOP groups to look at more specialist areas and share approaches to risk reduction
- Training - The group has seen a significant change so a training needs analysis will be undertaken to support each member in delivering their role but also to ensure that we provide assurance about the rigour with which we undertake our function.
- Bereavement support - there is some confusion about the support that is available within Berkshire and some cases have been highlighted where support has been variable. We need to understand the support needs that exist and how best to address those.

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

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

Summary of activity/achievements:
The sub-group has delivered a significant amount over the past twelve months.

- Membership - The sub-group actively engaged with those organisations not represented on the group. A flexible approach was adopted, whereby members could be virtual and conduct their engagement without having to attend meetings.

- Learning & Development Strategy 2015-2018 - The LSCB L&D Strategy was out of date and gaps existed within it. This was noted by the sub-group who quickly sought good practice from elsewhere and used this to refresh the document.

- Training Programme 2015-16 - The training programme was created by a working group of the three Local Authority leads and virtual input from other members of the sub-group. It was created through assessing the information from previous years and the learning needs provided by partner organisations. The headline figures associated with the programme include;
  - 22 events were run through the LSCB programme which is the same number as the previous year
  - 339 delegates attended the events, which equates to over 15 delegates per event, and was 5% less than the previous year
  - 63% of the places were taken by Local Authority workers (17% higher than the previous year), with 21% from Health (the same as the previous year) and 17% from others (16% lower than the previous year)
  - 55% of people felt the immediate impact of the training was significant or very significant with 41% stating there was some immediate impact which is broadly comparable to the previous year

  The figures show that awareness seems to be reasonable and attendance healthy, but that there may be issues in terms of event types or the times of year, due to two event cancellations. The events appeared to offer sufficient places and opportunities as only one appeared to be challenged for sufficiency, this being the allegations management offer.

- e-Learning Programme 2014-15 - the e-Learning offer focuses on two main areas, these being CSE (Child Sexual Exploitation) and USC (Universal Safeguarding). Both of these events are provided

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through our contract with Kwango, an external provider. The headline figures for the programme include:

- o 2399 delegates completed the USC e-learning which is 132% greater than the previous year
- o 40 delegate completed the CSE e-learning which is 45% less than the previous year

As requested, work has been done to review how this headline information can be further broken down to see trends within organisations. As from this year, the CSE e-learning module has been amended to ask for an individual's details before completing the e-learning. This is a pilot and will allow us to have much better management information. If this pilot is successful then the same could potentially be done for the USC e-learning module also.

- Training Programme 2016-17 - the training programme was put together having review previous years offer and in consultation with the sub-group partners. This is mainly unchanged, but there is a priority to review some of the courses being proposed in order to ensure they are fit for purpose. Some appear to have consistently low attendance and it may be timely to review how these are delivered (e.g. could they be made e-Learning) or even if they remain appropriate.

- Evaluation and Impact – the group agreed and identified a programme of quality assurance for all the training included in the LSCB programme. Either members of the L&D sub group or specialists in the workforce will ensure the quality of training remains high. Evaluation sheets will continue to be provided and monitored after training sessions, and Reading will continue to approach delegates for follow up evaluation 3-6 months after the course. An area of development is to ensure that the Reading LSCB Board has sight of the evaluation of training. This information is available but has not been presentment to the Board. In addition, SCR learning continues to be incorporated in to our L&D offer as and when appropriate, helping to disseminate key messages and learning thereby influencing work practices and behaviour and so having a positive impact on the outcomes for children and young people.

Ongoing Challenge/Actions:
- Being unfunded and with limited resource for support, the sub-group relies on good will across partners and this can limit the ability to respond quickly to emerging needs or to adequately resource new ideas or work.
- Post course evaluation – this process needs to be strengthened and regular reports provided to the sub-group and Board to ensure courses are appropriate for Reading.
- This is a shared sub-group, however clear progress is required to ensure it adequately provides for the needs of each of the LSCBs. In Reading there needs to be greater thought to provision of training in line with the LSCB priorities such as neglect. (Ofsted Recommendation – see page 43).
- A detailed training needs analysis and audit is required to ensure the needs of the whole children's workforce are understood, to inform subsequent training programmes. This work must be reported back to the Board to ensure they are informed of any issues.

The Case Review Group (CRG) receives and reviews all cases referred to the group where staff from any partner agency of the Safeguarding Children Boards in the West of Berkshire have identified potential learning.

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

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

Summary of activity/achievements:
The group met for the first time in February 2015. Since then the CRG has met on seven scheduled occasions up until April 2016. Two additional meetings were held when serious incidents concerning children needed to be reviewed quickly to enable a recommendation to be made to the Chair of the LSCBs about whether or not a serious case review (SCR) should be initiated.

In total the cases of 8 children have been discussed by the CRG (2 Reading, 4 West Berkshire, 3 Wokingham). Of these, one recommendation was made that a SCR should be initiated. However, upon the discovery of additional information and discussion with, the then, Head of Children's Services for Reading, the decision was over ruled by the Chair and a multi-agency partnership review undertaken instead. Both Reading cases resulted in partnership reviews which have been completed. See below for information.

The CRG is well established and arrangements have been made to meet every three months with additional meetings arranged as necessary.

The terms of reference for the group have been reviewed and are currently under consultation with group members before submission to the LSCBs for approval. A checklist to aid LSCB members in their decision to publish partnership reviews in full has been developed. The CRG feel strongly that all learning should be published on LSCB web sites.

There is a strong commitment to the CRG from its members, although particular challenges remain around processes.

Ongoing Challenge/Actions:
- Learning from partnership reviews continues to be shared locally with each LA arranging learning events. Learning needs to be shared across Berkshire West
- There is no representation on the CRG from any school in Berkshire West.
- Individual agencies will need to interpret learning from Partnership reviews and monitor completion of actions. The LSCBs must be assured that actions are progressing to completion.
- A clear and transparent process for referring serious incidents to the CRG is required and agreed by all members. (Ofsted Recommendation – see page 43).

In 2015 the West of Berkshire Case Review Group considered two cases from Reading to ascertain whether they met the criteria for a Serious Case Review (SCR).

Case A15: This situation was brought to the attention of Reading Local Safeguarding Children Board after the young person, A15, aged 14 years, self-harmed after alleging she had been raped. A15 had been known to services for some time and in 2013 there were concerns that she may have been the victim of sexual exploitation. This case did not meet the criteria for a SCR, but the group recommended a multi-agency partnership review as it was felt that there was the potential for learning and that further reflection and analysis would be beneficial. A lessons learnt review was initiated.

Case B15: B15, aged 17 years, attacked and stabbed two girls aged 14 (A15) and 15 years. The victims, who were lucky to survive the attack, were left with life-changing injuries. B15 was convicted of 2 counts of attempted murder and 3 counts of sexual assault and jailed for 17 years. This case was initially considered by Bracknell Forest LSCB for a serious case review. It was agreed that it did not meet the criteria for a SCR, however there could be significant learning in reviewing how agencies had worked with the perpetrator, B15, who lived in Reading. The West of Berkshire Case Review Group and Reading LSCB Chair agreed that a review around the circumstances which led up to the incident was required, however, the criteria for a SCR is based on the victim rather than the perpetrator. The National Panel of Experts on SCRs confirmed that the SCR criterion was not met. Reading LSCB, therefore, agreed to initiate a lessons learned review instead.

Both reviews were carried out in the autumn of 2015 by the same independent author, following the Welsh review model.   Although they were very different cases and situations, there were a number of similar findings. For example:

Assessment:
- Assessments were narrow in focus and lacked assessment of risk.
- In both cases the children were well developed and perhaps treated as older than they actually were.

Information Sharing and Collation:
- Although recorded, information was not accessible when assessments were made. Information was 'lost' between contacts and a full history was not pulled together or rigorously analysed.
- Information about B15 did not move with him, whether across LA boundaries or between schools.

Understanding Risk:
- The assessments over time for both A15 and B15 failed to adequately identify the risks of their behaviour to themselves and others.

Key Worker:
- Lack of sustained or consistent intervention by one agency/key worker for A15 and B15 meant instability for the child and no opportunity for a holistic view of the case to be undertaken and understood.

There were 4 dissemination events over 2 days delivered by the independent author. 155 workers attended from across the LSCB partnership. Feedback was positive with 90% confirming they felt it was relevant to their work, and 86% rating the sessions as 'good' or 'excellent'.

Workers felt that identifying barriers, hearing the recommendations, having time to reflect and listening to the child's views were useful as well as listening and hearing how other professionals work. People felt more confident to make challenges.

An action plan is in place to address the recommendations made in the reports, which is being monitored by the Case Review Group, and the Quality Assurance Sub Group.

Quality Assurance and Performance Sub Group (Reading)

Working Together states that in order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:
- assess the effectiveness of the help being provided to children and families, including early help;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned;

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

Summary of activity/achievements:
- The Quality Assurance and Performance subgroup was formed in February 2015 following the merger of the two separate sub groups. During the initial stages of the group data was received, however there was no real commentary and analysis of the data and/or connection as to how the data should be translated into identifying any emerging top issues and linking into the audit framework.
- In October 2015 the chair ship of the group changed at which point the group took the opportunity to revise the current data set and dash board. A draft Performance Dash Board and dataset was brought to the LSCB in November 2015 and agreed. Representatives of the Quality Assurance and Performance sub group have worked since October 15 at developing the Performance Dash Board and data set. It is recognised that this will continue to be adapted to meet priorities of the board and emerging top issues across agencies.
- The performance data continues to be a work in progress ensuring data is collected and commentaries are supporting the data. Dates have been reviewed to ensure sub group dates are

in line with quarter end dates to enable through scrutiny and reporting to the board. It has been noted that given the board meets bi-monthly and the data is collated quarterly, the board will not always be updated at each meeting by the most previous end of quarter data.

- The audit programme continues to be linked to the key priorities and the data set where there are issues or themes arising.
- Four multi-agency audits were completed during 2015/16. These have all been included within this annual report, within the relevant priority area. There is recognition that learning from audits and effective monitoring and evaluation of the associated actions plans needs to improve to ensure improvements are made in front line safeguarding practice.

Ongoing Challenge/Actions:
- The data set continues to be improved in its design and presentation to enable it to assist the sub group in its scrutiny of the data. Although progress has been made and moving in the right direction, there remains a challenge in receiving commentary and agreeing the formats that is workable within timescales (quarterly/Yearly) and the structures of each agency.
- Completion of the audit programme for the year within agreed timescales is a challenge for all members of the sub group due to competing demands therefore an audit plan that is structured and achievable is required going forward.
- Learning from audits must be more effectively disseminated and embedded into practice. The action plans must be monitored through to completion. (Ofsted Recommendation – see page 43).

In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading.

The inspection determined that Reading LSCB requires improvement.

Ofsted made five recommendations in relation to the LSCB:
- Develop an overarching process to ensure that learning from quality assurance activity is properly shared, tracked and reviewed. This should include clear and relevant actions from single and multi-agency case audits.
- Implement a clear and transparent process for referring serious incidents to the case review sub-group for detailed consideration of whether a serious case review is needed.
- Ensure that the work of the learning and development sub-group has a sharper focus on the particular learning and training needs of Reading professionals, including overseeing and, where appropriate, influencing the provision of single agency training.
- Undertake a review of local safeguarding thresholds, including the effectiveness of the early help pathway, and the understanding and application of thresholds at all the key points in a child's journey.
- Secure regular and consistent attendance and engagement at the board and sub-groups by children's social care, to increase the board's ability to contribute to improvements in core social work practice.

All five recommendations were in line with the self-assessment that had been carried out by Board members at a Board meeting in May 2016. These recommendations have been captured in the 'Challenge' sections of this annual report as already identified issues by the relevant sub-groups/Board.

Ofsted also made a number of positive comments which included:
- There has been positive change in the last 18 months.
- There is good representation and commitment from partners.
- Partners and young people have helped to shape the LSCB priorities, which are right for Reading.
- The 2015/16 Business Plan was an effective tool in progressing priorities with most actions completed and the remaining carried over.
- We have a comprehensive dataset which is much improved in the past year.
- The Independent Chair is a strong leader with high expectations and instils a culture of transparency and challenge. The Challenge and Concern log has facilitated active challenge and has led to practice improvement.
- Comprehensive CSE Strategy and LSCB has been instrumental in progress but there needs to be more scrutiny on operational practice and data.
- The Board has developed and published a comprehensive threshold of need document.
- The 2014–15 annual report was comprehensive and well written.

All recommendations have been embedded within the Reading LSCB Improvement and Development Plan for 2016/17.

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The past year has seen the Board working more effectively together under the leadership of the Independent Chair to focus on clearly defined and achievable key priorities, with the goal to ensure we deliver on better outcomes for safeguarding children and young people in Reading.

Delivering on our key priorities for the past year was achievable against the backdrop of the renewed ability of Board Members to query and challenge each other, themselves and their respective agencies, thus ensuring nothing was left to chance. As lay members, we are particularly pleased to have played our part as independent members of our communities in helping to bring about these achievements over the past year

Amongst the many achievements over the past year, we were pleased to see significant development around areas of:

- CSE, FGM and Neglect – implementation of strategies and threshold work;
- Private fostering – strategy development and acknowledging more to be done;
- Reviews of the 2 exceptional cases with learning across Reading and other local areas;
- Priorities setting – making them meaningful, manageable and achievable;
- Business planning – ensuring all board members involved and contributing to final plan;
- Performance and Quality reporting – the dashboard is slowly getting there, but still some work to be done around data collection and reporting;
- Governance, Auditing Action Plan, Risk Log - improved clarity and visibility on what has be done, what has been achieved and what actions needs to be taken;
- Information dissemination particularly through the newly developed website, newsletter and information cards;
- Improved links and communications with schools;
- Improved links with other local authorities and their LSCBs through the Chair, the sub-groups, some of our Boards partnering agencies;
- Improved links with the local community – supported and participated in local seminar, "Safeguarding Our Children" hosted by Barbados And Friends Association, Reading for members of the Black community and local professionals working with children.

As lay members, we are also pleased to be meeting and sharing experiences with lay members of other local LSCBs in Berkshire, but we were disappointed we were unable to attend the Southeast Lay Member's conference in Brighton.

As part of the re-organisation of subgroups, I was pleased and honoured to play my part in initially Chairing the Performance and Quality Assurance subgroup earlier in the year– this subgroup is progressing well.

We recognised that amongst the positive achievements of the Board, there are still some challenges particularly in the area of staffing – work is ongoing to help partner agencies reduce dependency on agency/interim staff

As lay members, I believe we have shown a strong commitment to supporting local safeguarding in Reading over the past year. In the coming year, we will continue to ensure that our contribution will be reflected in a Board that is continuing to be effective and positively delivering for the benefit of the community it serves.

Anderson Connell
Reading LSCB Lay Member

BHFT	Berkshire Healthcare NHS Foundation Trust
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CAT	Children's Action Team
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIN	Children in Need
CMoE	Children Missing out on Education
CP	Child Protection
CSC	Children's Social Care
CSE	Child Sexual Exploitation
DA	Domestic Abuse
DV	Domestic Violence
EHC	Education, Health and care Plan
FGC	Family Group Conference
FGM	Female Genital Mutilation
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Child
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Employment, Education or Training
PSCHE	Personal, Social, Citizenship and Health Education
RBC	Reading Borough Council
RBFT	Royal Berkshire NHS Foundation Trust
RCVYS	Reading Children and Voluntary Youth Services
SAPB	Safeguarding Adults Partnership Board
SCR	Serious Case Review
SEN	Special Educational Needs
TVP	Thames Valley Police
YOT	Youth Offending Team

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Chapter 3.1: Statutory objectives and functions of LSCBs

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

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

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

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

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

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

Chapter 3.4: Statutory Board partners and relevant persons and bodies

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

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

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

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

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

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

Chapter 5: Child Death Reviews

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

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

Working Together 2015 can be viewed via this link: http://www.workingtogetheronline.co.uk

Reading Local Safeguarding Children Board

Independent Chair:
Fran Gosling-Thomas

Related Partnership Groups

Reading Health and Wellbeing Board
Berkshire West Safeguarding Adults Board
Reading Borough Council Adult Children and Education Committee
Community Safety Partnership
Reading Children's Trust Partnership Board
Corporate Parenting Panel

Sub Groups

Quality Assurance and Performance Sub Group
Chair: Reviewing and Quality Assurance Service Manager, RBC

Case Review Group
Chair: Berkshire Designated Doctor for Child Protection, Berkshire Healthcare Foundation Trust

Section 11 Panel
Chair: Director, Windsor and Maidenhead Locality, Berkshire Healthcare Foundation Trust

CSE and Children who go Missing Sub Group
Chair: Director of Children, Education & Early Help Services, RBC and Local Area Commander, Thames Valley Police

Learning and Development Sub Group
Chair: CSE Coordinator, RBC

Policy and Procedures Sub Group
Chair: Head of Performance and Quality Assurance, Slough Children's Services Trust

Female Genital Mutilation Task & Finish Group
Chair: Reading LSCB Independent Chair

Neglect Task & Finish Group
Chair: Head of Early Help Services, RBC

Child Death Overview Panel
Chair: Director, Public Health Berkshire

Reading Sub Groups

West of Berkshire Sub Groups

Pan Berkshire Sub Groups

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Name	Agency
Francis Gosling-Thomas	Independent LSCB Chair –Reading, West Berkshire, and Wokingham
Helen McMullen	Director of Education, Adult and Children's Services - Reading Borough Council (RBC)
Rachel Dent	Head Teacher, Abbey School (Independent School Rep)
Catherine Parry	Head of Children's Social Care
Anderson Connell	Lay Member
Anne Farley	Lay Member
Anthony Heselton/Kat Jenkin	South Central Ambulance Service
Ashley Robson	Reading School
Liz Batty	Joint Legal, Reading Borough Council
Ben Sims or Paul Taylor	Activate Learning, Reading College
Richard Blackmore	Head of Education, RBC
Chris Lawrence	Early Years Providers Forum
Christina Kattirzki	Kendrick School
Debbie Simmons	CCG
Debbie Johnson	Probation
Bindy Shah	Service Manager, Youth Justice, CSE, Specialist Youth Services and Edge of Care Services
Wendy Fabbro	Director of Adult Care and Health Services
Cllr Jan Gavin	Lead Member
Sarah Gee	Housing, Neighbourhoods and Communities, Reading Borough Council
Gerry Crawford	Berkshire Healthcare Foundation Trust
Hannah Powell	Probation
Helen Taylor	RCVYS
Patricia Pease	Royal Berkshire Hospital Foundation Trust
Liz Warren	Royal Berkshire Fire and Rescue Services
Stan Gilmour	Thames Valley Police
Becky Herron	RSCB Learning and Development and CSE coordinator
Jan Fowler	NHS England
Julie Kerry	NHS England
Kevin Gibbs	Cafcass
Lise Llewellyn	Public Health
Ruth Perry	Caversham Primary School
Julie Skinner	Adviza

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Board Meeting Attendance

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

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

Attendance figures by agency, based on six meetings held from April 2015 to March 2016, are shown below.

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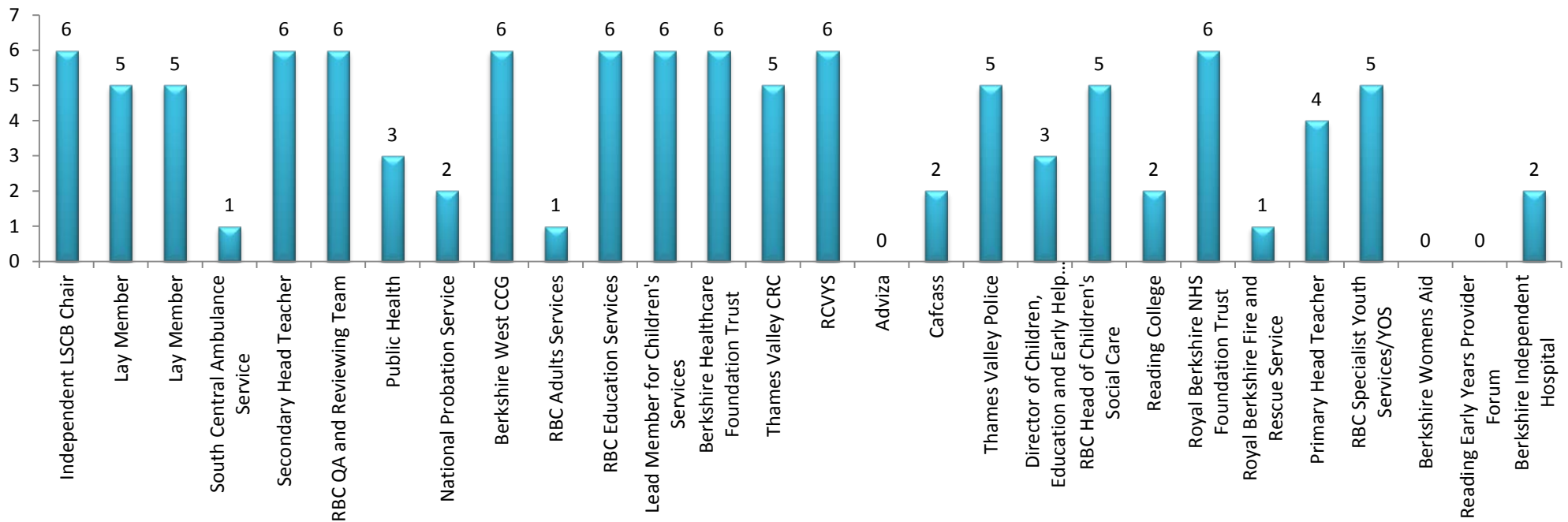
5. Financial Contributions

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

The LSCB budget 2015-2016 is made up of contributions from the Local Authority, Clinical Commissioning Groups, Thames Valley Police, National Probation Service and CAFCASS.

Contributing Agency	Contribution Amount
Local Authority (incl. Public Health, all staffing & training)	£133,500
Thames Valley Police (incl. contribution to CSE Coordinator Post)	£17,000
Clinical Commissioning Group	£20,000
National Probation Service	£895
CAFCASS	£550
Total	**£177,945**
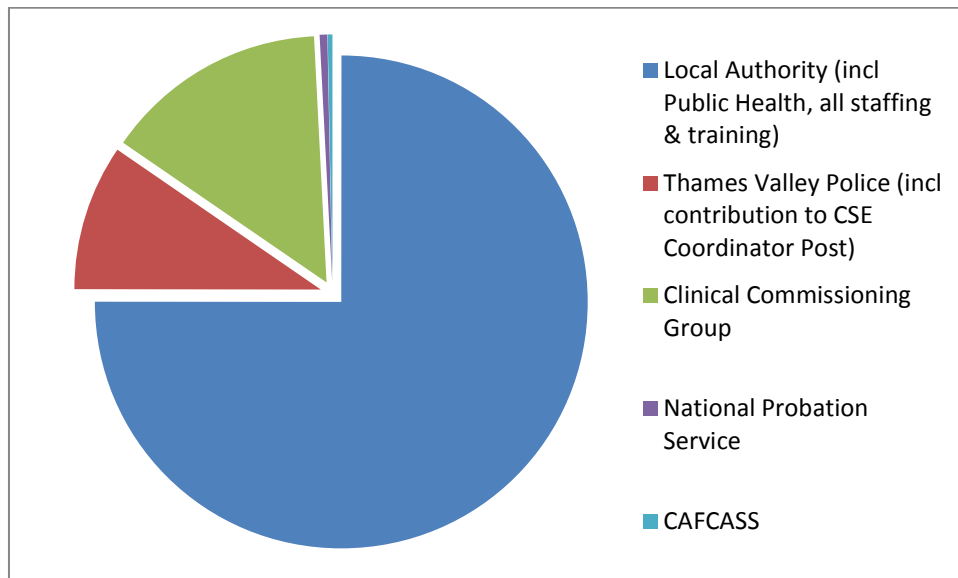
The budget outturn for 2015-2016:

Description	Figure	Comments
Staffing: • 0.7 fte LSCB Business Manger • 1 fte LSCB Coordinator	£75,700	
Independent Chair's expenses	£20,500	
Room Hire and Catering	£1,000	Board and Sub-Group meetings, Business Planning, Learning Lessons sessions
Printing and Stationary	£6,200	Meeting papers, Thresholds Booklets
Publicity Materials	£6,000	Pens (£1000), LSCB CSE Awareness business cards (£1200), Safeguarding awareness video (£1600)

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Events	£12,350	CSE Launch (£1950), Safeguarding our Children seminar(£2,400), Chelsea's Choice production (£5,000), Learning Lesson results events (£2,000)
Contract fees	£1,400	Annual maintenance contract for LSCB safeguarding procedures, including additional payment to move to new model
Subscriptions	£3,500	NWG network (£500), MoMo app (£3,000)
Consultancy fees	£10,420	Independent reviewer for A15 Children's Social Care Chronology (£420), Independent Auditors (£10,000)
Learning Lessons Reviews (x2)	£10,500	Independent Reviewer costs, including expenses, approx. £5,000 per review
RCVYS Training Programme	£5,500	Amount given to RCVYS to provide the safeguarding training programme for the VCS
LSCB Training	£25,000	Cost of running LSCB training programme and designated officer courses, plus proportion of Training Officer Salary.
Total for LSCB Cost Centre	**£178,070**	

In 2015 the LSCB Chair raised a clear concern that the current budget is not in line with similar authorities and does not allow the LSCB to address its key priorities. A discussion was held at Board and comparative review of the budget undertaken.

As a result, for the 2016/17 year additional contributions were received from Thames Valley Police, increasing to £8,000 per annum from £2,000. In recognition of the improvements required by the LSCB, Reading Borough Council has also offered an additional one off £60,000 for the 2016/17 year as a development fund. Other agencies felt unable to increase contribution for 2016/17 year. Conversations will continue for the 2017/18 year.

Ongoing Challenge/Actions:
- Budget contributions will be reviewed again during 2016 to establish whether additional resources are required and/or available.

6. Reading LSCB Board Information

Independent Chair: Fran Gosling-Thomas   LSCBChair@reading.gov.uk

Reading LSCB Business Manager: Esther Blake   esther.blake@reading.gov.uk
                                                            0118 937 3269

Reading LSCB Coordinator: Donna Gray   LSCB@reading.gov.uk
                                                            0118 937 4354

Reading LSCB,   Berkshire Local Safeguarding Children Boards
Civic Offices, Bridge Street   Child Protection Procedures available on line:
Reading, Berkshire, RG1 2LU   http://berks.proceduresonline.com/index.htm
Website: www.readinglscb.org.uk

Author: Esther Blake, Reading LSCB Business Manager
Date published: xxxxx

If you have any queries about the report please contact Esther Blake at the contact details above. If you require this information in an alternative format or translation, please contact Esther Blake.

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT, CHILDREN'S AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 16
TITLE:	PROPOSAL TO REMODEL READING CHILDREN'S CENTRES
LEAD COUNCILLOR:	Cllr GAVIN PORTFOLIO: CHILDREN & FAMILIES
SERVICE:	EARLY HELP WARDS: BOROUGHWIDE
LEAD OFFICER:	ANDY FITTON TEL: 0118 9374688
JOB TITLE:	HEAD OF EARLY HELP SERVICES E-MAIL: andy.fitton@reading.gov.uk

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   This report builds on the recent ACE committee report from July 2016 that outlined the family support and children's centre review.

1.2   Cuts in Government funding and increased demands on services mean the Council has already made £65 million of savings since 2011. More than £40 million of savings are still needed by 2020. Different delivery models and service reductions are being considered across all services to achieve the required savings.

1.3   In order to save the 32% of funding from the Children's Centre (CC) budget, the report sets out a remodelled Children's Centre service offer which targets resources to meet vulnerable children's needs in the early years as a priority, and focuses on clear early intervention and prevention.

1.4   A summary of how the Children's Centre will be remodelled under this proposal is to:

- Establish 4 fully integrated *Children and Family Centre* hubs. These will be in areas of highest need to deliver the core Children's Centre offer and to provide space for the provision of additional family services;
- Deliver some services or activities from satellite buildings;
- Full integrate Reading's Health Visiting service within the remodelled offer to ensure all children under 5 have universal contacts and early identification of additional needs;
- For families in need of support, re-focus the work on targeted support in group and 1:1 sessions for families;
- Realign the Children's Centre offer to focus on pre-birth to three years old;
- Reduce the current spend by £400k by start of the financial year 18/19.

1.5   The proposals also take into consideration the introduction of 30 hours early education entitlement for 3 year olds from September 2017. This will result in a reduction of

demand from families for universal activities in Children's Centres and more emphasis being placed on pre-birth-2 year age range.

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2.   **RECOMMENDED ACTION**

2.1   That the proposed consultation on the Children's Centre Offer for local children under 5 years and their families be endorsed and the results of the consultation and a set of recommendations be reported back to Policy Committee in May 2017 for a decision.

2.2   That the approach and timetable for a 12 week consultation on the Children's Centre offer for local children under 5 and their families, starting on 4th January 2017, be endorsed.

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3.   POLICY CONTEXT

3.1   The Childcare Act (2006) is the main legislation that continues to direct the Children's Centre programmes across England. A summary of this legislation places these duties on all Local Authorities and key partners:

- To improve the well-being of young children (0 – 5) in their area and reduce inequalities between them;
- To secure that early childhood services in their area are provided in an integrated (particularly with health and Job Centre plus services) manner in order to facilitate access and maximise the benefits of those services to young children and their parents;
- To ensure there are sufficient children's centres, so far as reasonably practicable, to meet local need, that includes an advisory board;
- To ensure there is consultation before any significant changes are made to children's centre provision in their area.

3.2   More recently an all Party Parliamentary Group on Children's Centres (July 2016) recommends that the government's Life Chances Strategy should be implemented and delivered through Children's Centres. The four pillars of service offer that have been recommended by this parliamentary group should be:

- Health and Development;
- Employment support and childcare;
- Relationship support;
- Supporting Families with Complex Needs

3.3   It is recommended by officers that we embrace the All Party Parliamentary group recommendation as the pillars or core outcomes to base the remodelling of the remodelled Children's Centre offer.

3.4   The recent Reading Children's Centre review asked families, staff and Children's Centre Advisory Boards as to the desired outcomes for children under 5 years and their families.

These were:

- Health - physical and emotional;
- Being safe inside and outside the home;
- Positive family relationships;

- Having basic needs met i.e. food, shelter;
- Have opportunities and choices and being able to make their own decisions.

3.5 the local views and opinions of families and Children's Centre advisory boards and the proposed changing national positioning of Children's Centres have influenced the development of remodelling the Children's Centre offer for Reading.

3.6 Currently the Directorate is seeking to refresh the Early Intervention and Prevention strategy to provide a clear direction and focus of the work of our own and partners Early Help offer in Reading. The new strategy will be building on the work of IMPOWER, whose findings are that going forward the council need to:

- Secure ways to manage demand at all points of contact with families – built on a refreshed systems wide approach to Early Intervention and Prevention (a new model of EI&P integrated delivery);

- Ensure clarity on all our roles, responsibilities and associated pathways to support Children and families as early as possible, ensuring there is a stronger understanding and application of thresholds;

- Target resources to be as preventative as possible across the partnerships and agencies;

- Fully understand the range of partnership offer in place that is preventative in intent.

3.7 Therefore the Council's Early Intervention and Prevention 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 and health sector input to provision whilst Reading Borough Council moves to targeting its resources to meet vulnerable children's needs in the early years as a priority.

3.8 The Council must also ensure that entitled 2 year olds use their education offer and that the town is able to meet the increased 3 year old entitlement for eligible families to assist parents to start to prepare for work.

4. CURRENT OFFER

4.1 Reading currently has 13 Children's Centres being led by 5 teams. These teams are based in key locations but deliver in each of the reach areas that are designated to the Children's Centre. Reading has named these as Children's Centre Clusters-North, East, South, West and West Central clusters.

4.2 Children's Centres operate under the Ofsted Framework (2012). Two clusters have been inspected to date - East and North - and both were graded as Requires Improvement with elements of good.

4.3 Within each of the 13 Children's Centres there is a consistent level of universal and targeted provision. There is some local variation in the programmes based on parental input and identified local needs. The table below describes the current offer.

Current offer is described as:

Universal – CC Team	Universal – Partnership	Targeted support – CC team
Open access to family activities in any of thirteen children's centres across Reading. These include activities to support children to be ready for school/nursery and are often named; Stay and Play, Messy Play, Story time, Rhyme time, Art and Craft sessions Physical activity groups run by private providers bought in by the clusters New Baby support groups	Midwifery sessions but inconsistent offer across Reading 9 month and 2 year old checks by Health Visiting Well Baby Clinics Parents can access services at Children's Centres and other venues across Reading. Benefits/Housing advice	Outreach support to engage vulnerable families to attend the universal and targeted group work and to enable families to access the 2 year old early education offer. Group Parenting support through formal evidence based courses 1-1 family support Perinatal mental health group support Special education needs/disability family group support Healthy Lives and keeping healthy Family Learning and Volunteering Crèche provision to support adult education courses

Currently there are 4 key ways that families are identified for targeted support
- Children's Centres have established a maternity pathway referral system in partnership with RBH Maternity Services enabling early identification and intervention for vulnerable pregnant women supported by the Children's Centres.
- A Pathway to Employment developed in partnership with New Directions facilitates a route to support parents to be ready for work and supported by crèche provision, includes Family Learning, Accredited Basic Skills Courses, Employability support and Volunteering opportunities.
- Professionals, e.g. Health Visitors, request support through the Early Help hub.
- Children on Child protection and Child in Need plans are shared with Children's Centres on a regular (monthly) basis

5. THE PROPOSAL

5.1 It is recommended that a 12-week public consultation is held on the following proposal.

Service Offer - Each of the 4 Children's Centre hubs will operate under a consistent Reading wide model offering a universal health and maternity service and an early intervention support service, mainly a targeted service for families. This model will be based on the four pillars of delivery as noted in the All Party Parliamentary Group on Children's Centres (July 2016) and outlined in paragraph 3.2 of this report.

5.2 The offer is seeking to secure the following outcomes for children under 5 years and their families (working mainly with children under 3 years) across Reading:

- Children have strong social skills;
- Health - child's physical and emotional well-being;
- Parenting support-Keeping children safe and family routines and boundaries;
- Health - parents physical and emotional well-being supports children to cope emotionally;
- Positive family relationships and attachment enable children to become relatively independent in their personal care;
- Housing issues/Money - access to benefits, work to reduce child poverty and prevent homelessness

5.3 These outcomes have significant commonality of purpose to the Health Visiting service. It is proposed that the Health Visiting service will be fully integrated into the Children's Centre offer from October 2017, as it seeks to secure these outcomes:

- Ensuring delivery of the Health Child Programme to all children and families, including fathers, starting in the antenatal period;
- Promoting secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches;
- Promoting breastfeeding, healthy nutrition and healthy lifestyles;
- Promoting 'school readiness' including working in partnership to improve the speech, communication and language of babies and toddlers and working with parents to improve the home learning environment;
- Working with families to support behaviour change leading to positive lifestyle choices;
- Safeguarding babies and children through safe and effective practice in safeguarding and child protection.

5.4 It is proposed to realign the Children's Centre offer to focus on pre-birth to three years old. This aspect of the proposal is:

- Based on the theoretical evidence that the most crucial time of development for a child is from pre-birth to the first three years of life. Reports such as Early Intervention: The Next Steps - An Independent Report to Her Majesty's Government Graham Allen MP highlight that responding to the first signs of risk to healthy child development can provide children with the vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and equip them to raise children of their own, to enjoy higher levels of well-being.

- The introduction of 30 hours early education entitlement for 3 year olds from September 2017 will result in a reduction of demand from families for universal activities in Children's Centres and more emphasis being placed on pre-birth -2 year age range.

5.5 The Children's Centres will provide support for families using a stepped care model utilising three tiers of support tailored to the needs of families and a specialist service including portage and teenage parents. Interventions will occur at the earliest stage possible to identified families to prevent escalation to more intense high cost services. The Children's Centre service will embed the "Think Family" approach at all tiers of support specifically focusing on the needs of parents which act as an enabler to nurturing children.

5.6 The table below summarises the offer within the proposal stepped care model.

	Step 1 - Universal	Step 2 - Universal Plus (Targeted group support)	Step 3 –Intensive 1:1 support
Ante Natal-Birth	Ante natal care Health checks Online self-service advice	Group support Outreach support	1-1 support Portage Teenage parents Attachment therapy
Birth-2 years	Post natal care Health checks and clinics Integrated 2 year health/education check Low level parenting support activities Online self-service advice	Outreach Group support Parenting courses Training and employment Benefits/Housing advice Access to 2 year old Early education	1-1 support Portage Teenage parents Attachment therapy Parenting courses
3-5 years	Health Clinics Low level parenting support activities Online self-service advice	Parenting courses Training and employment Benefits/Housing advice	1-1 support Portage Parenting courses

5.7 The Children's Centre offer will aim to target families with clear early intervention and prevention needs to support as early as possible. The families that we will target in the steps 2 and 3 in the model will have these key characteristics:

- Families living in poverty, including 'in work' poverty;
- Children identified with early signs of neglect;
- Families that have/ are affected by parental mental health & poor well-being;
- Families that have/ are being affected by Parental substance misuse;
- Families that have/ are experienced domestic abuse;

- Families that have/ are being affected by housing issues including homelessness

Buildings Proposal

5.8 Establish 4 fully integrated Children and Family Centre Hubs in areas of highest need and deprivation to deliver the core Children's Centre offer and to provide space for the provision of additional family services. There would be delivery of some services from satellite buildings.

5.9 Under the proposals, the number of designated Children's Centres would be reduced from 13 to 4.

5.10 The 4 Children's Centre hubs (South, West 1, West 2, and North/East) would be the key service delivery site and office bases for the integrated Children's Centre services, including maternity services, health visiting service and the RBC offer within the programme. An Adult Education programmes will be available in each hub with a dedicated crèche facility on-site. This will be supported by employment and benefits advice and guidance.

5.11 Children's Centres will maintain a whole family approach being welcoming to additional family activities provided by partners/agencies/community focused on supporting local families. The buildings could be available from 3pm each day and some weekend usage e.g. for CAMHS to run local clinics, Contact sessions for Children's Social Care, Portage/Speech and Language to provide weekend clinics or group activities. Parents will be engaged as key partners across the Children's Centre programmes, building on the capacity of communities to develop services to meet needs.

5.12 RBC will actively seek opportunities to develop services for families in partnership with the voluntary and faith sector. It will also embed a model that can be expanded in the future, dependant on funding, that could include more specialised provision, for example After School provision for 4 and 5 year old children with special educational needs/disabilities as well as intensive parenting programmes. It is proposed that some of these services could be led by the voluntary/faith sector.

5.13 It is important to note that services would be delivered from a variety of service delivery sites across the town and not just from each hub building. Therefore, in addition to hub buildings, it is proposed to have 2 other types of buildings that would support delivery/ accommodate staff:

5.14 **Satellite building** - Defined as accommodating a portion of the integrated staff team and delivery of universal health services e.g. maternity appointments. There will be targeted delivery here as well for vulnerable families, particularly in communities that are in areas of deprivation and require greater access due to the transport links into the community. There will be a long term commitment to use these buildings into the near future.

5.15 **Community Venues** - Defined as mainly delivering services as programme demand dictates. Often these will be used for a time-limited period and agreements on use will need to be flexible as needs change within the community.

5.16   Summary table of the proposed Four Hubs building model

Geographical Reach areas	East/North/Central	West 1	West 2	South
Hub buildings	Sun Street Youth & Community Building	Southcote Youth & Community Building and Children's Centre	Ranikhet Children's Centre	Whitley Youth Centre
Satellite buildings	Caversham Children's Centres & Nursery School	Coley Children's Centre at St St Mary and All Saints	Battle Library or Civitas School (TBC)	None
Community Venues (examples given and it is not an exhaustive list)	E.g. Emmer Green Community Centre	E.g. Tilehurst Library	E.g. Salvation Army	E.g. Hexham Road Community centre

5.17   Appendix A has an outline of each hub model specifics that provide detail for the building element of the proposal.

6.   CONTRIBUTION TO STRATEGIC AIMS

6.1   Readings Children's Centre programme contributes to 3 strategic aims of the Local Authority corporate plan 2016 – 2020. These are:

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

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   In addition to the informal consultation already undertaken as part of the family support and children's centre offer review a further period of public consultation on proposals for the future of the children's centre offer is now planned.

7.3   This phase of consultation would seek to ensure that all stakeholder groups understand the proposals and can have their say. Key stakeholder groups are parent and families currently using the Children's Centre programme, Voluntary Sector and Health sector partner organisations and local school and pre-school providers.

7.4   The Council would invite and carefully consider any proposals put forward by consultees for achieving the desired level of savings. A consultation document will explain the background to and reasons for the proposals to allow consultees to

suggest alternatives. The consultation would also allow the Council to explore means of reducing the adverse impacts of the proposals, should any of them ultimately be adopted.

7.5 Working with colleagues across the council (Web team, internal and external marketing and Policy) it is proposed that the consultation document will be made available on the Council's website, and in hard copy format at key locations (e.g. Children's Centres, Libraries) and at the Civic Offices.

7.6 Leaflets and posters directing the public to the children's centre offer information RBCs webpage will also be displayed in children's centres and venues and community centres across the Borough.

7.7 It is also proposed that a number of targeted focus groups will be arranged to ensure that the Council has considered impacts on, and sought input from families that may be particularly affected by the proposals.

7.8 Public Consultation will last for a period of 12 weeks.

- January 4th 2017 - Public Consultation opens
- March 29th 2017 - Public Consultation closes

7.9 A report will then be produced to present at the May 17 Policy committee that will outline the consultation responses and a final decision will be taken to implement the changes proposed on the back of consultation. Normally this would be taken back to an Ace committee, however in order to ensure that agreed proposed changes are in place by October 2017. Officers will bring a short update report to an ACE committee meeting as soon after the May 17 Policy committee meeting as possible.

8. EQUALITY IMPACT ASSESSMENT

8.1 A full Equality Impact Assessment will be undertaken as part of the consultation process.

9. LEGAL IMPLICATIONS

9.1 Depending on which option goes forward, will determine future legal implications.

10. FINANCIAL IMPLICATIONS

10.1 Since financial year 2010/11 there has been a steady cut in funding in this programme. When the full effect of these funding cuts are in place, at the start of 2018/19, this will represent a 58% cut in the RBC spend on the Children's Centre programme over those 8 years. It is also noted that our current spend on Children's Centre is below our statistical neighbours when measured on expenditure against the total number of 0 – 17 year old population.

10.2 Current RBC expenditure on the five Children's Centre clusters as per budget book 16/17 is £1,268,000.

10.3 This report is seeking to consult on savings £400K from this children's centres budget, representing 32% of the current spend.

10.4 After the £400k savings taken out of the budget, the total Reading Borough Council spends on Children's Centres will be £868,000.

10.5 Reduction in budget will result in a restructuring of the Children's Centre staff and an overall reduction in the workforce. This will be achieved in two phases based on financial years.

10.6 Phase 1, next financial year, will be to remove £100k from the budget that will be achieved by not replacing one of the cluster managers and deleting the qualified teacher posts. All of these posts are currently vacant and the qualified teacher posts have been vacant for over a year and the overall programme continues to provide good quality activities.

10.7 It is proposed that managers in the future must have either a qualified teacher's status or an equivalent educational qualification specialising in early years to ensure that the educational input is of the highest standard. In addition the programme will seek the support of Reading local maintained nursery schools to support the Children's Centre workforce with advice, training and development. There will also be continued strong links with Educational Psychology team to support special educational needs and disability service provided for families.

10.8 In Phase 2, by start of financial year 2017 – 2018, a further 300K will be removed from the budget. This will be achieved on the back of proposed consultation with the public and a re-structuring of the budgets from 5 cluster teams to 4 hubs. It is expected that there will be a loss of management and front line staff and reduction of cost on buildings and activities that are currently being paid for.

11. CAPITAL IMPLICATIONS

11.2 Consolidation of the staff into fewer children's centre clusters will rationalise the use of RBC buildings and support the council's asset realisation project. Therefore some RBC buildings could be sold and other building such as Katesgrove Children's Centre (also known as Waterloo Meadows) the council will seek alternative purpose, but related to family service provision.

11.3 On the back of consultation there is the possibility that officers may require further capital spending on the building's retained to ensure that they are fit for purpose. Any future capital requirements will be outlined in the next report on Children's Centres, planned for May 2017.

12. BACKGROUND PAPERS

12.1 Appendix A – Detail on the building proposal per Hub.

12.2 Appendix B - Reading Children's Centre Cluster Demographic profile October 2016

Appendix A – Detail on the building proposal per Hub.

South Reading- Hub summary:

- The hub will be located in Whitley Youth Centre with the majority of the team working from that site. The building will be renamed South Children's Centre hub;
- All adult education and crèche will be delivered from this site;
- Maternity services to deliver ante natal appointments (not currently in place);
- Integrated workforce will be sited in the Youth & Community Centre buildings;
- The team will deliver services across the South of Reading utilising community buildings- Hexham Road Community Centre, Blagdon Nursery, Kennet Island, and Whitley Wood Community Centre to deliver both universal health clinics and checks with some wrap around targeted activities.

Building Changes required are:
- Additional work would need to be completed to convert the entrance space of the Youth Centre to office use to accommodate the South CC team;
- Some of the team could be located in the reception area of the Community Centre supporting delivery of the relocated library service;
- This will free up the space currently used in the Community Centre and the Health and Social Care building.

Closure of Children's Centres - Blagdon Nursery and Children's Centre: Children's Centre services would no longer operate from this building, but it would remain as a vital Nursery School and childcare facility for local families.

North/East Reading Hub summary:

- The hub will be located in Sun Street Youth and Community Centre;
- Maternity Services to deliver ante natal appointments at Sun Street and Caversham Children's Centre and Nursery school;
- Health Visiting staff to be located in the front office at Sun Street;
- Integrated CC/Health team will be sited Sun Street, as the Hub and Caversham Children's Centre and Nursery school, as the satellite building;
- The team will deliver services across East and North Reading utilising community venues- The Warehouse, Emmer Green Youth & Community Centre, Katesgrove Children's Centre (also known as Waterloo Meadows) and possibly some local primary schools.

Building Changes required are:
- Additional room to be made available at Sun Street;
- Exclusive use of front office at Sun Street;
- Reduce space required at Emmer Green Youth & Community building- one crèche room to be used for health clinics and wrap around targeted activity;
- No access at Hamilton Road building will be required;
- Reduced use of Katesgrove Children's Centre (as known as Waterloo Meadows);
- Reduced use of Caversham Children's Centre

Closure of Children's Centres - North Reading Children's Centre, Caversham Children's Centre and Nursery School, Hamilton Road Children's Centre and Katesgrove Children's Centre: Children's Centre services would no longer operate from these buildings. It is

important to note Caversham Children's Centre and Nursery School would remain as a vital Nursery School and childcare facility for local families, and become a satellite site.

West Reading Hub 1 summary:

- The hub will be located in Southcote Youth and Community & Children's Centre;
- Maternity Services to deliver ante natal and post natal appointments at ante natal appointments at Coley CC;
- All adult education and crèche will be delivered at Southcote;
- Integrated CC/Health team will be sited at Southcote Children's Centres;
- The team will deliver services across the West of Reading utilising community buildings Coley Children's Centre and Tilehurst Library.

Building Changes required are:
- Changes at Southcote Youth and Community & Children's Centre have been agreed already through the Library's remodelling proposal. There are no further changes required in this proposal. The current Community Centre will be extended to deliver co-located services including a library, children's centre and adult education.

Closure of Children's Centres - Blagrave Children's Centre and Coley Children's Centre: Children's Centre services would no longer operate from these buildings. It is important to note Blagrave Nursery school is un-affected by this proposal and will remain as a vital Nursery School for local families.

West Reading Hub 2 summary:

- The hub will be located in Ranikhet Children's Centre;
- Maternity Services to deliver ante natal and post natal appointments at Ranikhet ante- natal appointments at Coley CC;
- All adult education and crèche will be delivered at Ranikhet;
- Integrated CC/Health team will be sited at Ranikhet and Southcote Children's Centres;
- The team will deliver services across the West of Reading utilising community buildings –Tilehurst Library, Battle Library (focusing on main bus routes).

Building Changes required are:
- No immediate changes required at Ranikhet Children's Centre;
- No access at Norcot Youth & Community Centre;
- No access at Fairview Youth & Community Centre;
- Access space at Civitas academy for Health Clinics, checks and targeted activities.

Closure of Children's Centres – At Norcot Children's Centre & Oxford Road Children's Centre: Children's Centre services would no longer operate from these buildings. It is important to note Norcot Early Years Centre is un-affected by this proposal would remain as a vital Nursery School and childcare provision for local families.

Appendix B - Reading Children's Centre Cluster Demographic profile October 2016

This demographic profile of Reading Children's Centre areas provides data on the differing levels of need of children under 5 years and their families in local communities of Reading giving a clear understanding of areas of higher need, helping us to better position the future Children's Centre hubs and shape the new delivery model in the context of the current economic position.

Demographic data has been sourced from the Department for Communities and Local Government (Indices of Deprivation), the 2011 Census and the Department for Education.

The most comprehensive and widely adopted overall measure of deprivation is the Department for Communities and Local Government's Index of Multiple Deprivation affecting children (IDACI). This was updated in 2015 (previously published in 2010 and 2007) and reflects information at a Local Super Output Area Level (LSOA)

Population

The population of Reading continues to increase and the needs of our families and communities are placing increasing demands which impacts on the services we provide in an environment of cuts to funding for Local Authorities. The next few years will see significant changes as we plan and cater for increasing demands for some services, whilst other services will need to continue to change in order to remain financially viable despite significantly less funding for local government.

An integral part of reviewing and reshaping the service provided for children under five years and their families is to consider various indicators that combine to provide a local picture of need and vulnerabilities in our communities that will inform future direction of the Children's Centre service.

In 2011, the resident population of Reading was recorded as 155,700. This is a 9% increase on the 2001 census figure of 143,096, and 2% more than the population increase between 1991 and 2001. The population of Reading is expected to increase by a further 24% by 2050, to 193,065.

Figure 1a below shows the age structure of Reading's population in 2011:
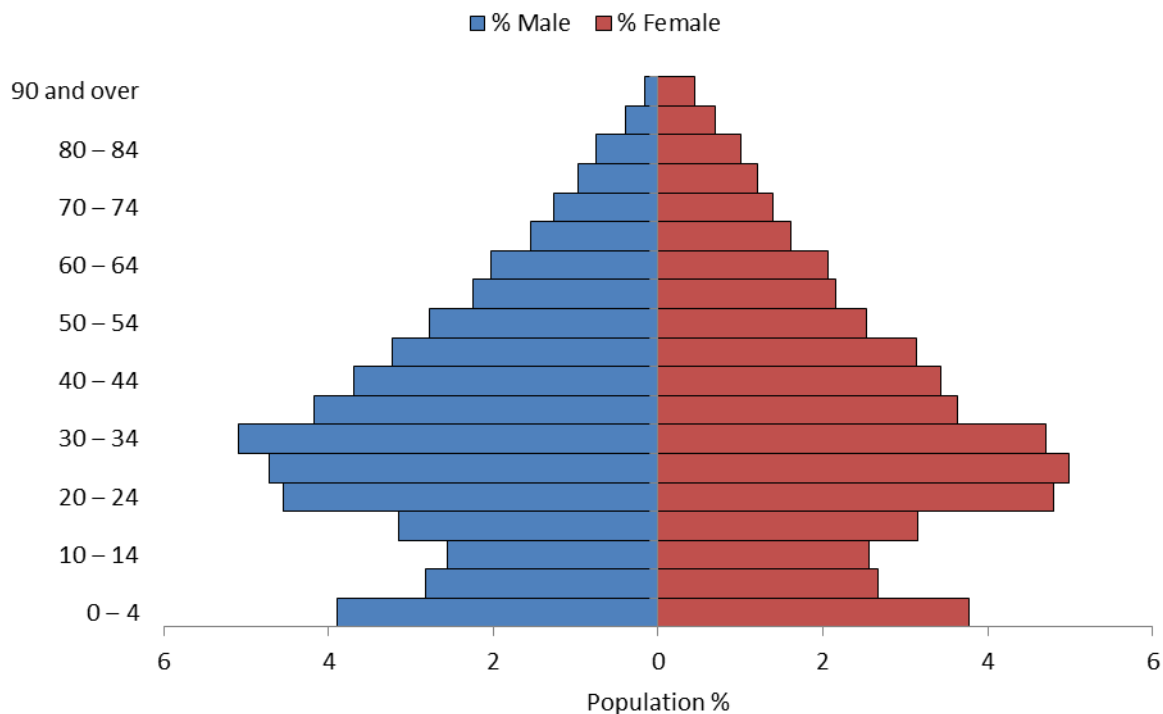
The mean age of residents in Reading is 35 years. Reading has a higher percentage of the population aged 0-4 years and 20-39 years than the England average, and a lower than average population aged 10-14 years and 45+ years.
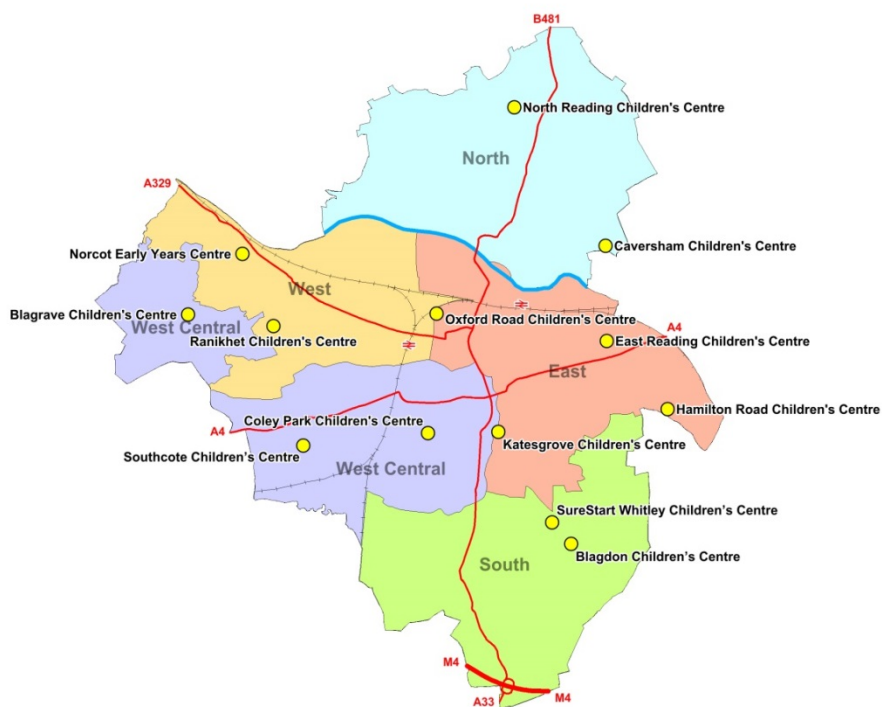
Reading Children's Centre Cluster Reach Areas

Registration and Attendance data for Children's Centre Clusters

	North	East	South	West	West Central	Reading
2014-2015						
0-4 population	2349	2553	1944	2660	2431	11937
0-4 regsitered	1631	2134	1469	2439	1880	9553
%	69	84	76	92	77	80
0-4 attendance	1190	1294	881	1875	1203	6443
%	51	51	45	70	49	67
2015-2016						
0-4 population	2315	2782	1984	2791	2528	12400
0-4 registered	1679	2215	1441	2508	1923	10789
%	73	80	73	90	76	87
0-4 attendance	1335	1793	956	1724	1505	7795
%	58	64	48	62	60	63

- The largest population of children 0-4 years (23%) are living in the West Cluster reach area which also has the highest number of 0-2 year olds (24%);
- The lowest population of children aged 0-4 years is in South Cluster with 15% of children 0-4 year old and 19% of the 0-2 year olds;
- Registration figures have shown some variation across the five clusters however has been maintained over the Ofsted target of 70% for the last two years;
- Attendance has fluctuated since 2014 with the introduction of free early education entitlement for the most vulnerable 2 year olds. This has been most evident in West Reading where the highest number of entitled chuldren reside.
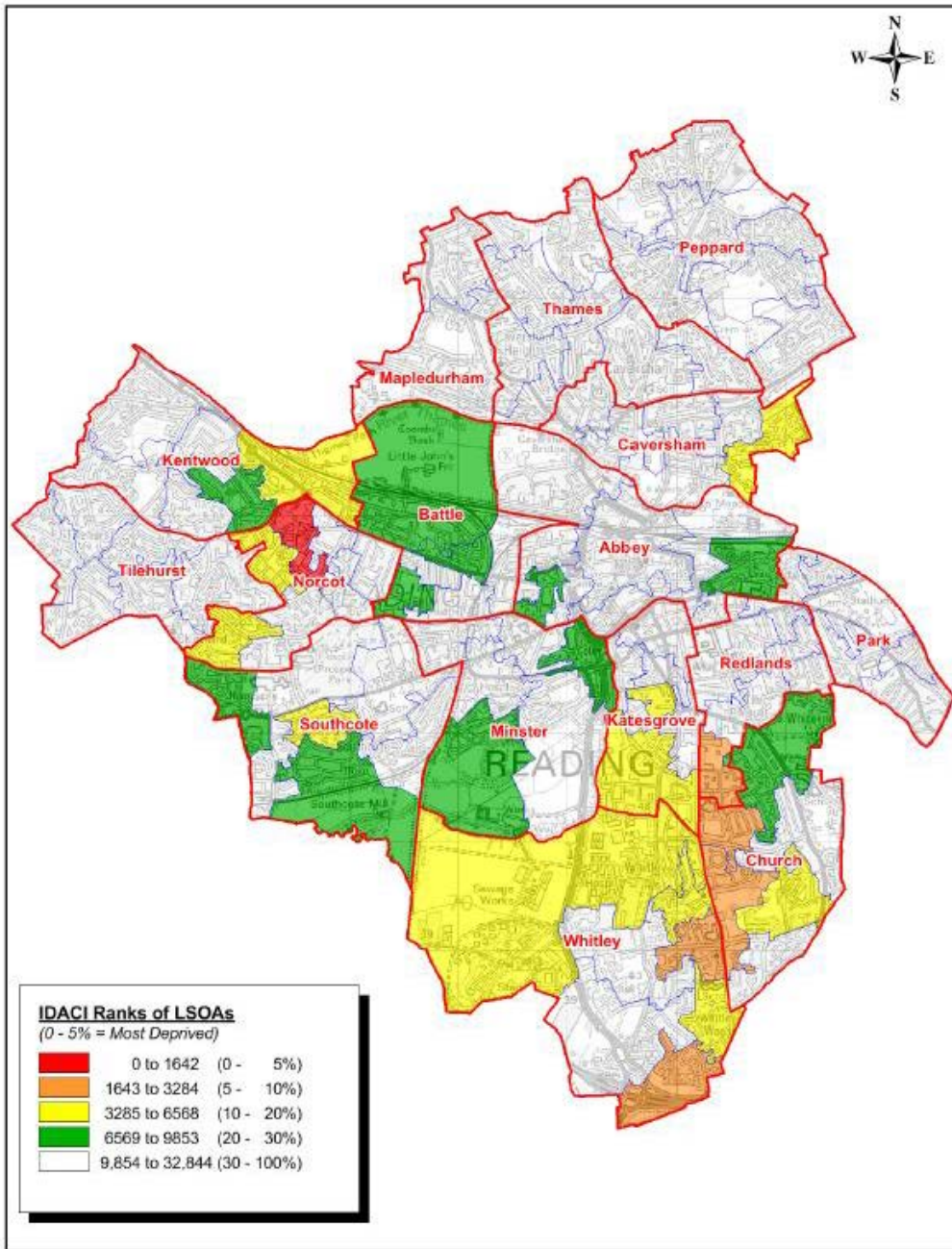
Title: **IDACI**
Index of Multiple Deprivation 2015
Produced by GIS & Mapping Services   Date: 14/01/2016   Scale at A4:1:46000
Ref: G:\Mapinfo\Data\Client datasets\Chief Executives\IMD Maps 2015\IDACI.wor

© Crown copyright and database rights 2016 Ordnance Survey 100019672.
Department for Communities and Local Government, Indices of Depriavtion 2015.

	Level of deprivation			
Cluster	0-5 %	5-10%	10-20%	20-30%
North			1	
East			2	1
West	1		3	5
West Central				5
South		5	4	1

Overall level of deprivation of LSOAs in Children's Centre reach areas (2015)

- There are 28 LSOAs across Reading in the 30% most deprived in the Country. There are areas of deprivation located in each of the current Children's Centre Cluster areas;
- 10 of the most deprived LSOAs are situated within the South Cluster;
- The most deprived LSOA is located in West Cluster (5% most deprived);

Education /qualification data

Early Years Foundation Stage Profile 2016
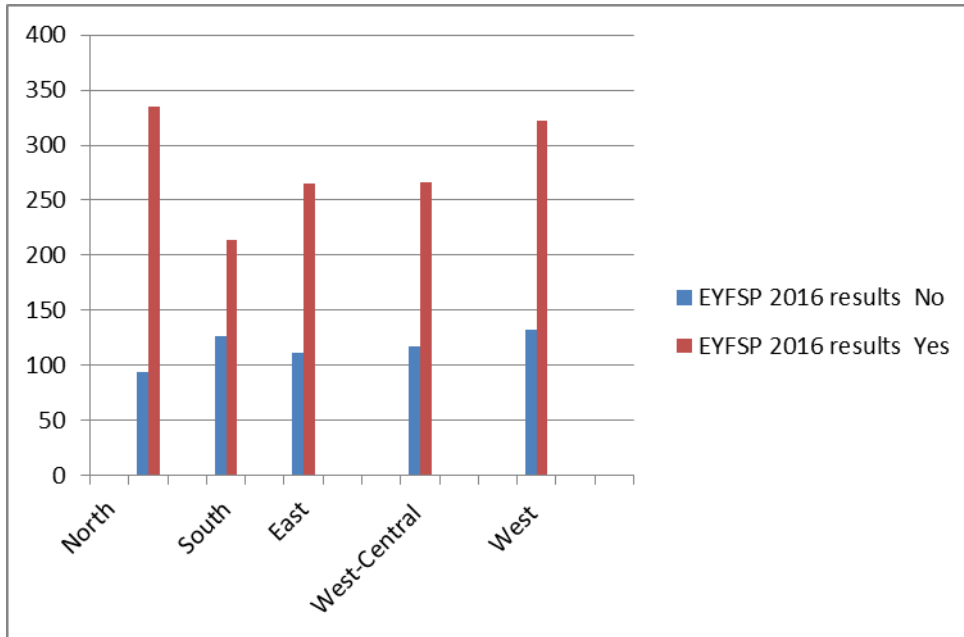
- In 2015 at Early Years Foundation Stage, 71% of Reading pupils were working at or above the expected level. This was above the national average of 70%;
- 78% of children living in the North Cluster achieved the Early Years Foundation Stage profile in 2016;
- 62% of children living in the South Cluster achieved the Early Years Foundation Stage profile in 2016.

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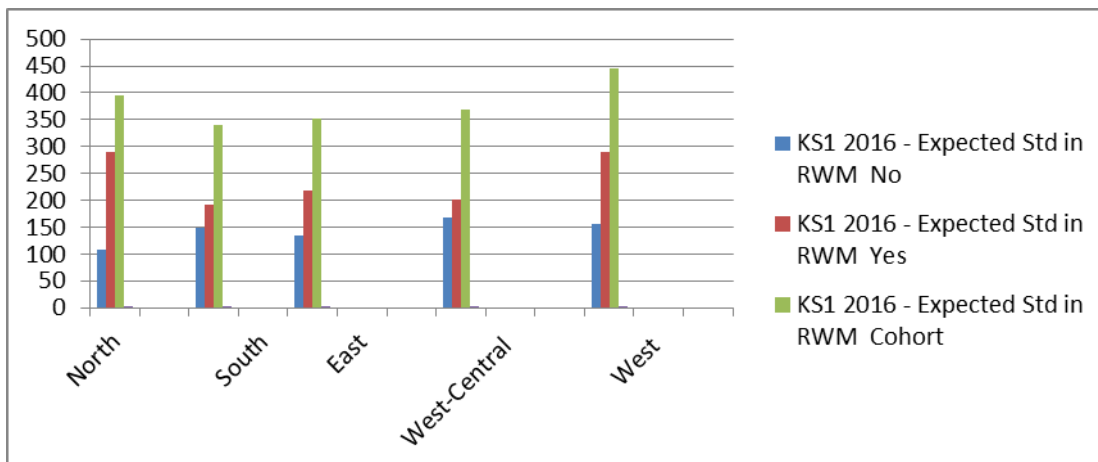
- The highest % of children achieving the expected standard at KS1 live in North Reading Cluster (73%) whereas only 55 % of children living in West Central Cluster reached the KS1 standard and 56% of children in South Cluster.
- In 2011, the percentage of Reading residents with no qualifications had decreased by 5.4% on 2001 (22.8% to 17.4%), in line with the national picture. However, this picture varies noticeably across Children's Centre Cluster areas, with the greatest proportion of residents with no qualifications living in West Central, followed by South Cluster and then West Cluster.

Education, Skills, Training Rank
Lowest Rank = Most Deprived

🟥	1 to 3,284
🟧	3,285 to 6,568
🟩	6,569 to 9,853
⬜	9,854 to 32,844
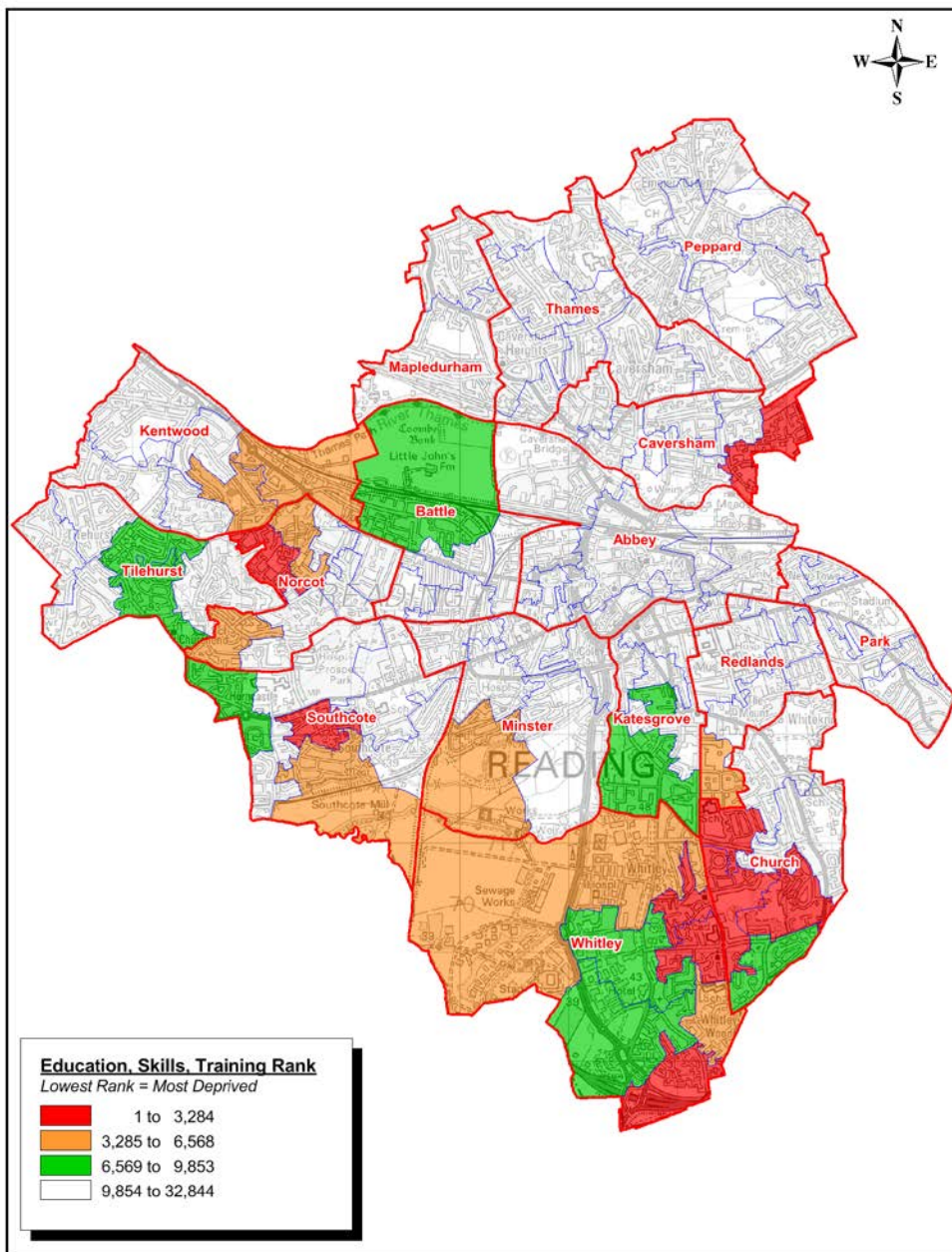
Title: **Education, Skills and Training**
Index of Multiple Deprivation 2015
Produced by GIS & Mapping Services   Date: 17/11/2015   Scale at A4:1:46,000
Ref: G:\MI\D\CD\CE\Mosaic IMD - Jill Marston\2015_IMD_Data\IMD Maps\Education skills and training\education_skills_training.wor

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Department for Communities and Local Government. Indices of Deprivation 2013.

Referrals to Children's Social Care for year 1/4/2015-31/3/2016

	Referrals to CSC for children 0-4 years	% of referrals	Referrals to CSC for children 0-4 years Domestic Violence	% of total referrals for the cluster
North	803	13	266	33
East	925	15	248	27
West Central	1357	22	365	27
West	1534	25	459	30
South	1472	24	417	28
Total	6091	100	1755	

- There are a high number of referrals across Reading for children under 5 years with the highest number and % in West Cluster followed by South Cluster. This is notable for South cluster as it has the lowest reach population in Reading;

- The highest number of referrals for domestic violence relate to families in West Cluster (459). However, the highest proportion (33%) of referrals for a Cluster involving domestic violence come from North Cluster.

Children 0-4 years known to CSC 31/3/2016

	Children 0-4 subject to a CP Plan	% of total subject to a CP Plan	Children 0-4 Child in Need Plan	% of total with Child in Need Plan	Maternity Pathway referrals	% of total Maternity Pathway referrals
North	36	15	24	11	32	14
East	40	17	36	16	43	19
West Central	41	17	64	29	57	26
West	47	20	45	20	54	25
South	71	30	53	24	34	15
Total	235		222		220	

- The highest number of children subject to a Child protection Plan live in South Reading cluster and comprise 30% of the Reading total. This is notable for South cluster as it has the lowest reach population in Reading;
- The highest number of children with a CiN plan live in West Central -64 children and 29% of all Reading children on a Child in Need Plan. The second highest number live in South Cluster;
- North Cluster has the least number of children known and being supported by CSC.

Cluster	No of children
South Cluster	48
North Cluster	24
West Central Cluster	54
East Cluster	40
West Cluster	58
Reading	224

Home address of children 0-4 home before becoming Looked After 31/3/2016

- The highest number of children to be removed lived in the West Cluster (58) followed by West Central Cluster (54). This totals half of all children who became looked after in 2015-2016.

Demographic Summary:

- Whilst the South Cluster has the smallest population it consistently shows the highest level of needs in almost all indicators;
- West Cluster and West Central Cluster also indicate high levels of needs in the majority of areas;
- The most deprived LSOA is located in the West Cluster (5%) but overall South Cluster has 5 LSOAs in the 5-10% most deprived in the Country.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 **AGENDA ITEM:** 17
TITLE:	HEALTH VISITORS/SCHOOL NURSE SERVICE OPTIONS
LEAD COUNCILLOR: CLLR JAN GAVIN CLLR GRAHAM HOSKIN	**PORTFOLIO:** CHILDREN AND FAMILY SERVICES HEALTH
SERVICE: CHILDREN, EDUCATION & EARLY HELP SERVICES	**WARDS:** BOROUGH WIDE
LEAD OFFICER: Andy Fitton	**TEL:** 01189 374688
JOB TITLE: Head of Service for Early Help	**E-MAIL:** Andy.fitton@reading.gov.uk

1. PURPOSE OF THE REPORT

1.1 The report sets out the proposed next stage in the delivery of the mandated universal health visitors and school nurses programme.

1.2 From 1st April 2015 to 30th September the PH Commissioner jointly commissioned the HV service from Berkshire Healthcare Foundation Trust (BHFT) until final transfer of responsibility on 1st October 2015. The allocation of funding to commission the service was then included in the Public Health (PH) Grant allocation. This meant that responsibility for the commissioning of public health nursing services for children age 0 - 5 years and Public Health School Nursing for children aged 5 – 18 years, was transferred to Reading Borough Council (RBC).

1.3 At the Adult, Children and Education (ACE) Committee meeting on 4 March 2015, it was agreed that the commissioning approach in place provided by Public Health Shared Service would continue until 1st October 2015 which would complete the transfer process. This included the decision to delegate authority to the PH Shared Team to give notice to BHFT on the contract for RBC. The council included an option to extend the contract by a further 12 months until September 2017 if more time was needed to consider alternative delivery models, which has been taken. They also made a decision that the Director of Children, Education and Early Help Services be given delegated authority, in discussion with the Lead Member for Children and Families and Health and the Head of Legal and Democratic Services and the Head of Finance, to enter into the contracts for the specified duration as outlined in the paper 4.1 and 4.2.

1.4 Officers have looked at several options, which are set out in this report on how to continue to run the PH nursing service in Reading from September 17 onwards. In all options the services would need to deliver against the mandated PH functions and standards as a package of universal and targeted services, which enables risk assessment and early identification of additional needs, ensures that families receive early help and support upstream before problems develop and reduce demand down stream on higher cost specialist services. The budget is part of the ring fenced PH grant. This report has been produced in discussion with the Director of Public Health and Director of Adult Care and Health (budget holder)

1.5 After detailed consideration of the options and given the current pressures which the council is facing , the preferred option is as follows:

- To bring the health visitors service and school nursing service together into a single contract.
- That the service is commissioned from an external partner for 2 years with an option of a 1 year extension, with effect from 31st September 2017.
- That there is sufficient scope in the contract to agree contract variation to respond to the needs of children.
- As part of the scope a requirement is built into the contract that the Service Manager, although line managed by the contractor, has a dotted line to the Head of Early Help and is a key member of the management team of Children's Services to champion the health of children and young people.
- That the services will be based in the Children's Centres/ Schools to provide their universal offer to children.
- The management and monitoring of the contract will be via a programme management approach including RBC's Early Help services and Public Health. All parties are seeking to ensure that this service offer is integral to the Council's offer and that the mandatory requirements are met to a high standard.
- That the council considers other linked health projects which could be integrated into the service offer to young parents to consider how vulnerable parents could be supported and that the number of children born into vulnerable situations are reduced. Any such proposals would need to meet PH outcomes and standards if funded from PH grant.

2.	RECOMMENDED ACTION

2.1 That Committee approves the commissioning of Health Visitors and School Nursing service as a single service and delegates this responsibility to the Director of Children, Education and Early Help

2.2 That the decision to award the contract is delegated to the Director of Children, Education and Early services, and that consultation is required with the Director accountable for PH grant spend, the Director of Public Health and with the Lead Members for Children and Families and for Health

3.   POLICY CONTEXT

3.1   The Health and Social Care Act 2012 ("the 2012 Act") transferred Public Health functions from the NHS to Local Authorities commencing on 1 April 2013 with the transfer of different services being staged. The transfer of the commissioning responsibility from NHS England to Public Health, within Local Authorities, for the Health Visiting, School Nurses and Family Nurse Partnership Service took effect from the 1 October 2015. This followed the expansion of the Health Visitor "Call to Action" Programme which expanded the number of Health Visitors nationally by 4200 to deliver the Healthy Child Programme (HCP).

3.2   NHS England (NHSE) the lead commissioner and NHS Education England worked with NHS providers nationally to ensure a new cohort of qualified Health Visitors were in place to deliver the Healthy Child Programme in the form of tiered offers: Community, Universal, Universal Partnership and Universal Partnership Plus. Thus ensuring children aged 0 to 5 years of age and their families received the opportunity for best start in life with help and support.

3.3   The Healthy Child Programme (HCP) provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all child care, early years and
- education settings and especially are supported to be 'ready for to learn at two and ready for school by five

3.4   Statutory provisions in respect of Health Visitor Services came into effect on 1 October 2015 and mandated particular elements of the HCP. The mandated elements define that all families receive 5 key mandated visits from their health visitor. These key child development reviews, are sometimes referred to as the 'backbone of the HCP' and take place at Antenatal, New baby, 6 – 8 weeks, 9 – 12 months and 2 – 2 ½ years. The mandated reviews are currently subject to review by Public Health England.

3.5   Additionally, Local Authorities including Reading took on the PH Duty of commissioning School Nursing to local delivery of the National Child Measurement Programme (NCMP) from the 1st April 2013. The NCMP involves the annual measurement of the height and weight of children in reception year and Year 6, and the return of the data to the Health and Social Care Information Centre (HSCIC).

3.6 Health Visiting and School Nursing are currently provided for five Berkshire councils by Berkshire Healthcare NHS Foundation Trust (BHFT). Royal Borough of Windsor and Maidenhead (RBWM) are just in the process of transferring these services, with early intervention services, into a community interest company.

3.7 At the ACE meeting on 4 March 2015, the Director of Children, Education and Early help Services, in consultation with the Lead Members for Children and Families and Health, the Head of Legal and Democratic Services and the Head of Finance was given delegated authority to enter into a contract for the Health Visitor and Family nurse placements services in 15/16 and agree an extension if required.

3.8 Notice has now been given to the current provider. The option to extend this period until 30th September 2017 has been taken up whilst RBC further develop the integrated 0-19 (25) years specification which has been agreed by the Director of Children, Education and Early Health Services and Director of Public Health.

4. THE PROPOSAL

4.1 The start of life is especially important in laying the foundations of good health and wellbeing in later years. The period from prenatal development to age 3 in particular is associated with rapid cognitive language, social, emotional and motor development.

4.2 There are large and lasting benefits to intervening early. Reports such as Early Intervention: The Next Steps - An Independent Report to Her Majesty's Government. Graham Allen MP highlighted that responding to the first signs of risk to healthy child development can provide children with the vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and equip them to raise children of their own, to enjoy higher levels of well-being. Effective interventions in the early years can also generate significant financial savings at later stages for example in terms of improvements in health, behaviour, reduction in violent crime, higher educational attainment, better employment opportunities and parenting of the next generation. Later interventions, although important, are considerably less effective where good early foundations are lacking.

4.3 Improving support for children and families at the start of life calls for strong partnership working. Taking action together to intervene early requires collaboration on a wide front. Health visiting and School Nursing services, GPs, midwives, Children's Centres, Schools, Early Years settings and other local organisations, working in partnership will have a crucial role in ensuring that this happens – working with families to build on strengths and improve parenting confidence and, where required, referring early for more specialist help.

Health Visiting:

4.4   Reading Borough Council took over commissioning of the Health Visiting service for the Reading locality from NHS England from 1 October 2015 for a period of 12 months. The DCEEHS and Public Health officers have agreed to exercise an option to extend the contract by a further 12 months from 1 October 2016. The contract is therefore due to end on the 30 September 2017. This will enable new delivery models to be considered which will improve outcomes for children and families, transfer the staff into the new model and integrate them into the Early Intervention and Preventative Services.

4.5   All families with a child aged 0-5 years and all pregnant women currently resident in the Reading area must be offered the HCP. Key service objectives for the Reading Health Visiting Service are attached as Appendix A.

School Nursing:

4.6   Reading Borough Council holds a contract with BHFT for School Nursing ensuring that PH nursing services are available to all school age children, young people and their families who attend state funded primary schools and secondary schools and pupil referral units across Reading since the 1st April 2013. Key service objectives for the Reading School Nursing Service are attached as Appendix B. This has been considered in parallel with the Health Visitors contract with a view to bringing services together and ensuring that they become part of RBC offer of Early Intervention and Prevention, to meet the aspirations of members of maximising the impact of these universal services and be located in schools to service a cluster of schools.

Family Nurse Partnership (FNP)

4.7   Reading Borough Council (RBC) took over the commissioning of the Family Nurse Partnership (FNP) that supports first time young mums under the age of 20 in October 2015. The service has been provided under a license from the Department of Health across West of Berkshire (Reading, Wokingham and West Berkshire), again by BHFT

4.8   RBC has been reviewing all the services that we as a Council are now responsible for, and how we best deliver those services in the future. As part of that review, officers in the public health team and colleagues in the Early Help Services have considered all the recent available research and evidence and have come to the decision that for Reading an inclusive Health Visiting Service that includes support for young parents under 20 is preferable rather than having a separate Family Nursing Service.

4.9   FNP services will continue to be available until the 31st March 2017. FNP nurses will be working jointly with clients to develop individual plans to support them up to and after this date.

Reading's Children's Centres/Early Help Services

4.10   Reading Children's Centres are a key part of the Early Help services that aim to identify needs and provide support to children and their families at the earliest possible stage. Children's Centres will offer a mainly targeted service for families from early pregnancy to those with children up to five years.

4.11   It is proposed that each Children's Centre hub will operate under a consistent Reading wide model offering a universal health and maternity service and an early intervention support service, mainly targeted service, for families. This model will be based on the four pillars of delivery as noted in the All Party Parliamentary Group on Children's Centres (July 2016)

- Health and Development

- Employment support and childcare

- Relationship support

- Supporting families with Complex needs

The proposal of options for future development of a Reading 0-19 (25) service

4.12   Key to any approach in developing options around 0-19s service development is service integration. National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people. In addition, every part of the country is required to have a locally led plan for Health and Social Care integration in place by 2017 which should be implemented by 2020. To date partnership work has centred around the the Better Care Fund and adults.

Integration of children's early help and traditional public health nursing is now increasingly recognised as an important way forward to maximise outcomes and improve efficiency of services to vulnerable children and families. As described elsewhere integration would allow streamlining of pathways and a review of skill mix to ensure the best alignment of tasks and competencies.

Health visiting and school nursing are funded from the PH grant which sits within the Health and Well Being team in the Local Authority. Whilst the current contract management arrangements sit within PH, it is expected that that in an integrated approach the performance management should also be aligned, so that in addition to clarity on the mandated PH outcomes these are seen alongside the wider RBC early help KPIs.

An internal risk assessment has been undertaken jointly by public health and children's services which has considered the associated strategic, personnel, technical and operational, contract and management risks with the options proposed.

Option 1
To transfer the health visiting and school nursing resource in house. Whilst this would immediately integrate the services, there are significant risks. These would include the potential loss of staff from the NHS as they have the option to remain within the NHS as there are NHS job vacancies . (Note: this occurred in the recent TUPE of staff into local government children's services)The increased workload at this time to

manage the transfer of staff, the additional information and data requirements that would require new systems and additional investment within RBC. Therefore whilst this would instinctively be a preferred option it is not considered deliverable at this current time.

Pros of an in house model – Option 1	Cons of an in house model
Staff integration in one organisation	Risk of losing health staff Difficulty recruiting new HV staff
Single management structure	To develop in house clinical management structure
Shared KPIs (a necessary core for all options)	Need to develop new IT and information systems = cost and time No automatic health economy, infrastructure and assets e.g.IT
Possible career development opportunities within RBC(an option for all models	Internal systems would need to adapt to clinical and national requirements
Potential to generate efficiencies via reduction in overheads	Integration with wider health not achieved
	Service risks and any associated legal liabilities identified would become RBC's responsibility
	No established organisational maturity in managing health staff and developing internal SLAs
	Risks additional workload for staff that are focussed on the achievement of improved standards and assessment in OFSTED

Option 2
To develop a joint collaborative service that integrates Public Health Visiting and School Nursing services from the existing provider with early intervention children's services with a pooled budget and joint operational management. This would develop coherent, effective, life course services for children and young people, to maximise collaboration with all health partners, including GP practices health services with other children's services organised and provided by the Council, including breastfeeding services, healthy weight and physical activity services and provide new opportunities for bringing together a robust approach for improving outcomes for children and young people aged 0-19. This option would provide opportunities for health visitors and school nurses to be part of the RBC priorities for keeping children safe achieve their maximum potential and stay healthy. The approach would support integration whilst effectively managing transition risks, however would not provide member with an opportunity to test the market.

Option 3
To commission PH Health Visiting and School Nursing services that are integrated with early intervention children's services (without directly managing the services). This

would develop coherent, effective, life course services for children and young people. This will maximise collaboration with all health partners, including GP practices health services with other children's services organised and provided by the Council, including breastfeeding services, healthy weight and physical activity services and provide new opportunities for bringing together a robust approach for improving outcomes for children and young people aged 0-19. This options is the preferred option as it would maximise opportunities for health visitors and school nurses to be part of the RBC priorities for keeping children safe, achieving their maximum potential and staying healthy. The contract would specify that staff would be integral to the directorate, be focused on the outcomes for children, help to manage the demand early for intervention and preventative services to prevent high end use of expensive provision, bring expertise and knowledge to the directorate and strengthen the expertise in the DCEEHS, without the risk of TUPE impacting upon the staff. However employment of staff would be with the contractor who was awarded the contract, clinical data would continue to be provided by the commissioned provider clinical management and supervision would also continue to be provided by provider. This approach would support integration and also allow members to test the market to ensure that they were achieving the best PH nursing service. This is the preferred option of officers.

Any agreed procurement process would commence ASAP with a new contract to be let from 1 October 2017.

Pros of a procured third party model	Cons of a procured third party model
Clear and binding contractual relationship – spec defines what is to be delivered and at what cost	Time consuming process.
Single management structure through provider organisation	Unknown outcome, will need time to build relationships with a new provider.
Risks and liabilities are owned by the provider	Co-located and integrated leadership model would need to be negotiated and agreed.
Shared KPIs-as above- core esstential for all options	Some limitations on dialogue whilst tendering process underway, thereby delaying moves to co-location and joined up leadership.
Robust procurement process to systematically test for quality and value for money	
Potential to generate efficiencies through competitive tender	

4.13 DCEEH Officers are recommending option 3 as it would:

i. Strengthen strategic and operational alignment with RBC's Children's Services, securing stronger integration with the Council's Children's Centres and Early Help Services and maximise skill mix based on the available evidence around early intervention and family focussed care.

ii.   Improve opportunities to maximise efficiency and reduce costs at points of delivery e.g. reduction of duplication of roles in teams, rationalisation of management costs and building use.

iii. Provide clinical governance and supervision

iv.   Improve the chance of reaching early intervention and prevention outcomes due to better information sharing, aligned assessment and referral processes that will identify families for targeted support earlier. Cut down on any confusion and ensure the targeting of resources to the right families.

4.14 Children's' Officers are currently revising the Early Intervention and Preventative strategy based upon the findings of a review into demand management. The Early Help services were deemed by Ofsted to be a well-functioning team. The council is also intending to consult on reducing the number of Children's Centres and enhancing the offer to provide more integrated and targeted services for 0 -5's. Option 3 would fit in well with the proposed new strategy. Secondly, the approach to place more services within communities to be an integral part of addressing local needs fits well with the proposal to manage the school nurses centrally but locate with a number of schools.

Service description

4.15 Key elements of the recommended commissioned offer would be:
- An integrated performance management framework
- An integrated approach with integrated performance indicators with health outcomes aligned to the PH framework and the JSNA
- To be located in the community in children's centres and Schools
- Be aligned to other health initiatives to keep children healthy and safe

4.16 The service would include a combined skill mix including Health Visitors who work with 0 – 5 year olds and School Nurses who work with 5 – 19 (25) year olds, as well as core Children's Centre staff. The Healthy Child Programme (HCP) as set out nationally would be followed, delivering as a core the mandated functions. All young people, schools and other partner agencies working with children and young people will have access to signposting and advice.

4.17 The universal reach of the Healthy Child Programme across Reading would provide an invaluable opportunity from early in a child's life to identify families in the Borough that are in need of additional support and children who are at risk of poor outcomes.

4.18 If approved, specifically a 0-19 (25) service across Reading would:

- Provide the mandated elements of health visiting services and NCMP.

- Promote the best start in life and beyond: Improving public health outcomes for children, young people and families

- Support families to give children the best start in life based on current evidence of 1001 Critical Days: The Importance of the Conception to Age Two Period as a foundation on which to build support in the early years and beyond

- Provide expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health

4.19 Other examples in other Local Authorities

Other parts of the country are already demonstrating an integrated approach. Camden has set an ambitious vision of a new 0-5 early years' service for young children and families. They propose an integrated universal and targeted public service forged from the relationships between early years' providers, hospitals, health visitors, midwives and GPs, child minders, family support workers, as well as our primary schools, the voluntary sector and, crucially, parents. Services are based in children's centres, but delivered across a network of community buildings according to local need, to enable a clear focus for services on local need and priorities, supporting those who are most vulnerable. A key proposal is to develop an integrated 'two year check' with health visitors to identify any extra help that may be needed for children to become 'school ready'.
However, key lessons can be learnt from the experience of Royal Borough of Windsor & Maidenhead. Their initiative to bring Health Visiting Service 'in house' met with significant barriers when staff declined to be transferred to the Council

The service specification for a new single integrated 0-19 (25) service could be delivered through transferring staff from the existing health visiting and school nursing services into a new commissioned provider working closely with the Director of Public Health to ensure that the mandated Public Health functions are delivered with a clear programme of work.

The risk assessments for these options are attached as Appendix D

5.   CONTRIBUTION TO STRATEGIC AIMS

5.1   The proposal meets the council's Corporate Plan objectives;
Provide the best start in life through education, early help and Healthy living.

6.   COMMUNITY ENGAGEMENT AND INFORMATION

6.1   Partnership views will be sought on the service development options set out in this paper from Reading CCGs.

No community engagement has been undertaken to date - we are dealing with strategic service development options in the pre- decision making stage, however, plans are being developed to undertake public

In keeping with good practice and NHS Act requirements, it would be necessary for potential partners to consult with stakeholders who may be affected by any section 75 agreement being in place

7.   EQUALITY IMPACT ASSESSMENT

7.1   Not applicable at this point.

8.   LEGAL IMPLICATIONS

8.1   The Health and Social Care Act 2012 ("the 2012 Act") transferred Public Health functions from the NHS to local authorities commencing on 1 April 2013 with the transfer of different services being staged. The relevant statutory provisions in respect of Health Visitor Services came into effect on 1 October 2015, including the mandated visits/reviews as outlined earlier in this report. The mandated reviews are currently subject to review by Public Health England.

Whilst identified risks for both third party providers and in house management are similar across a number of risk areas, an in house arrangement would mean that the risks and any associated legal liabilities identified would become RBC's responsibility.

9.   FINANCIAL IMPLICATIONS

9.1   Health visiting and school nursing services have been funded according to modelled need through the Public Health Grant. However, the Reading Public Health grant has been cut by 6.2% in 15/16 and is to be subject to further cuts. The Government announced that the 2015/16 grant funding reduction will be recurrent and confirmed further overall reductions.

Current allocations:

Health Visitors	£2,719.000
School Nursing	£ 624,222
Family Nurse Partnership	£ 144,000
Total	£3,487,222

The Public Health Team have proposed that the CQuin budget is removed £67, 975 and that the budget for FNP is also removed leaving a total budget for Health Visiting is £2,651,025. This has not yet been agreed or risk assessed. The School Nursing Service budget would remain the same and the total proposed budget would be £3,275,247 for the integrated service from 1st October 2017.

However this is subject to budget pressures and is only a guide to available grant condition funding. It is proposed that any new agreement is put in place until March 2020, by which time there will be more clarity on the public health grant ring-fence and mandated elements.

As stated above, future development of a 0-19 (25) service will need to take account of the need to balance the local authority budget, PH Grant allocation which is subject to reduction each year and ensure efficiencies are made. The public health grant is to be subject to further reductions, as yet unknown. The Government announced that the 2015/16 PH grant funding reduction will be recurrent and confirmed further overall reductions.

Other Available Public Health budget will continue, via the Wellbeing Team, to be invested in and aligned to meeting key population health outcomes and priorities as set out within the Reading Joint Strategic Needs Assessment, e.g. supporting programmes to reduce childhood obesity.

9.2   Delivery of the current arrangements is not without its pressures – the Reading Public Health grant has been cut by 6.2% in 15/16, .8.2% in 16/17 and a further 2.4% in 17/18 on top of the 8.2% and maybe subject to further cuts in year. There is a shortage of health visitors nationally, and locally in post – which risks local services becoming more and more stretched. As of 30th April 2016 there were 7.8 wte Health Vacancies in Reading being reported.

10.   BACKGROUND PAPERS

The latest policy guidance relates to the commissioning of an integrated 0 to 19 years' service.   National guidance can be found at https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Appendices:

Appendix A:

The key objectives of the Reading Health Visiting Service include:

- Ensuring delivery of the HCP to all children and families, including fathers, starting in the antenatal period;
- Identifying and supporting those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance;
- Promoting secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches;
- Promoting breastfeeding, healthy nutrition and healthy lifestyles;
- Promoting 'school readiness' including working in partnership to improve the speech, communication and language of babies and toddlers and working with parents to improve the home learning environment;
- Working with families to support behaviour change leading to positive lifestyle choices;
- Safeguarding babies and children through safe and effective practice in safeguarding and child protection.

Appendix B:

The key objectives of the Reading School Nursing Service include:
- Provide a core offer of Universal provision to all school age children attending state-funded schools, including Free Schools and Academies.
- Safeguard and promote the welfare of children and young people and to implement child protection measures when required.
- Deliver a targeted service in line with evidence based needs at population and individual level to at-risk and vulnerable groups of children, young people and their families known to the service and attending a state maintained school, free school, Pupil Referral Unit or Academy in Reading
- To provide a skilled and experienced team of staff that work flexibly across a range of settings and localities to ensure that parents and schools have access to the services and support they need.
- To support a range of public health initiatives to meet identified priority health needs and populations as decided jointly with the local authority though local monitoring and performance management arrangements (see performance monitoring framework).
- Provide a flexible, accessible and proactive service, in and out of school hours and terms, using technology and other approaches to ensure the service is readily accessible directly by the children and young people who attend the Reading schools and their families.
- Record information and data as agreed with the commissioner to monitor progress, outcomes and improvements in the health of school age children and young people.

- Ensure that children with identified health needs have continuity of support throughout their school career and where appropriate are communicated to partner agencies (e.g. schools, colleges, social care).

Appendix C:

Children's Centres/ Early intervention services

The key objectives for the service include:

- Supporting families through a stepped care model utilising three tiers of support tailored to the needs of families and a specialist service including portage and teenage parents.

- Early interventions including domestic violence, substance misuse, parent /child mental health.

- Interventions at the earliest stage possible to identified families to prevent escalation of need to high cost services.

- Encouraging and supporting parents to be ready for work through provision of adult education and employment advice and guidance.

- To engage parents as key partners across the programme; building the capacity of communities to develop services families to access free early education places for eligible two year old children.

- Supporting families with positive attachment, healthy living and eating, parenting and behaviour through the provision of targeted group activities and evidence based parenting programmes.

- Targeted programme to support children to be ready for nursery including

- Embedding a 'think family' approach at all tiers of support - including a focus on the needs of parents which act as enablers or barriers to nurturing.

- To work in partnership and collaboration with others including: Parents, Health, Maternity Services, childcare providers, DWP, Children's Social Care, Adult learning (through New Directions) Reshaping service delivery to better meet the needs of families with complex and multiple needs

Appendix D:
In House and Third Party Provider risk assessments

In house risks	Risk Assessment Score	Mitigation	Risk Assessment Score
Strategic Risks			
- Corporate and Political appetite for commissioning the service - Transfer of service in context of recent OFSTED report and rating. - Transfer of service in context of budget reductions - Not having the personnel to absorb all the actions to ensure a safe transfer of service by end Sept 2017. - No internal mechanism by which service can be monitored against KPIs - Clear accountable leadership to ensure safe and effective delivery - Uncertainty about the future of mandation of the healthy child programme (one year left currently on mandated elements of the HV service).	20	- Ensure strong strategic leadership which includes PH focus - Responding to recommendations in the OFSTED report which currently does not highlight HV. - Develop a mitigation plan detailing timescales and functions and cross directorate officer resources - Detailed discussions about the strategic leadership and options going forward about potential transfer of service into a volatile situation… - Corporate commitment to maintain level of investment in the service - Introduce a robust SLA with KPIs - Clear internal management and governance structure - Service specification retains functions regardless of mandation	6
HR & Personnel			

Implications of TUPE (COSOP) arrangement i.e. – pensions, redundancy, terms and conditions. There is nationally and locally a shortage of HV and SN practitioners Transferring HVs into RBC could mean we transfer vacant posts. Staff could decide to leave RBC – we could lose qualified staff to other services/areas. If RBC chose to change T&Cs then staff may leave	12	• Staff can remain in NHS pension fund and this can be done via RBC signing-up to the NHS Health pension scheme or staff can transfer over to local authority pension fund if they choose to – overall both schemes are similar. • Recruitment campaign based on integrated 0-19s service • Exploring and using digital options for interfacing with the service • Work with current contract and BHfT to ensure full complement of staff are in situ prior to transfer. • Introduce a solid change management process – "induction" to RBC • As above – manage through change management process • RBC can consult with TUPE staff after a reasonable period to change T&Cs	9
Future recruitment and retention Recruiting to HV and SN posts involves ensuring individuals meet the correct professional qualifications as practitioners.	12	• Ensure Practice teacher post function is retained in the specification • Develop strong links with HV bodies, training establishments and local establishments.	9
Staff confidence cultural and attrition	16	• Project manager to facilitate open and transparent process of TUPE and integration of workforce into RBC Children's Centres. • See change management points • Well- developed plans for co-location which enhances and uses the skill mix effectively	4

Technical and Operational			
Data Access No/restricted/incorrect levels of access to the health data system, Child Health Information System (CHIS) by health workers and management staff.	20	• RBC will work with NHS England to ensure the correct levels of access to CHIS are agreed between parties (this will be covered service specification), user agreement ,license • Investigate the current use of RIO and capability to support child heath records. • Purchase the IT solution to ensure we are compliant with data collection	6
Data Sharing Prohibiting misuse of data in safeguarding children	8	• Data protection, confidentiality and information sharing policies in place	6
Data transfer risk Transfer of historical data – non compliance with Information Governance	12	• Develop a project plan to ensure data legally and safely	6
IT Systems Access to CHIS (Child Health Information System): - compatibility with RBC systems - duplication to RBC preferred system of MOSAIC & E Start - level of access RBC will have to the system - lack of reporting function - staff not competent to use the system	20	• Ensure RBC/staff/IT understand the complexities of access and put in place policy and procedure to ensure that the system is compatible. • Workforce access and relevant RBC usage will need to be negotiated/contracted with NHS • Introduce access for HVs/SNs • Training programme for staff and managers in how to use the system	6
Equipment and Resources May not available or clinically appropriate for service delivery location - laptops - MIFI - mobile phones - lone worker badges - medical equipment – scales, hearing tests and thermometer	16	• A comprehensive internal contract to deliver specification. • Contract monitoring will ensure effective equipment and resources are provided to effectively deliver service • Quantify budget required and ensure appropriate level of budget is costed in. • All staff have secure remote access for	6

		real time data input	
		• All children's centres are equipped so that HVs/SNs can carry out their medical checks in a safe environment	
Contract			
Internal provider defaults on contract or serves notice	12	• Commissioning and Contract Management will ensure early identification of contractual issues and facilitate early resolution.	4
Internal provider doesn't meet contractual obligations	12	• Detailed internal contract management arrangements will be put in place to facilitate early resolution of any contractual issues.	4
Management			
Performance management Health staff would not receive correct supervision for the following areas: - clinical, safeguarding, management and practice teacher	16	• Ensure the staffing structure facilitates correct supervision around these 4 areas • Local authority staff to work with NHS England HEE and LETBS – supporting trainees, newly qualified HV and practice teachers to meet NMC and HEI requirements using *emotionally restorative supervision techniques* • Budget for the purchase of clinical supervision as required – based on establishment	2
Lack of understanding of compliance requirements with/for professional national bodies including RCN Non compliance could result in clinical governance risks and nurses losing their registration and being unable to practice	6	• Professional protocol policy • Gaining evidence an understanding of what is required and action plan in place for ensuring compliance • Introduce programme of CPD to ensure professional compliance and skill	0

		development	
CPD requirements NHS wider training programmes	6	• Policy protocol to maintain professional standards through NHS or other provider (possible financial implication)	4
Insurance RBC may not have appropriate insurance to cover the services that are being provided. Insufficient cover for HVs who are or who could be nurse prescribers .	12	• Take legal advice and ensure appropriate levels of insurance are budgeted for and introduced • Define what prescribing functions are or could be included in the spec, determine whether these could/should be included and if so ensure appropriate insurance cover in place around these functions. •	0
Implication of integrating HV team into the Children's Centres will impact on available space	9	• Quantify how many staff will be transferring in and what their patters are work are • Develop an accommodation strategy for location of transferring staff	2

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Third Party Provider Risks	Risk Assessment Score	Mitigation	Risk Assessment Score
Strategic Risks			
• Corporate and political appetite for commissioning the 0-19 Health Service • Insufficient or inadequate level of resource attached to procure a safe and effective service – that is compliant and meets the health needs of the population. • Immature market • Time pressure to undertake full and robust procurement process by the end of September 2017. • Uncertainty about the future of mandation of the healthy child programme (one year left currently on mandated elements of the HV service).	20	• Service spec needs to include current mandated functions and the healthy child programme and robust KPIs • Tender documents are designed and used as part of a robust selection and procurement process. • Corporate buy in to maintain level of investment in the service function • Continue to work on market development and ensure that the specification and resources are attractive to potential providers. • Run a market engagement event with potential providers. • Develop a procurement plan detailing timescales and functions and cross directorate officer resources	6
HR & Personnel			
• Implications of TUPE (COSOP) arrangement Consider pensions, redundancy, terms and conditions.	12	• Under the commissioning process, RBC would facilitate and oversee TUPE of staff from BHFT to any	6

		new provider. This would include clarifying the legal position in relation to responsibilities.	
Future recruitment and retention • Recruiting to HV and SN posts involves ensuring individuals meet the correct professional qualifications as practitioners. • There is nationally a shortage of HV and SN practitioners.	12	• Contract and service specification will include requirement that provider will maintain staffing establishment for service delivery.	6
• Workforce confidence, culture and attrition. Retaining the workforce through the transition process	16	• RBC as the commissioner working closely with the provider to ensure a smooth transfer – including regular communications.	4
Technical and Operational			
• Data Access No/restricted/incorrect levels of access to the health data system, Child Health Information System (CHIS) by health workers and RBC management staff.	20	• Contract and service specification defines data requirements and appropriate access protocols.	6
• Data Sharing Prohibiting misuse of data in safeguarding children	8	• Contract and service specification defines data requirements and appropriate access protocols	6
Data transfer risk • Transfer of historical data	20	• Within the tender process specify the transfer of data as part of the provider selection	6
• IT Systems Access to CHIS (Child Health Information System): - compatibility with RBC systems - duplication to RBC preferred system of MOSAIC & E Start - level of access RBC will have to the system - can the system produce reports - regular training for the system	20	• Contract and service specification will determine individual levels of access to IT systems • User agreements will be negotiated between RBC departments/services and provider	12
Equipment and Resources • Provider cannot provide for delivery of service - laptops - MIFI	16	• Contract and service specification will ensure the relevant equipment and resources are available for service delivery • User agreements will be negotiated between RBC	6

- mobile phones - lone worker badges - medical equipment – scales, hearing tests and thermometer	 	departments/services and provider • Contract monitoring will ensure effective equipment and resources are provided to effectively deliver service	
Contract			
• Supplier defaults on contract or serves notice	12	• Commissioning and Contract Management will ensure early identification of contractual issues and facilitate early resolution.	6
• Provider doesn't meet contractual obligations	12	• Detailed contract management arrangements will be put in place to facilitate early resolution of any contractual issues.	4
Management			
Performance management Health staff would not receive correct supervision for the following areas: - clinical, safeguarding, management and practice teacher	16	• Contract and service specification will shape and enforce personnel management	2
• Complying with professional requirements for national bodies.	6	• Contract and service specification will ensure third party organisation complies to national bodies	0
• CPD requirements NHS wider training programme	6	• Contract and service specification will ensure that staff receive CPD and other relevant training for service delivery	4
Insurance Implications of the HV and SN service specifically potential medical malpractice claims and personal indemnity insurance.	8	• Contract and service specification include the public liability insurance requirement and personal indemnity insurance	0
Implication of integrating HV team into the Children's Centres.	12	• Contract and service specification will shape of workforce into joint space • To be considered as part of the wider RBC asset review.	6

Appendix E:

The Public Health Outcomes Framework, Guide to Early Years Profile and the NHS Outcomes Framework include a range of outcomes which will be improved by an effective 0 - 19 years' service.

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking at delivery;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;
- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay and extractions in children aged 5.
- Reducing pupil absence
- Reducing first time entrants to the youth justice system
- Reducing the number of 16-18 year olds not in education, employment or training
- Improving emotional wellbeing of looked after children
- Reducing smoking prevalence in 15 year olds
- Reducing self-harm
- Chlamydia diagnoses 15 - 24 year olds
- Safeguarding and protecting those that are most vulnerable;
- Providing the best start in life through education, early help and healthy living

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**
DATE:	**13 DECEMBER 2016** **AGENDA ITEM: 19**
TITLE:	**UPDATE ON ADULT SAFEGUARDING AND THE DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)**
LEAD COUNCILLOR:	**COUNCILLOR EDEN PORTFOLIO: ADULT SOCIAL CARE**
SERVICE:	**ADULT CARE** **WARDS:** **ALL**
LEAD OFFICER:	**WENDY FABBRO** **TEL:** **0118 937 2094**
JOB TITLE:	**DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES** **E-MAIL:** Wendy.fabbro@reading.gov.uk

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   This report provides an updated summary of Adult Safeguarding and the Deprivation of Liberty Safeguards within Reading Borough Council since the last report.

1.2   This is set against a backdrop of rising demand nationally in this area of work. Reading has seen a rise in the number safeguarding Concerns from 702 in 2014/15 to 1075 in 2015/16, an increase of 153%.

1.3   The report includes:

- Updated information around the Safeguarding Recovery Plan developed as a result of the findings of an audit of the Adult Safeguarding function commissioned in September 2015.
- The updated proposed restructure of Adult Safeguarding within Reading.
- The Safeguarding Annual performance report 2015/16 completed for the Safeguarding Adults Board.
- An outline of the new SAQAF (Safeguarding Adult's Quality Assurance Framework) that has been developed to ensure the quality of Safeguarding Adults in Reading.

2.   RECOMMENDED ACTION

3.   SUMMARY OF ADULT SAFEGUARDING AND DoLS.

3.1. The Safeguarding Adults function continues to be delivered by the care management teams in Single point of access (SPOA), Long term care, Learning Disability and Mental Health. The central Safeguarding Team provides advice and guidance, and oversees the safeguarding process, auditing a percentage of the safeguarding enquiries completed.

3.2. The Care Act 2014 has seen both a local and national increase in the number of Safeguarding Concerns and Enquiries. This has led to senior management considering how best to meet our statutory duties in line with the Care Act and ensuring we are Safeguarding effectively. The independent report commissioned by the Director of Adult Care and Health Service in 2015 highlighted areas of improvement to the service, and a Safeguarding recovery plan was developed with project management oversight to ensure delivery of outcomes and timescales.

3.3. The Safeguarding Recovery Plan has been further developed since the last report to include further development of local procedures in line with the Care Act, ensuring teams and practitioners have the tools to effectively practice Safeguarding. (Appendix 1)

3.4. A further development, which will support and ensure we are Care Act compliant, is an updated proposal for the restructuring of the Safeguarding Adult Team. This would ensure Safeguarding in Reading is able to proactively respond to any strategic safeguarding concern being raised, supporting both prevention and wellbeing. (Appendix 2)

3.5. The safeguarding auditing system will now be supported with a SAQAF (Safeguarding Adults Quality Assurance Framework) that is currently being developed. This will provide further assurance of the quality of Safeguarding Adults within Reading. (Appendix 3)

3.6. The Safeguarding Adults Board are currently considering how we can obtain independent feedback from those that have been safeguarded to further improve and develop practice, to ensure we are Care Act Compliant with respect to being person centred in our approach, and are working in accordance with MSP (Making Safeguarding Person) and the six principles of Safeguarding.

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability.

3.7. Currently our performance is variable against the first four principles which monthly audits where 20% of Safeguarding Enquiries are looked at. Comparison across the past two months highlights inadequate performance against the Protection principle. Although there is evidence people are being protected, recording of the work being carried out is not being used to complete the necessary safeguarding forms in a timely fashion resulting inadequate scoring during audit.

3.8. The SAT (Safeguarding Adults Team) continues to provide a training programme that includes Level 1, Level 2 and Level 3 Safeguarding Training. There are also monthly workshops for practitioners within Adult Social Care on the following topics: The Care Act, Mental Capacity Act, DoLS, Legal Updates for practitioners, Domestic Abuse, Types of abuse in line with the Care Act, Hoarding and self-neglect. Workshop Themes continue to be developed and delivered to support practitioners.

3.9. The volume of Deprivation of Liberties Safeguards (DoLS) is still a challenge nationally and we are awaiting further developments from the recent Law Commission Review and the likely changes and recommendations.

3.10. Reading currently has less than 40 down from 71 at the beginning of the financial year outstanding DoLS and is working hard to reduce this number further. Unfortunately the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual Report 2015-16 does not allow comparisons on this particular KPI. This benchmarks well against our statistical neighbours. All requests for authorisation are screened and risk assessed.

3.11. Best Interest Assessors have a statutory duty to establish whether deprivation of liberty is occurring or is going to occur, and if so, whether it is:

- In the best interests of the relevant individual to be deprived of liberty
- Necessary for them to be deprived of liberty in order to prevent harm to themselves
- A proportionate response to the likelihood of suffering harm and the seriousness of that harm.

3.12. They are qualified social workers or OT's and must have at least 2 years post qualifying experience and have a completed an approved course to be able to.

3.13. An internal Best Interest Assessor Rota is being implemented to allow Reading to better meet its statutory duties under the Mental Capacity Act. An internal rota will enable better quality management and accountability for this work, whilst doing so in a more cost effective way by not relying on independent BIA's.

4. SAFEGUARDING RECOVERY PLAN

4.1. The safeguarding Recovery Plan (Appendix 1) has been further developed to ensure improvements are made to safeguarding in Reading. The plan includes the development of local Procedures for operational teams and ensures practitioners have the tools to safeguard adult effectively. A total of 20 procedures have been updated or introduced. The plan is regularly reviewed

and any gaps that are identified are addressed to ensure continuous improvement in this area of practice.

4.2. The Safeguarding Recovery Plan also includes further development to the Reading Borough Council website to raise awareness of Adult Safeguarding. There will be a staff hub within the intranet containing all Policies, Procedures and Pathways for Safeguarding supported by awareness training.

5. RESTRUCTURE OF SAFEGUARDING TEAM

5.1. An Options Appraisal (Appendix 2) has been developed and approved proposing that Safeguarding Concerns are triaged by the Safeguarding team, ensuring the Care Act 2014 and the Mental Capacity Act 2005 is implemented appropriately. This suggested option will ensure there is only one entry point for Safeguarding adults, which will help mitigate and manage risk whilst ensuring continuity of practice and discharge of our duty of care.

5.2. The plan would include the Deputyship Team being managed by the Safeguarding team manager within the proposed restructure, due to the continual overlap between safeguarding, deputyship and appointee-ship.

6. SAFEGUARDING ADULTS ANNUAL PERFORMANCE REPORT

6.1. The Safeguarding adult's annual performance report (Appendix 4) for Reading has been shared with the SAB (Safeguarding Adult Board).

6.2. This report enables the Safeguarding Adults team to identify areas to further developing practice for Safeguarding adults in Reading and create a Reading Borough Council Safeguarding business plan in accordance with the SAB business plan.

6.3. Analysis of key performance indicators against our Local Authority comparator group demonstrates gains in improvement. The overall safeguarding activity levels as demonstrated by the number of Enquiries per 100,000 population for Reading is 408 against the group average of 306 and the national rate of 239; a high rate of reporting in Reading.

6.4. The conversation rate from Concern to Enquiry is a critical indicator of improved quality; as the reduced rate reported indicates that the ability to make the correct decision about what is a safeguarding matter and what needs to dealt via a different approach is improving. This is also a strong PI for measuring progress in implementing Making Safeguarding Personal (MSP), the conversion rate is down from 75% to 50% i.e. a low conversion rate being desirable.

6.5. How risk is identified and managed is contained in the PI Action and Result, here Reading performs well against the comparator group. Cumulatively reducing risk in 67% of cases compared with the comparator group average of 56%.

7. THE SAQAF (SAFEGUARDING ADULTS QUALITY ASSURANCE FRAMEWORK).

7.1. A draft SAQAF has been developed and is currently awaiting senior management approval.

7.2. The SAQAF provides a framework to ensure that practitioners are assessed against the competences that are relevant to their occupational role.

7.3. The SAQAF is also an ongoing quality assurance, performance management and CPD (continual professional development) tool. It should be used as part of supervision and should form part of the annual appraisal process.

8. SAFEGUARDING CONCERNS

8.1. Should you have any safeguarding concerns, do not hesitate to make contact with Adult Social Care: 0118 937 3747.

Project Plan

	Task	Planned Start Date	Planned End Date	Actual Start Date	Actual End Date	RAG Status	Comments	% Complete	Status	Lead	Ops	Comm issioni ng	ICT	Legal	Finan ce	HR
Project 2: Safeguarding Recovery	Rebecca Flynn/Harvey Campbell															
Work stream 1 Produce local Policy & Procedure documents																
1	Operational Safeguarding Procedure including review stage and 6 principles are embedded throughout			18/07/2016	13/12/2016	Amber	Original draft needs to be revised to take into account ASC 'to be' structure.	80%	IN PROGRESS	HC						
1.1	Self-Neglect Hoarding	01/12/2015	01/02/2016	18/07/2016	13/12/2016	Amber	A clear pathway and Guidance for self neglecting and hoarding is required to support staff to manage the risk. Consultation with colleagues from Housing and Environmental Health now completed and agreed. To progress to DMT for sign off	90%	IN PROGRESS	HC						
1.2	Chairing meetings Procedure and Agenda's	01/12/2015	01/02/2016	18/07/2017	13/12/2016	Amber	The current Guidance and Agendas are pre Care Act and not in line with the 6 principles of Safeguarding and Making Safeguarding Personal. Draft completed to go to DMT for sign off	90%	IN PROGRESS	HC						
1.3	Large Scale/Organisational P&P (N.B. Needs to be written with Commissioning)	01/12/2015	01/02/2016	17/08/2016	13/12/2016	Amber	A local P&P needs to be developed in addition to PAN Berkshire to support the operation and implementation of large scale/organisational investigations. Draft completed to go to DMT for sign off. Being shared with SAB	90%	IN PROGRESS	HC						
1.4	Risk assessment document safeguarding plans document and review document and procedures to support these forms	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Amber	Risk Enablement procedure in final draft ready to go to DMT for sign off. MSP compliant.	80%	IN PROGRESS	HC						

Project Plan

1.5	Hate crime/ mate crime/ cuckooing/Disability crime procedure	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Amber	Procedure on local support, processes etc. Liaise with CSP to ensure co-ordinated approach.	70%	IN PROGRESS	HC						
	1.6 Domestic Abuse procedure/Pathway	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Amber	Detailed pathway and process linking to MARAC etc. Final draft nearly complete	90%	IN PROGRESS	MO						
	1.7 FGM Guidance/Pathway (National)	01/12/2015	01/02/2016	17/08/2016	13/12/2016	Red	Detailed pathway and process to meet National Pathway requirements	30%	IN PROGRESS	HC						
	1.8 Adult Slavery Guidance/Human Trafficking Pathway/CSE	01/12/2015	01/02/2016	17/08/2016	13/12/2016	Red	Detailed pathway and process. Needs to align with CSP arrangements	50%	IN PROGRESS	RF						
	1.9 Forced Marriage/ HBV (National and Local)	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Red	Detailed pathway and process.	30%	IN PROGRESS	HC						
	1.10 Digital abuse/exploitation	01/12/2015	01/02/2016	01/08/2016	13/12/2016	Red	Detailed pathway and process.	30%	IN PROGRESS	HC						
	1.11 REP/High Risk P&P	01/12/2015	01/02/2016	18/07/2016	13/12/2016	Amber	RBC Currently has a REP (Risk Enablement Panel) that functions as a high risk meeting, these are two different things. Therefore, the panel and process have been streamlined with multi-agency sign up. Dependant on consultation with other Directorates	70%	IN PROGRESS	HC						
	1.12 Develop a competency based procedure that clarifies who can hold safeguarding cases-Including a QA framework	04/01/2016	42401	18/08/2016	13/12/2016	Green	[Refers to point 7 in old plan] The MCA 2005 and the code of practice 2007 underpins everything we do in adult social care. RBC do not have a local P&P or documents to support this. Therefore, this is an urgent piece of work.	100%	COMPLETE	HC						
	1.13 Update a MCA P&P	05/01/2016	02/02/2016	18/08/2016	13/12/2016	Amber	The MCA 2005 and the cod of practice 2007 underpins everything we do in adult social care. RBC do not have a local P&P or documents to support this. Therefore, this is an urgent piece of work and is now a final draft satge and waiting to go to DMT.	90%	IN PROGRESS	RF						

1.14	Develop a DoLS P&P	12/10/2015	01/11/2015	15/08/2016	13/12/2016	Amber	Standard and judicial DoLS procedures in final draft waiting to go to DMT.	30%	IN PROGRESS	SR					
1.15	Intranet website to evidence all documents and function as a safeguarding manual	04/01/2016	01/02/2016	TBC	TBC	Amber	As the P&P are developed. They will need to be uploaded onto Iris as a electronic manual- a monthly update on what has been added and developed will be included. Once sign off has been achieved, procedures will then be placed on IRIS dates tbc.Discussions have taken place with ICT	20%	IN PROGRESS	RF/HC					
1.16	Develop policy procedures for investigating colleagues, staff and professionals	TBC	TBC	TBC	TBC	Red	Investigating allegations against people who work with vulnerable adults employed in stautory services , who are registred professionals working in non-stautory settings, people in positions of trust or Elected Members	0%	NOT STARTED	HC					
	Work stream 2 Improve efficiency and embed quality assurance														
2.1	Improve NHS/RBC IT interface including transfer of data and reduction in recording stages	01/05/2016	01/08/2016	01/05/2016	TBC	Complete	Cross boundary safeguarding pathway agreed between SAT/Mental Health services as part of new safeguarding Triage arrangement; using Datix format as part of Berks P&P	100%	Complete	GW					
2.2	Develop a feedback loop for safeguarding outcomes using Healthwatch. ADASS Silver level as MSP	TBC	TBC	TBC	TBC	Red	To be considered, if sufficient resources available. ADASS have three levels of MSP. Intention for RBC to become 'Silver' level. Involves collating independent feedback-Consideration on if Healthwatch could support us with this?	0%	NOT STARTED	RF					

Ref	Task		Start		End		Status	Notes	%	Status	Owner					
2.3	Increase SAT audit target to 20%	42381	15/01/2016		01/04/2016	31/05/2016 (Ongoing)	Complete	[Refers to point 20 on old plan]. Meeting 20% targets. Monitoring ongoing. Ways to feedback audit results to staff are being developed.	100%	COMPLETE	RF		X			
2.4	Embed Quality Assurance Framework	12/01/2016	01/02/2016		31/08/2015	TBC	Complete	A SAQAF has been developed to encompass an outcomes approach and have a safeguarding performance dashboard which includes: Safeguarding Adults Collection (SAC), RBC Performance Dashboard, SAB KPI's, SAB cross-boundary audit, RBC 20% case audit and competency framework	100%	COMPLETE	RF					
	Work Stream 3 Delivery and Implementation															
2.5	Delivery and Implementation	01/10/2016	31/01/2016		01/10/2016	31/01/2017	Red	Plan requires a delivery and implementation phase to ensure that knowledge and skills about new procedures and frameworks are shared with operational teams and becomes embedded in practice, which in turn can be evidenced via the	20%	IN PROGRESS						
	Work stream 4 Workforce Development and restructure															
3.1	Plan sessions and workshops to improve core skills of risk assessment, root cause analysis, risk management, case recording, adherence to the principles of the Mental Capacity Act	07/12/2015	01/02/2016		15/01/2016	Ongoing	Amber	There is an ongoing need for staff training around MCA and Safeguarding. Two MCA training sessions planned for September 2016.	50%	IN PROGRESS	RF					
3.2	Agreed SAT restructure in place	01/12/2016	01/02/2016		01/07/2016	22/09/2016	Amber	This task interfaces with the overal ASC restructuring plan. To offer assuarance regarding quality of intial safegaurding response via the SAT Triage a secondment arrangement has been agreed via HR and Director to commence on 05/12/2016	85%	IN PROGRESS	RF					
3.3	Options Appraisal on SAT restructure	01/12/2016	01/02/2016		15/07/2016	01/09/2016	Amber	See above	90%	IN PROGRESS	RF					
3.4	Consultation	01/12/2016	01/02/2016		12/09/2016	19/09/2016	Amber	See above	10%	IN PROGRESS	RF					

READING BOROUGH COUNCIL

REPORT BY SAFEGUARDING ADULTS MANAGER

TO:	ASC SUPPORT FOR COMPLEX NEEDS PORTFOLIO BOARD
DATE:	29/09/16 **AGENDA ITEM:**
TITLE:	**SAT RESTRUCTURE**
LEAD OFFICER:	REBECCA FLYNN TEL: 01189 373 210
JOB TITLE:	Safeguarding Service E-MAIL: Rebecca.flynn2@reading.gov.uk Manager

1. **PURPOSE AND SUMMARY OF REPORT**

1.1 This report proposes a revised structure for the Safeguarding Adults Team subsequent to the consultation of the previous proposal that ended in April.

2. **RECOMMENDED ACTION**

2.1 That the Board approve the recommended option to restructure the Safeguarding Adults Team as outlined in 4.3.

3. **BACKGROUND**

3.1 Following changes to service delivery, the implementation of the Care Act, case law affecting Deprivation of Liberty Safeguards (the "Cheshire West Case") and recommendations from an independent Review of safeguarding adults in Reading, the current Safeguarding Adults Team structure requires review in order to discharge Reading Borough Council's statutory duties.

3.2 In March and April 2016, a consultation was held to encourage feedback on a proposal to restructure the Safeguarding Adults Team the consultation received a limited response.

3.3 ASC Senior Management Team have reviewed the initial proposal and consultation outcomes and concluded that there are more effective ways to restructure the Safeguarding Adults Team, In light of the ongoing

transformation in Adult Social Care and recent changes to the supporting legislation as mentioned above.

3.2   This report and appraised options considered and makes recommendations for the restructure of the Safeguarding Adults Team

4.   OPTIONS

4.1   OPTION 1: Remain as it is:

4.1.1   Positive Impact of Option 1
        There is no 'positive impact' with the structure remaining as it is. We have been advised through an independent report that this structure requires improvement to be in line with legal and statutory duties such as the Care Act 2014 and the Mental Capacity Act 2005.

4.1.2. Negative Impact of Option 1
        Reading Borough Council continues to have an inconsistent approach to safeguarding and we do not fulfil the aims of the Adult Social Care Transformation Programme to make services cost effective, efficient and fit for purpose.
        The current structure is not in line with legal and statutory duties such as the Care Act 2015 and the Mental Capacity Act 2005.

4.1.3   Please see diagram of the current structure below:
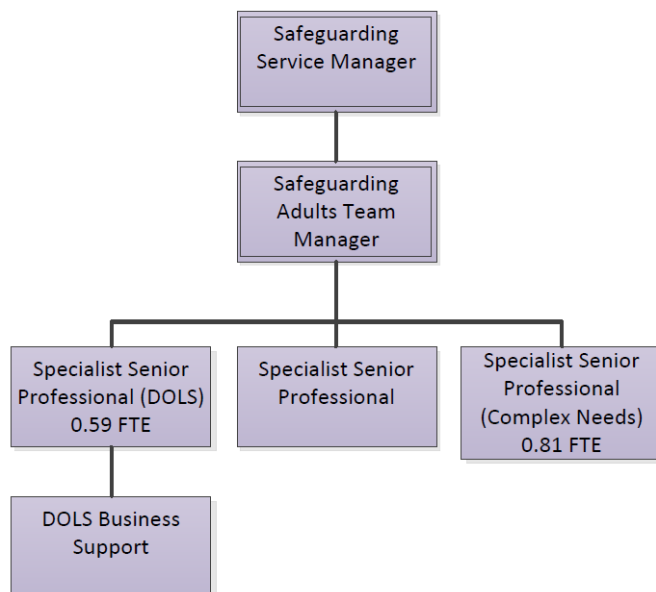
4.1.4 The cost of the current structure:

	Current Situtation		
	Hrs	FTE	Budget
Safeguarding Adults Service Manager	37	1.00	68,100
Safeguarding Adults Team Manager	37	1.00	55,700
Senior Specialist Professional (Safeguarding)	37	1.00	44,800
Senior Specialist Professional (Safeguarding) - new			
Senior Specialist Professional (Safeguarding) - new			
Senior Specialist Professional (Safeguarding)	30	0.81	39,300
Specialist Senior Professional (DoLS)	22	0.59	26,600
Business Support	37	1.00	32,400
Total FTE/Budget		5.41	266,900
BIA Budget (Assessments/Doctors)			144,300
Staff Training			1,300
Other Expenses			1,200
Total			413,700
Budget			413,700
Overspend			0

4.2 OPTION2: Initial proposal

4.2.1 Implementing the initial proposal would entail the following changes to the Safeguarding Adults Team:
- The Safeguarding Adults Service Manager and SAT Team Manager posts will be deleted and a new post of Safeguarding Adults Manager will be created that fulfils the core functions of both roles
- All Adult Safeguarding concerns across Adult Social Care and Mental Health services will be reviewed and signed off by the Safeguarding Adults Manager for progression to Enquiry
- The Specialist Senior Professional (Complex Needs) will be deleted
- The current Safeguarding Specialist Senior Professional will be renamed Safeguarding Senior Practitioner
- An additional Safeguarding Senior Practitioner post will be created
- The Specialist Senior Professional (DoLS) post will remain the same.

4.2.2 Please see diagram of option 2.
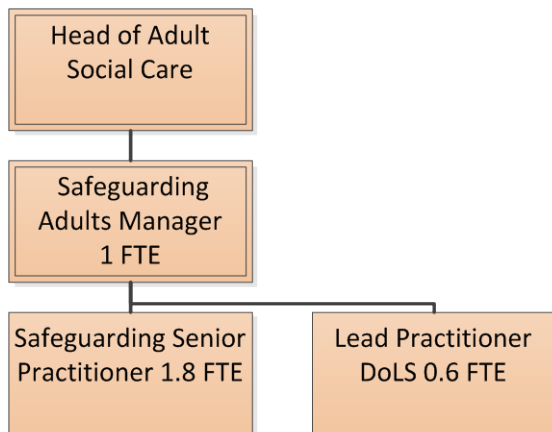
4.2.3 <u>Positive Impact of option 2:</u>

This option would reduce the team by 1 FTE and achieve savings of £55,159 p.a. It would require locating the Safeguarding Adults Manager to the Children's Multi Agency Safeguarding Hub (MASH), which should enable the delivery of realigned duties, such as agreeing Safeguarding Procedures across Adult Social Care. This would ensure consistency in decision making by checking and signing off all Adult Safeguarding Concerns across Adult Social Care and Mental Health services.

Both Safeguarding Senior Practitioner posts would be located with the Quality Performance Management Team, enabling greater information sharing and improved interface between commissioning, quality and safeguarding.

4.2.4 <u>Negative Impact of option 2:</u>

The initial proposal, which was developed in December 2015, no longer reflects the changes to the Safeguarding Team necessary to ensure appropriate and efficient service delivery for the following reasons:

- The Deputy Team has not been included and it has since been agreed that they will be managed by safeguarding.
- It is not sustainable for the proposed management arrangements to oversee the team, oversee the Deputyship team, organisational safeguarding, develop safeguarding in Reading and sign off over 100 Safeguarding Enquiries a month.
- There is no working agreement between the children's MASH and adult social care. It is a colocation currently, rather than a working relationship. In view of the implications of the recent Ofsted report this would not be an appropriate or prudent option to consider due to the focus being on ensuring an effective children's service at this time.
- The independent review highlighted 11 points of entry and the potential risk this posed for practice, it also evidenced the inconsistencies this caused across the organisation which would not be resolved with this model.
- A structure and pathway needs to be put in place to reduce the number of safeguarding adult 'transactions' that currently exist, whilst at the same time ensuring quality and consistency of approach.

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- The structure would mean that there would be an absence of a clear overview of safeguarding in Reading, particularly in provider services, as the knowledge will be in different areas of the service.
- We will continue to have difficulties extracting data to monitor performance, and provide local and national data returns.
- This approach monitors safeguarding at the end of the process; therefore it is unlikely to 'streamline' practice.
- The model has not taken into consideration research into the MASH model for adults, which has evidenced better outcomes and reduced risk to service users.
- The model was developed prior to the restructure plans for adult social care and needs reviewing to capitalise on these changes

4.2.5 The costs of option 2.

	Proposed Structure Option 2 (in report)		
	Hrs	FTE	Budget
Safeguarding Adults Service Manager	37	1.00	68,100
Safeguarding Adults Team Manager			
Senior Specialist Professional (Safeguarding)	37	1.00	44,800
Senior Specialist Professional (Safeguarding) - new (SPOA)			
Senior Specialist Professional (Safeguarding)	30	0.81	39,300
Specialist Senior Professional (DoLS)	22	0.59	26,600
Social Worker - new (SPOA)			
Social Worker - new (SPOA)			
Business Support	37	1.00	32,400
Business Support (new post) - work placement			
BIA Assessor Post			
BIA Assessor Post			
BIA Assessor Post			
Total FTE/Budget		4.41	211,200
BIA Budget (Assessments/Doctors)			150,000
Staff Training			1,300
Other Expenses			1,200
Total			363,700
Budget			413,700
Overspend			-50,000

4.3 OPTION 3: New Proposal

4.3.1 There are three elements of the Safeguarding Adults Team that will be addressed by this proposal:

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4.3.2 <u>DoLS element of SAT</u>

The Law Commission is currently reviewing DoLS. There is unlikely to be any change to the current systems and legal requirements until 2018. Any changes are anticipated to involve a Best Interest Assessment (BIA)-and scrutiny of those that are deprived of their Liberty. However new proposals may be more cost effective, less time consuming and complex. If we look at those that are placed within Reading, there is likely to be an annual need for 600 Best Interest Assessments. We are currently using a large amount of external assessors at a cost of £300 per assessment. This is a total of £180,000 per year, if we are to for fill the statutory requirement for DoLS assessments. If we were to structure the team differently we could maximise the use of internal BIA's reducing the annual cost for this requirement. With the restructure of adult social care operational teams the plan is to have a rota of internal BIA's and AMHP's that can undertake a large amount of the DoLS's assessments internally, reducing the need for independent BIA's. This rota will include an 'on call' BIA to undertake emergency Best Interest Assessments.

4.3.3 <u>Deputyship Team</u>

The Deputyship team fits within the structure of adult Safeguarding due to the frequent overlap of work between safeguarding and finances. This is an expanding area of safeguarding and a growth area of core business (See Deputies Transformation draft)

4.3.4 <u>Safeguarding element of SAT</u>

The Care Act 2014 has made safeguarding a statutory duty for the local authority. This has caused a huge increase in referrals and changed the way we need to protect adults at risk. There is an emphasis on Wellbeing throughout the Care Act and the six principles of safeguarding mean we need to work in a different way and streamline our approach, offering consistency and ensuring we have discharged out duty under the new statutory framework.

6

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                          ┌─────────────────────┐
                          │  Principal Social   │
                          │       Worker        │
                          └──────────┬──────────┘
                          ┌──────────┴──────────┐
                          │    Safeguarding     │
                          │    Adults Team      │
                          │      Manager        │
                          └──────────┬──────────┘
```

| Specialist Senior Professional (DOLS) 0.59 FTE | Specialist Senior Professional | Deputies Office Manager | Specialist Senior Professional (Social Worker) | Specialist Senior Professional (Social Worker) | Specialist Senior Professional (Complex Needs) 0.81 FTE |

| DOLS Business Support | Deputies Officer Administrator | Deputies Officer | Deputies Officer Administrator | | |

The proposal would bring the three elements of safeguarding together, with one manager who will be responsible for the management of the DoLS, safeguarding team and Deputyship team manager.

The Deputyship team manager would be responsible for the deputy officer and two deputy office administrators.

The safeguarding team manager would be responsible for DoLS Lead (22 hour post) Safeguarding Lead (30 hour post) Safeguarding Lead (37 hour post) and an additional two senior professionals, 1FT DoLS Co-ordinator (37 hours).

The two new senior professional posts are to ensure that the safeguarding team have the capacity to triage all new safeguarding. Theses posts need to be senior staff to ensure they have the skills and capability to work alone and make complex safeguarding decisions. These posts will move from other areas within the adult social care restructure.

Under this option, there would be one front door for New Safeguarding concerns. All new concerns will be triaged within the Safeguarding team; a decision will be made if it is safeguarding. It will then be forwarded to the appropriate team, with a plan on how to proceed (See Appendix 1 safeguarding Triage examples).

Should the safeguarding concern be in relation to an existing case that already has an allocated worker within one of the locality teams? The team manager within that team will work with the worker, using the safeguarding team for advice and/or support. However, the overall accountability will remain with the locality team.

The safeguarding team will need to be informed of ALL safeguarding concerns within Reading and will keep this intelligence on a spreadsheet (See Appendix 2). The purpose of the spreadsheet is to enable us to build intelligence around providers, predict our market and prevent. Currently Mosaic does not collecting data in an easily accessible format.

The community Mental Health Team (CMHT) will forward all safeguarding concerns in the format of a DATIX. The Safeguarding team will add these to Mosaic, Triage the concern and make the decision if it needs to proceed to an enquiry. The initial plan and guidance (see Appendix 1) will be sent to the CMHT. Monitoring of the Enquiry will remain with the safeguarding adult team should it be allocated to a health professional.

Safeguarding
Pathway.pdf

Should the concern be around a professional, politically sensitive and/or could have reputational risk, or if the concern potentially meets the threshold for an organisational Enquiry it will remain within the safeguarding team.

Team Mangers and the adult social care teams will be responsible for the Enquiry and the sign off of the Enquiry.
The safeguarding team will continue to audit 20% of all safeguarding closures to ensure quality of the work undertaken, ensure the Enquiry was effective and in line with MSP, and the 6 principles of Safeguarding were evident throughout. The outcomes of audits will be feedback to the appropriate team manager.

4.3.1 <u>Positive Impact of Option 3</u>:

This proposal will ensure consistency in the approach to adult safeguarding, the implementation of MSP (Making Safeguarding Personal) and overall practice. It will also ensure that intelligence around concerns and data and performance management is all in one place and monitored appropriately. We will be able to develop adult safeguarding processes and develop preventative work through continuity of the team, as it is currently 'chaotic' with 11 entry points and people managing safeguarding in different ways. Staff will be more accountable for their actions if they don't follow the given advice and plan (See Appendix 2 for examples).

It will ensure that the MCA 2005 is implemented appropriately, reducing the risk to the authority through either legal challenge in Court of Protection, or other issues.

This model will ensure that operational staff feel empowered and supported on how to proceed in line with the Care Act 2014, Mental Capacity Act and other key legislation when safeguarding, while continuing to hold safeguarding cases. This will develop staff skills, and enable team managers to have more accountability for the safeguarding within their teams, while knowing they will have the support, scrutiny and feedback.

As a result, the service will be more efficient by reducing the number of safeguarding for the same person with the same themes. Rather than driving inefficient processes, it will put more emphasis on safeguarding the person. Safeguarding is likely to be more effective and meaningful, improving service delivery. In practice, this will reduce the number of 'hand offs' from teams as well as the huge email chains, involving a large number of staff, which breach data protection and increase the likelihood of delays, lack of accountability and action among staff.

4.3.2 Negative impact of option 3:

Initially it was envisaged that the new structure would be in place by the beginning of June. The departure of the lead officer delayed the implementation of changes to the team. Consulting on and implementing the new proposal would cost additional resources and further delay the restructure of the Safeguarding Adults Team for several months. Yet, another consultation would ensure that staff get a better chance to have their say about any impact on their team, which would ultimately reduce loss of morale among staff.

This option will delay SAT being part of the MASH (Multi Agency Safeguarding Hub) that is in existence within children's services. However, this needs to be worked towards in the future when there is sign up and commitment from both children's and adult's services, including other agencies, which is currently not in place.

4.3.3. Cost Implications of Option 3.

		Current Situtation			Proposed Structure		
		Hrs	FTE	Budget	Hrs	FTE	Budget
Safeguarding Adults Service Manager		37	1.00	68,100			
Safeguarding Adults Team Manager		37	1.00	55,700	37	1.00	55,700
Senior Specialist Professional (Safeguarding)		37	1.00	44,800	37	1.00	44,800
Senior Specialist Professional (Safeguarding) - new					37	1.00	44,800
Senior Specialist Professional (Safeguarding) - new					37	1.00	44,800
Senior Specialist Professional (Safeguarding)		30	0.81	39,300	30	0.81	39,300
Specialist Senior Professional (DoLS)		22	0.59	26,600	22	0.59	26,600
Business Support		37	1.00	32,400	37	1.00	32,400
Total FTE/Budget			5.41	266,900		6.41	288,400
BIA Budget (Assessments/Doctors)				144,300			144,300
Staff Training				1,300			1,300
Other Expenses				1,200			1,200
Total				413,700			435,200
Budget				413,700			435,200
Overspend				0			0

5. PROPOSAL

5.1 It is recommended that the Board approve Option 3 to restructure the Safeguarding Adults Team. It is proposed that this option will be subject to a staff consultation of 45 days from 31st October 2016 to 14th December 2016.

5.2 While this option entails an additional consultation and further delays the implementation of a Team restructure, it would ensure that the team's service delivery is in line with legislation, more efficient and streamlined, appropriately meeting the current needs of the organisation and services users.

5.3 The adult social care restructure is unlikely to be implemented until early March 2017. Therefore, is proposed that the initial phase of re-design of the SAT function and structure, to establish the Triage function, should commence week beginning 5th December 2016 to mitigate current risks around consistency and quality. This would also allow any initial snagging issues to be resolved prior to the whole restructure going live to the public.

5.4 HR have advised that it is possible to advertise for an internal secondment for a specialist senior practitioner and have someone in post, enabling the SAT to take back the safeguarding function. This would not compromise the overall adult social care consultation and would manage risk in the safeguarding adults process.

5.5 The wider issues with MOSAIC are unlikely to be resolved in the required time, therefore, we will continue to work with the current system. However, we will be mitigating risk by managing safeguarding in one place.

5.6 The suggested timeline is:
20/10/16-Approval by Transformation Board, advertisement of secondment, via expression of interest to Rebecca Flynn.
28/10/16-Secondment closing date
07/11/16-Interviews.
07-11/16-02/12/16 prep systems, align processes, support staff, ensure systems are in place. Address business support, shadow SPoA to build further business intelligence.

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05/12/16-Go live with new system!

5.7 SPOA staff have highlighted business support as a possible risk and options within the overall restructure proposals are being explored.

6.   FURTHER READING

Appendix 1: Triage Example

From the information reported in this Care Act 2014 s.42 enquiry, the threshold in relation to alleged .... harm is met.

Allocated Investigating Manager consideration of the following:
-      Please liaise with last allocated worker for further information.

-      Police referral for consideration re: ....

-      Please inform commissioning of the concerns via.........

-      Please liaise with CQC - are there wider concerns?

-      Consideration of capacity assessment in relation to ....'s capacity to understand ....

-      Referral to Advocacy, if .... does not have independent support within the remit of this investigation.

For consideration of progression to investigation under multi-agency safeguarding procedures. I advise the following;

1.Contact the alerter to ascertain the context of the disclosure and any information available re the alert in particular achieving contact with ....

2. .... views re the alleged harm should be established including what actions/outcomes she / he may wish to be achieved by any investigation or intervention. Please complete the Safeguarding Outcomes questionnaire on Mosaic prior to Early Strategy Meeting (ESM).
3. .... capacity to consent to the process of a multi-agency safeguarding investigation should be established. Best interest process should be followed if appropriate.
4. Investigating Manager to review information gathered and consider if alert requires progression to ESM.

Please contact Safeguarding Adult Team (SAT) if further advice/support required.

For consideration of progression to investigation under multi-agency safeguarding procedures. I advise the following;
1. Please contact the referrer to gather further information in respect to the alleged concerns.
2. .... views re the alleged harm should be established including what actions/outcomes .... may wish to be achieved by any investigation or intervention. Please complete the Safeguarding Outcomes questionnaire on Mosaic prior to Early Strategy Early Strategy Meeting (ESM).
3. .... capacity to consent to the process of a multi-agency safeguarding investigation should be established. Best interest process should be followed if appropriate.

4.Investigating Manager to review information gathered and consider if alert requires progression to ESM

NB; to be aware of the balance of 'duty to care' verses Human Rights Act, Article 8 - Right to respect for his / her private and family life.

Please contact Safeguarding Adults Team (SAT) if further advice/support required.

The Mental Capacity Act creates the criminal offences of ill-treatment or wilful neglect under Section 44 based on existing principles (under Section 127 (1) of the Mental Health Act 1983). The offences can be committed by anyone responsible for that person's care.

They are offences punishable 'either way' in the Magistrates' or Crown Court as follows:

- ☐ on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum or both;

- ☐ on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine or both.

The elements are that the offender:

- ☐ has the care of the person in question OR is the donee of a power of attorney OR is a court-appointed deputy;

- ☐ reasonably believes the person lacks capacity (or they do lack capacity);

- ☐ ill-treats or wilfully neglects the person.

It can be expected that ill-treatment will require more than trivial ill-treatment, and will cover both deliberate acts of ill-treatment and also those acts reckless as to whether there is ill-treatment.

Wilful neglect will require a serious departure from the required standards of treatment and usually requires that a person has deliberately failed to carry out an act that they were aware they were under a duty to perform.

In consequence, defences could be raised to the effect that the elements of the offence set out in Section 44 are not made out in the following terms:

- ☐ there is no Section 44 relationship (no care/power of attorney/court-appointed role);

- ☐ the person does not lack capacity and/or there was no reasonable belief in such a lack of capacity;

- ☐ there was no ill-treatment or wilful neglect.

If customer lacks capacity to consent to the process of an investigation a best interest decision will need to be made/recorded, taking in consideration the BI checklist re procedure to investigation.

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Please also consider 'situational capacity in this instance;

The inherent jurisdiction can be exercised in relation to a vulnerable adult who, even if not incapacitated by mental disorder or mental illness, is, or is reasonably believed to be, either (i) under constraint or (ii) subject to coercion or undue influence or (iii) for some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent.

Sections 20 – 25 of the Criminal Justice and Courts Act 2015 set out the new offences.
• an individual who 'ill-treats or wilfully neglects' another individual of whom he has care 'by virtue of being a care worker' (s20)
• a care provider if:
- someone who is part of the care provider's arrangements for the provision of care ill-treats or wilfully neglects an individual under the provider's care;
- the way in which the care provider manages or organises its activities amounts to a gross breach of a relevant duty of care owed by it to the victim; and
- if that breach had not occurred the ill-treatment or wilful neglect would have been avoided, or less likely (s21).

Section 20 – it is an offence for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual.

Section 21 - 21(1) A care provider commits an offence if -

(a) an individual employed or otherwise engaged by the care provider ill-treats or wilfully neglects someone to whom they are providing health care or adult social care and to whom the care provider owes a relevant duty of care; and
(b) the way in which the care provider manages or organises its activities amounts to a gross breach of that duty of care; and(c) if that breach had not occurred, the ill-treatment or wilful neglect would not have happened, or would have been less likely to.

Self Neglect

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1. Does .... meet the criteria for CARE and SUPPORT? There are no recorded needs on his/her care records.
2. Is .... capacitated to understand her care, treatment and support?

Given that there has not been any previous safeguarding in relation to these concerns, in terms of taking a proactive and proportionate response - it would advisable to address concerns under the care management remit in the first instance to ascertain if .... will engage with mental health team to address any concerns. ie. Any support that she is eligible to receive under care management etc....

Please refer to Ripfa - Practice tool (working with people who self neglect).

If .... does not hold capacity, then the safeguarding procedure should be instigated to ensure that the risks are managed using a multi agency approach.

From the information reported this Care Act s.42 enquiry, further information is required to ascertain if this meets the threshold of harm in relation to alleged self neglect resulting in physical harm..

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For consideration of progression to investigation under multi-agency safeguarding procedures. I advise the following;

1. Please contact the referrer to gather further information in respect to the alleged concerns.

2. ....'s views re the alleged harm should be established including what actions/outcomes she may wish to be achieved by any investigation or intervention.
o What's important to you?'
o What's working?
o What's not working?'
o What could prevent or reduce the risk of this happening to you again?
• What would you like to happen as a result of this investigation?
• What would you not like to happen as a result of this investigation?

3. ....'s capacity to consent to the process of a multi-agency safeguarding investigation should be established. Best interest process should be followed if appropriate.

4.IM to review information gathered and consider if alert requires progression to ESM. NB; to be aware of the balance of 'duty to care' verses Human Rights Act, Article 8 - Right to respect for his / her private and family life.

Please contact SAMCAT if further advice/support required.

The police need the following information to be able to close crimes where the alleged suspect is too ill or not capacitated enough to proceed through a criminal justice route.

For TVP to close the crime down appropriately they will need the following confirmed:

1. The current health needs and whether the alleged offender is capacitated.
2. Capacity and health needs of the victim.
3. Names of any persons who witnessed the incident.
4. What preventative measures and care/med reviews have been put in place by the care / nursing home .
5. That families have been informed fully of process ensure they are happy and updated with actions by home and police.

Appendix 2 Spreadsheet.

Date alert received	Name of vulnerable adult	Care/First ID	Triage Officer	Team receiving alert post triage	Provider	Whistle Blower	Modern Slavery	Discriminatory	Dom Violence & abuse	Financial & material	Institutional & Organisational	Self neglect / self abuse	Neglect / Acts of Omission	Physical	Psychological & emotional	Sexual abuse / exploitation	Summary of allegation	Triage date	Advised to ESM	ESM date	Inv Manager

Please open embedded document for full spreadsheet.

Copy of Triage
spreadsheet template

14

Introduction:

It is important for practitioners and managers at all levels to be aware of the quality and performance so that their interventions, supervision and management can contribute to and work towards continuous improvement in safeguarding adults in Reading.

The Reading Safeguarding Adults Quality Assurance Framework (SAQAF) is designed to ensure that safeguarding adults arrangements, procedures and practice meet statutory requirements in a way that are consistent with Council's stated strategic objectives. That they are person-centred and effective i.e. they involve people in a meaningful way and make a real difference to people's lives and this can be evidenced through quality monitoring. The framework also allows the Council to be able to demonstrate its statutory accountability to the West of Berkshire Safeguarding Adults Board (WSAB).

Legal compliance relates to ensuring that specific duties under the Care Act 2014 and the Mental Capacity Act 2005 in relation to safeguarding adults and mental capacity are met. Furthermore, assurance to the West of Berkshire Safeguarding Adults Board about the quality and effectiveness of safeguarding arrangements of Reading Borough Council is part of its statutory duty under section 43 (3) of the Act.

Purpose:

The purpose of this document is to bring together the various safeguarding activity and data that combines to provide quality assurance and performance in relation to safeguarding adults practice and arrangements to provide a comprehensive dashboard.

Safeguarding Adults Outcomes:

It is vitally important that social care practice is outcomes focussed, by adopting this approach to practice it ensures that it is person-centred and that the voice of the person with care and support needs is heard and acted upon.

High Level Outcomes	PEOPLE: How well are my desired outcomes being met?	PRACTITIONERS: How effectively am I supporting people at risk / being harmed?	SENIOR LEADERS: How effectively am I meeting my accountabilities?
People are	People have safe	Practitioners are	Senior leaders

safeguarded in our communities and institutions	communities and services that respect their dignity	skilled in creating climate /relationships to enable awareness, understanding, rights	promote good community relations and ensure that services are of sufficient quality to safeguard people's rights and dignity
People are aware of safeguarding and know what to do if they have a concern	People know where to go to get advice / information; know how to recognise abuse	Practitioners are skilled in creating climate / relationships to enable awareness, understanding, rights	Senior leaders show visible leadership, Including community and political leadership, strategic planning, partnership and collaboration to promote safeguarding
People are able to report abuse and be listened to	People have someone they trust to go to; can define the outcomes they want	Practitioners can recognise harm; know what to do; can facilitate, advocate, access expertise	Senior leaders secure resources/inputs to ensure sufficient trained staff, information, systems
Concerns about harm or abuse are properly investigated and people can say what they want to happen	People can define their desired outcomes; are supported to weigh up risk/benefits; best interest decisions/MCA used	Practitioners work in a person-centred way; timely, informed, risks managed; capacity addressed; desired outcomes explicit	Senior leaders monitor and act on information about reporting, referrals, sources, services, responses, training needs of staff
People feel and are safer as a result of safeguarding action being taken	People feel safe and in control of their own circumstances; in establishments and community settings	Practitioners can offer support to people who have experienced abuse or neglect- skills and services-to achieve desired outcomes	Senior leaders-same as above; and know how competent their organisation/SAB is; organisational and partnership hotspots
The wider well-being of people is maintained or	People are treated with respect; quality of life is improved; relationships/contacts	Practitioners can offer to help people achieve wider personal	Senior leaders can demonstrate safeguarding outcomes as part

enhanced	maintained; policing activity is aware of and supportive to more vulnerable members of the community	goals- social, emotional, health/well-being and community safety	of wider community safety and well-being priorities; demonstrate outcomes focus

Locally these high level outcomes are broken down for quality purposes and auditing using four of the six principles of safeguarding:

- Empowerment
- Protection
- Partnership
- Proportionality

The case auditing process uses these four principles to 'drill down' into case files to look for evidence that practice is effective and that the principles of Making Safeguarding Personal (MSP) have been adhered to.

Empowerment

1. Has it been identified whether the individual has Mental Capacity in relation to the Safeguarding issued and if they lack capacity, has the reasoning for this been clearly articulated and evidenced?

2. If the individual has Mental Capacity, have they been consulted and asked for their views and desired outcomes?

3. If the individual lacks Mental Capacity has an appropriate advocate been identified and contacted and asked for a view and desired outcome?

Protection

1. Does initial response within first 48 hours (Concern stage) demonstrate risks and protective factors have been fully considered?

2. Have procedural timescales at Concern stage been adhered to (decision within 2 working days of referral)?

3. Is the decision at the end of Concern stage appropriate, clear, well-articulated and evidenced?

4. If ending at Concern stage is there a clear protection plan in place or if progressing to Enquiry stage is there an Interim Safety Plan in place?

5. If progressed to Enquiry stage, has a full risk assessment been completed and is it appropriate?

6. Is there adequate detail in the assessment and safeguarding plan to evidence the assessment undertaken and the rationale for decisions made / actions taken?

7. Has the individual been safeguarded and is there a robust protection plan in place?

8. Has transferrable risk been considered and responded to and is this evidenced?

9. If the alleged perpetrator is a vulnerable adult, have their needs been addressed?

Partnership

1. Has the funding Authority been notified if not RBC funded or self-funded individual?

2. Has Care Governance been notified?

3. If the allegation constitutes a possible criminal offence, has the matter been reported to Police and have they been consulted with regard to any strategy?

4. Were relevant agencies consulted and appropriate information shared (and if no strategy meeting and were these recorded as strategy discussions)?

5. Was a strategy meeting convened at the appropriate time?

6. Were relevant agencies represented, including service users view?

7. Was the discussion and outcome / action plan clearly recorded?

8. Is there evidence of a coordinated multiagency response?

Proportionality

1. Has the approach been proportionate i.e. least intrusive possible whilst fully discharging Duty of Care?

**The Voice of the Individual with Care and Support Needs**

To ensure that practice and processes are MSP compliant it is important to be able evidence explicitly that the person with care and support needs has been actively involved in the safeguarding process at every stage; unless the person chooses otherwise. If the person chooses not to, this needs to be recorded with the reasons the person chose not to.

The kinds of outcomes that people might want as part of a safeguarding Concern or Enquiry are:

- I want the abuse to stop and to feel safer

- I want to help protect myself in the future

- I want help to feel more confident

- I want the abuser to stay away from me

- I want to be involved in what happens next

- I want people involved in my case to do what they say they will

- I want the Police to prosecute

- I want to access the support available to me

- I want to make more friends

This list is not exhaustive and will vary depending on individual wishes and circumstances.

Advocacy plays a key part in involving the person in the process and there is guidance set out in Berkshire Multi-Agency Adult Safeguarding Policy & Procedures

Outcomes Improvement Cycle
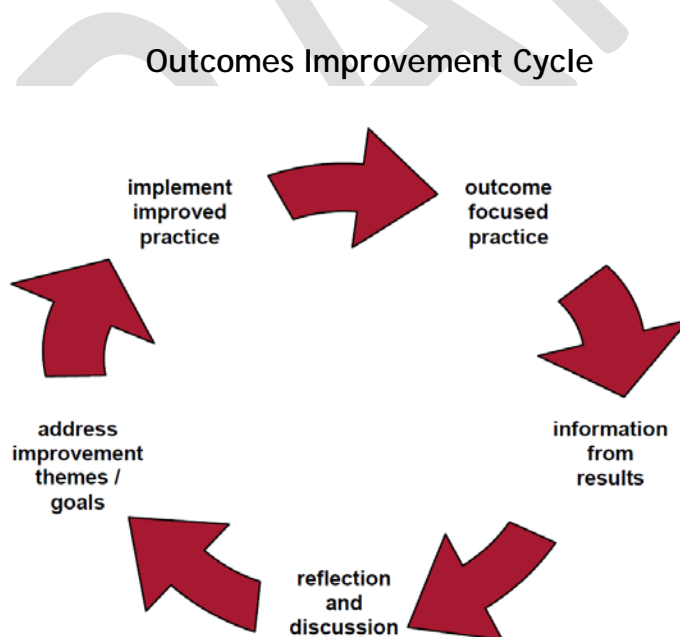
The quality assurance and improvement cycle for adult safeguarding adults is currently being developed within the framework outlined below.

Safeguarding Adults Team (SAT) Triage and Quality Monitoring:

Ensuring effectiveness and consistency of approach in safeguarding adults is a key priority in Adult Social Care and structure, processes are designed to ensure that practice and interventions operate to a high standard. The SAT has a pivotal role to play in this. Namely, through the arrangements that are place to triage and quality monitor individual Concerns and Enquiries. See pathway below:
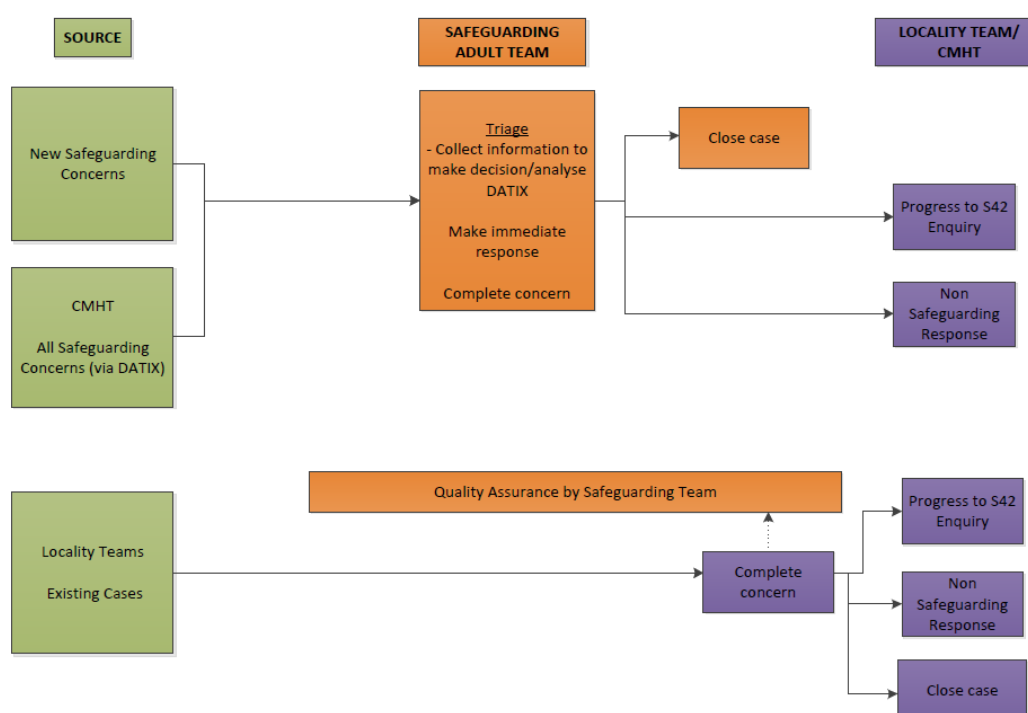
The pathway is explicitly designed to ensure that responses are compliant with the 6 principles of safeguarding and so that thresholds are consistently applied across the whole of adult social care.

Practice and Management Competence:

The starting point to begin to measure performance is staff competence and Reading has produced a Safeguarding Competency Framework & Procedures. The competency framework is an ongoing quality assurance, performance management and CPD tool. It should form part of any new recruit's induction programme and allows the practitioners supervisor to use it at this stage benchmark of the level of competence the new worker brings to their role. Thereafter, it should be used as a regular supervision tool and it should form part of the annual appraisal process. Reading is currently not compliant with the professional supervision requirements

under the employer standards for Social Workers, so it will need to review the supervision policy to ensure that it is. This should include the appraisal policy to make sure both reflect the Professional Capabilities Framework (PCF)

The NCF provides practitioners and managers with a detailed set of measurable competencies by which to evidence strengths and needs of the level of practice at both an individual, team and service levels. It contributes vital information to enable individual Continuing Professional Development plans to be updated and also acts as a source of data in the preparation and completion of team and service area annual training needs analysis.

Competence Framework and Training:

Each ASC team will be required to complete a profile of staff roles and

TEAM																				
Staff Group(compet ence)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1(1-5)																				
2(6-12)																				
3(13-15)																				
4(16-20)																				

This will then be used to highlight which members of staff have achieved the required level of competence for their role, highlight strengths and needs and ensure that people get the appropriate training to ensure that they have the knowledge base to achieve the competence.

Data can be collated across teams and triangulated using training completion data to build up a service wide picture of competence.

The data can also be used to support supervision, performance, appraisal and CPD.

It should be used in conjunction with safeguarding case audits to identify any needs identified as a result of the audit and support staff or teams to address these needs via training and/or supervision.

Training:

Safeguarding training in Reading is delivered within the overall framework of the Multi-Agency West of Berkshire Workforce Development Strategy. This provides a

common set of standards and set of training across the SAB area. There are 3 levels plus 'Train the Trainer', the latter being the method that some of the training is cascaded through the overall social care workforce. The PCF is the basis for the overall structure of the training.

Level 1 Awareness

Audience: All who have direct contact with adults whose circumstances make them vulnerable to abuse.

To be able to respond in accordance with Berkshire's Multi-Agency Safeguarding Adults Policy and Procedures

Level 2 Assessment and planning

Audience: Those who contribute to or lead in assessment and/or investigation of safeguarding alerts.

Delegates should have completed Level 1 training or have equivalent knowledge

To gain a working knowledge of Berkshire's Multi-Agency Safeguarding Adults Policy and Procedures and to understand their role in investigating under safeguarding

Level 3 Managing staff and making decisions

Audience: Those who manage staff and make decisions in safeguarding adult investigations in local authorities, health trusts and provider services. Delegates should have completed Levels 1 & 2 training.

To provide managers with an overview of Berkshire's Multi-Agency Safeguarding Adults Policy and Procedures and an understanding of their role in managing the safeguarding adult investigation process

Train the Trainer Level 1 Awareness

Audience: Managers/ senior staff with responsibility for delivering in-house training. Participants must have completed Level 1 training and have knowledge of Berkshire Safeguarding Policy and Procedures.

To equip participants with the tools and knowledge to independently deliver Level 1 training

In addition Reading provides supplementary training to support the development of skills and competence in adult safeguarding including the following. Contact the individual agency for further information:
- Deprivation of liberty safeguards
- Dignity and respect
- Domestic abuse including DASH assessment and MARAC awareness
- Mental Capacity Act

- Mental health awareness
- Risk assessment
- Role of the appropriate adult under PACE
- Safeguarding children
- Substance use and misuse awareness

It is the responsibility of each team manager to ensure that staff undertake the training appropriate to their role and that they have refresher training every 3 years as per the SAB recommendation. Learning & Workforce Development record attendance and can provide teams with training reports.

Procedures:

Safeguarding Adult's performance needs to be supported by a set of legally compliant procedures. Staff can then be given a framework about different processes and aspects of safeguarding that will enable them to practice to a high standard and against which practice can be measured.

In addition to the Berkshire Multi-Agency Adult Safeguarding Policy & Procedures Reading has produced a comprehensive set of local safeguarding adult's procedures, these are listed below and are available on the RBC Intranet:

- Safeguarding Competency Framework & Procedures
- Operational Safeguarding Procedure
- Self-Neglect & Hoarding
- Chairing Safeguarding Meetings
- Provider Concerns Investigation
- Mental Capacity Act
- DoLS Procedures
- FGM
- Hate, Mate Crime & Cuckooing
- High Risk
- Domestic Abuse
- Risk Enablement
- Modern Slavery & Human Trafficking
- Financial Abuse-Scams

Measuring Safeguarding Adults Performance:

There are three methods of collecting data about safeguarding adult's performance, two via audit and another based on competence and training. Reading carry out a monthly audit of safeguarding cases targeting 20% of all Enquiries carried out in that month and the Safeguarding Adults Board carries out an audit of a small percentage of cases on a quarterly basis across the WSAB area, including Reading.

Reading internal audit:

Cases are rated as Good, Adequate or Inadequate. The judgement matrix for grading the audit is set out below:

Good:

Practice is of a good standard, risks are identified and reduced. Decisions are made so that delay is avoided and adults are supported to live safely and with the least restrictions. There is clear evidence that the person with care and support needs has been involved in a meaningful way the safeguarding process.

Requires improvement:

Minimum standards have been achieved, adults are not at risk of abuse or neglect and the person's views have been sought as part of the safeguarding process

Inadequate:

Practice is below standard and may cause risk of abuse or neglect to the adult. The adult has been consulted or involved in the safeguarding process.

Further work is needed to develop a framework for implementing improvement. This could be achieved by doing the following:

Use information at two levels to highlight performance and address issues- locality team and individual worker. Differences in team and individual performances will be evident.

- The ratings for teams are used at team meetings to identify themes, issues and then to discuss and agree how performance can be improved and problems solved. Each Team can then draw up team service improvement plan. SAT team members will be available to support this and take any process issue away for resolution directly or via the appropriate mechanism e.g. Adult Systems Development Group (ASDG)

- Ratings for individual practitioners to be used in supervision for reflective discussion around performance improvement, learning needs and any appraisal actions.

- ASC and Team Training Needs Analysis should reflect feedback provided through case audits.

- Safeguarding Manager and Team managers to meet in 6 week cycle as part of quality monitoring process

- SAT Team Manager/Principal Social Worker to review team performance twice per annum as part of the overall quality assurance framework.

Audit sample 20% of all safeguarding enquiries

Total number of cases

Cases per Team

Scoring of cases against 4 principles of safeguarding on scale: Good, Adequate, and Inadequate.

Narrative- thematic analysis and actions required to address issues highlighted or cascade good practice.

Performance based upon % of all cases that are rated Adequate/Good and % rated Inadequate and analysed by team. All to be reported on a quarterly basis.

SAB Audit:

The audit is undertaken as part of the SAB audit programme as a mandatory audit to provide assurance to the Board that the quality of S42 enquires are meeting and agreed cross boundary that demonstrates compliance with the Care Act 2014. To meet a standard of achieved which will provide assurance of a good standard in meeting the minimum requirements in all six areas of best practice in the Care Act 2014.

RBC Performance Dashboard:

This is a monthly report to Corporate Management Team (CMT) on:

- Number of Safeguarding Concerns started
- Number of Safeguarding Enquiries started

Safeguarding Adults Board KPI's:

This is a quarterly report in three sections:
- Prevention which includes-% of nursing and residential homes where the LA is not placing individuals where there are quality assurance and / or safeguarding concerns; number of DoLS applications; number of referrals to court of protection
- Access and Involvement which includes- of those people that lacked capacity, number of people referred to an advocate; % of people who are asked what they want the outcome of the safeguarding investigation to be; % of people who were asked their desired outcomes and outcomes were expressed; %of those that gave feedback in 2.3 for whom the outcome of the enquiry has been achieved either in full, in part or not at all
- Protection which includes - PREVENT Initiative training, FGM, total number of Safeguarding Concerns for individuals started in period - per 100,000

population and a range of KPI's included in the Safeguarding Adults Collection detailed below

- Partnership which includes- attendance levels at SAB meetings and at subgroups by identified partners; number of full Safeguarding Adults Reviews (SAR) undertaken; number of reviews of significant incidents undertaken and submitted to the Board for consideration as a SAR

Safeguarding Adults Collection:

The Safeguarding Adults Collection (SAC) is a national recording and reporting framework which records details about safeguarding activity for adults aged 18 and over in England, reported to, or identified by, Councils with Adult Social Services Responsibilities (CASSRs or "councils"). The collection includes demographic information about the adults at risk and details of the incidents that have been alleged.

The SAC has 4 broad categories of information that it collects and reports on:

- Section 1 Demographic which includes- age, gender, ethnicity, primary support reasons, health conditions (incl. disability), safeguarding activity
- Section 2 Case Details which includes-enquiries by type & source of risk, enquiries by location and source of risk, risk assessment outcomes, risk outcomes
- Section 3 Mental Capacity which includes- capacity in relation to S42 enquiries, capacity to other concluded safeguarding Enquiries
- Section 4 MSP which includes- whether the person or representative was as about outcomes for S42 Enquiries, whether the person or representative was as about outcomes for other concluded safeguarding enquiries

The Quality Assurance Framework detailed above provides Reading with a comprehensive performance dashboard that allows staff at all levels to understand and contribute to providing a quality safeguarding service.

Author: Harvey Campbell

Date: November 2016

Review Date: November 2016

Appendices:

Appendix 1:

Multi-Agency West of Berkshire Workforce Development Strategy

wob-sa-workforce-de
velopment-strategy-20

Appendix 2:

Safeguarding Adults Procedures- Competency Framework

sacompframe0716(v4
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Appendix 3:

Safeguarding Adults Collection

Copy of
SAC_Proforma_2016-

Appendix 4:

SAB KPI's

Copy of Key PI SAB
2016-17.xlsx

Reading Annual Performance Report 2015/16

The 2015-16 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged.

The Safeguarding Adults Collection (SAC) is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods so has some areas where there have been significant changes to the categories of data collected.

Section 1 - Safeguarding activity

Concerns and enquiries

As a result of the Care Act changes the terminology of some of the key data recorded in the Safeguarding Return in its various formats has changed over the past year or so. Safeguarding Alerts are now being referred to as Concerns and Safeguarding Referrals are now known as Enquiries.

Another change made to the return as compared to last year is the mandatory requirement to collect information about 'individuals involved in section 42 safeguarding enquiries' which has replaced the collection of 'individuals involved in safeguarding referrals'. Therefore any data relating to 2015-16 contained within this report relates to s42 enquiries.

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised and Enquiries opened and the conversion rates over the same period.

There were 1075 safeguarding concerns received in 2015/16. The number of concerns has increased over the past couple of years with a large increase of 373 over the previous year (from 702 in 2014-15) which demonstrates the work being carried out in the authority to highlight the importance of recording safeguarding incidents.

538 s42 enquiries were opened during 2015/16, with a conversion rate from concern to s42 enquiry of 50% which is still slightly higher than the national average of around 40%. This is however a decrease on previous years which had seen conversion rates of around 75%. This demonstrates a positive shift away from the Risk Averse outlook the authority had shown historically.

There were 511 individuals who had a s42 enquiry opened during 2015/16 which is an increase of 36 which is a 7.6% rise since 2014/15.

Table 1 – Safeguarding activity for the reporting period 2014-16

Year	Alerts / Concerns received	Safeguarding referrals / s42 enquiries	Individuals who had safeguarding referral / s42 enquiry	Conversion rate of concern to s42 enquiry
2013/14	654	491	410	75%
2014/15	702	527	475	75%
2015/16	1075	538	511	50%

Section 2 - Source of Safeguarding Enquiries

As Figure 1 shows the largest percentage of safeguarding enquiries for 2015/16 were referred from both Social Care staff (33%) and also by Health staff (27%) with Family members also providing a larger than average proportion (16%). The Police have also been responsible for referring 7% of all s42 enquiries over the past year.

The Social Care category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The Health category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Enquiries by Referral Source - 2015/16
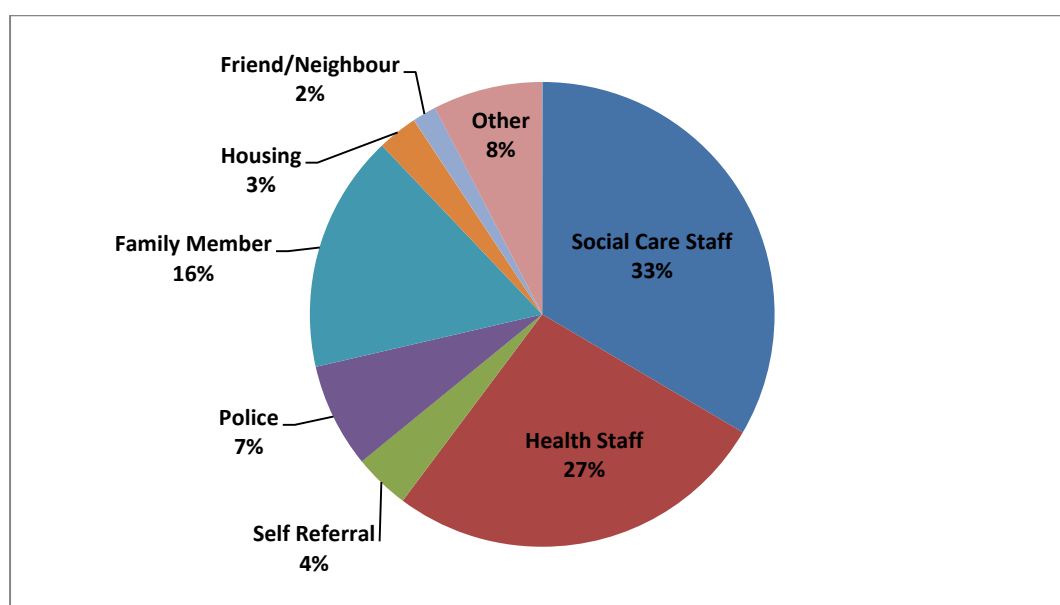
Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2013/14. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care the actual numbers coming in have remained consistent over the period at around 180-185 per year. The numbers coming in from domiciliary staff have risen by nearly 31% from 26 to 34 whereas the numbers have fallen by 17% from 58 to 48 for Residential / Nursing staff.

The numbers of referrals coming in from Health Staff have steadily risen over the period with a rise of over 24% from 116 to 144 referrals since 2014/15. This is made up of a 29.4% rise in those coming from Primary / Community Health staff (up from 51 to 66) and a 51.6% rise from Secondary Health staff (up from 31 to 47).

The numbers of Self Referrals have steadily decreased over time with a fall of 34% over the past year (from 32 to 21). There has been an increase however in the numbers of referrals coming from Family members (up 6%) and the numbers coming from the Police have more than doubled which shows the work being carried out in that area (up from 17 to 39 in the past year).

Table 2 - Safeguarding Enquiries by Referral Source 2014-16

	Referrals	2013/14 (All)	2014/15 (All)	2015/16 (s42 only)
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**185**	**185**	**180**
	Domiciliary Staff	-	26	34
	Residential/ Nursing Care Staff	-	58	48
	Day Care Staff	-	7	5
	Social Worker/ Care Manager	-	60	56
	Self-Directed Care Staff	-	3	2
	Other	-	31	35
Health Staff	**Health Staff - Total**	**108**	**116**	**144**
	Primary/ Community Health Staff	-	51	66
	Secondary Health Staff	-	31	47
	Mental Health Staff	-	34	31
Other sources of referral	**Other Sources of Referral - Total**	**198**	**226**	**214**
	Self-Referral	50	32	21
	Family member	73	84	89
	Friend/ Neighbour	9	8	9
	Other service user	3	3	1
	Care Quality Commission	4	2	2
	Housing	28	12	15
	Education/ Training/ Workplace Establishment	2	2	0
	Police	12	17	39
	Other	17	66	38
	Total	**491**	**527**	**538**

Section 3 - Individuals with safeguarding enquiries

Age group and gender

Tables 3, 4 and 5 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last 3 years. The majority of enquiries continue to relate to the 65 and over age group which accounted for 57% of enquiries in 2015/16. Between the ages of 65 and 94 the older the individual becomes the more enquiries are raised. The 18-64 age cohort has seen a fall of 9% proportionately since 2013/14 whereas the other age groups have stayed fairly consistent over the past year.

Table 3 – Age group of individuals with safeguarding enquiries, 2014-16

Age band	2013/14	% of total	2014/15	% of total	2015/16	% of total
18-64	210	51%	197	41%	216	42%
65-74	38	9%	55	12%	66	13%
75-84	75	18%	103	22%	97	19%
85-94	78	19%	106	22%	108	21%
95+	9	2%	10	2%	21	4%
Age unknown	0	0%	4	1%	3	1%
Grand total	410		475		511	

In terms of the gender breakdown there are more Females with enquiries than Males (59% compared to 41% for 2015/16) and the gap between the two is getting larger year on year i.e. it was 10% in 2013/14 and rose to 12% in 2014/15. By 2015/16 this gap had risen to 18%.

Table 4 – Gender of individuals with safeguarding enquiries, 2014-16

Gender	2013/14	% of total	2014/15	% of total	2015/16	% of total
Male	183	45%	209	44%	208	41%
Female	227	55%	266	56%	303	59%
Total	410	100%	475	100%	511	100%

When looking at the two categories together for 2015/16 the number of females with enquiries is larger in almost every age group but is especially high comparatively in the 85-94 one (Females - 26.7% and Males - 13%). For Males the figures peak in the 75-84 age group and then fall whereas for Females the peak is at the 95+ stage where it then drops.

Table 5 – Age group and gender of individuals with safeguarding enquiries, 2015/16

Age group	Female	Female %	Male	Male %
18-64	119	39.3%	97	46.6%
65-74	34	11.2%	32	15.4%
75-84	48	15.8%	49	23.6%
85-94	81	26.7%	27	13.0%
95+	18	5.9%	3	1.4%
Unknown	3	1.0%	0	0.0%
Total	303	100.0%	208	100.0%
	59%		**41%**	

Ethnicity

83% of individuals involved in s42 enquiries for 2015/16 were of a White ethnicity with the next biggest groups being Black or Black British (6%) and Asian or Asian British (5%).

Figure 2 – Ethnicity of individuals involved in enquiries for 2015/16
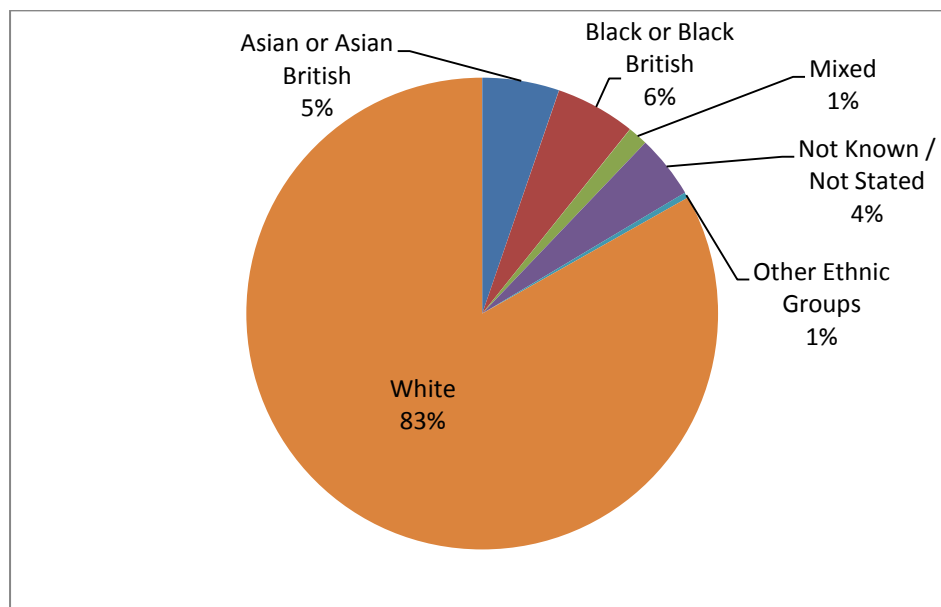

Table 6 shows the ethnicity split for the whole population of Reading based on the ONS Census 2011 data. Any Enquiries where ethnicity was not obtained/stated have been excluded from this table.

Table 6 – Ethnicity of Reading population and safeguarding enquiries

Ethnic group	Percentage of whole population	Percentage of safeguarding enquiries
White	75.0%	87.0%
Mixed	4.0%	1.0%
Asian or Asian British	13.0%	5.5%
Black or Black British	7.0%	6.0%
Other ethnic group	1.0%	0.5%

Source: ONS 2011 Census data

The numbers suggest individuals with a White ethnicity are more likely to be referred to safeguarding and the proportion is much higher than for the whole population. It also shows that those individuals of an Asian or Asian British ethnicity are far less likely to be engaged in the process (13% in whole population whereas those involved in a safeguarding enquiry is only 5.5%).

Primary support reason

Table 7 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR). The majority of individuals in 2015/16 had a PSR of Physical Support (51%), which also represents a 10% increase on the 2014/15 figure (was at 41%). There was also a decrease in enquires where the individual has a PSR of Support with memory and cognition (from 18% to 9% proportionately).

Table 7 – Primary support reason for individuals with a safeguarding enquiry

Primary support reason	2014/15	% of total	2015/16	% of total
Physical support	193	41%	262	51%
Sensory support	13	3%	8	2%
Support with memory and cognition	84	18%	44	9%
Learning disability support	83	17%	84	16%
Mental health support	70	15%	83	16%
Social support	28	6%	30	6%
No support reason	4	1%	0	0%
Not known	0	0%	0	0%
Total	475	100%	511	100%

Section 4 – Case details for concluded enquiries

Type of alleged abuse

Table 8 shows concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types were added to the 2015/16 return so there are no comparator figures for those, although 103 have been recorded this year in those categories (12.3% proportionately of the total).

The most common types of abuse for 2015/16 were for Neglect and Acts of Omission (26.3%), Psychological Abuse (18.7%) and Physical Abuse (18.2%).

The numbers with a Physical Abuse type however have dropped by 25 since last year (down 14%) and there has been a similar drop in those recorded as being of a financial nature also (down 12%).

Table 8 – Concluded enquiries by type of abuse

Concluded enquiries	2013/14	2014/15	2015/16
Physical Abuse	134	174	149
Sexual Abuse	24	29	34
Psychological Abuse	133	153	153
Financial or Material Abuse	141	138	117
Neglect and Acts of Omission	144	214	215
Discriminatory Abuse	4	3	5
Organisational Abuse	12	38	43
Domestic Abuse	-	-	53
Sexual Exploitation	-	-	0
Modern Slavery	-	-	1
Self-Neglect	-	-	49

Figure 3 – Type of abuse 2015/16
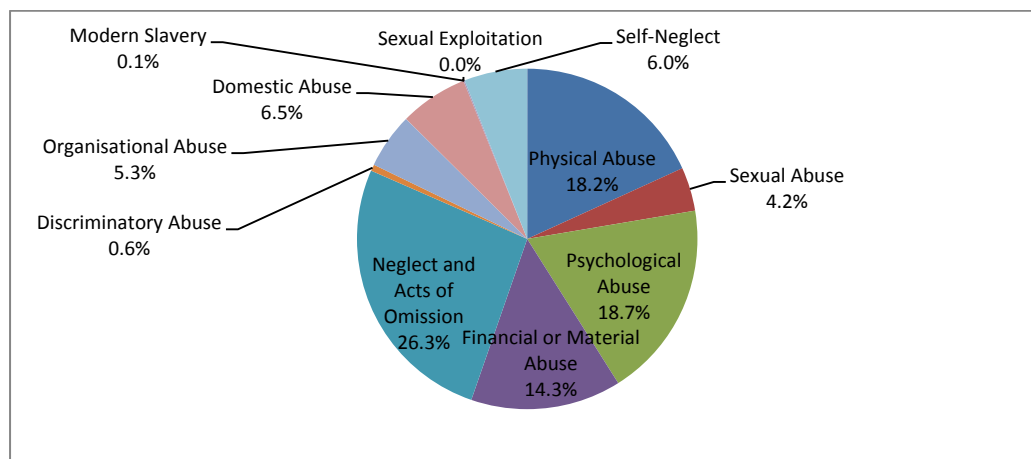

Location of alleged abuse

As shown in Table 9, as with previous years by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (62% in 2015/16) which has shown a 5% rise (up by 63 individuals) proportionately as compared to last year.

Table 9 – Location of abuse 2015-16

Location of abuse	2013/14	% of total	2014/15	% of total	2015/16	% of total
Care home	78	17%	112	21%	100	17%
Hospital	23	5%	51	9%	56	9%
Own home	292	65%	307	57%	370	62%
Community service	8	2%	14	3%	7	1%
Other	50	11%	56	10%	60	10%

Figure 4 shows the breakdown of location of alleged abuse by source of risk. Where the alleged abuse took place in the persons own home, for the majority of cases (65%), the source of risk was an individual known to the adult at risk. This group was also the most common for those taking place in a Hospital and in other locations. For those taking place in a Community Service or a Care Home the biggest source of risk was from Social Care Support staff.

Figure 4 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16
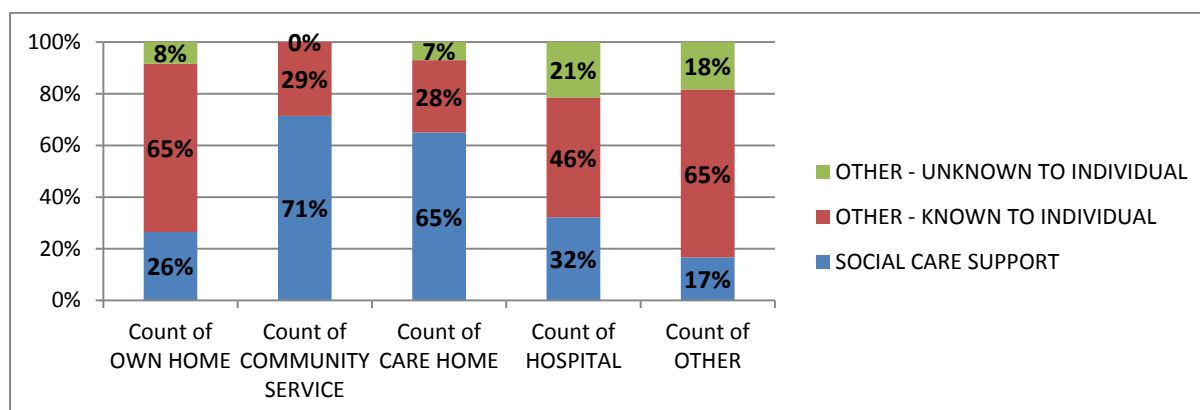
Source of risk

The majority of concluded enquiries involved a source of risk known to the individual (57%) whereas those that are unknown to the individual only make up 10%. The Social Care Support category refers to any individual or organisation paid, contracted or commissioned to provide social care. This is shown below in Figure 5.

Figure 5 – Concluded enquiries by source of risk 2015/16
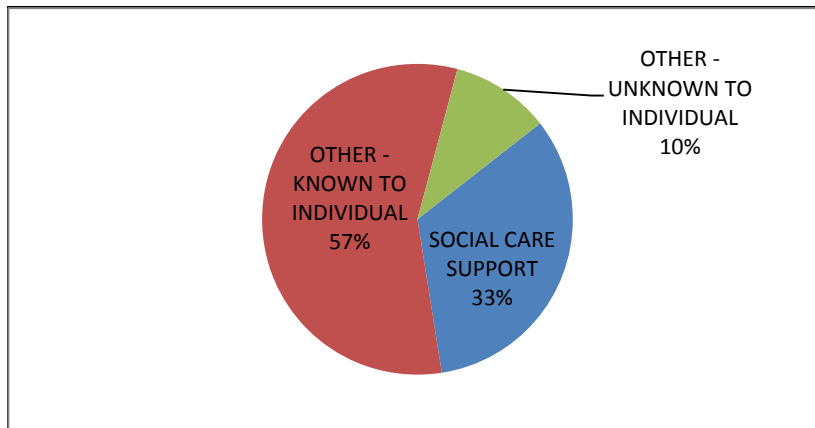
Action taken and result

Table 10 below shows concluded enquiries by action taken and the results for the last three years.

The figures for those cases where the risk was reduced or removed saw a rise between 2013/14 and 2014/15 and then a fall between 2014/15 and the current year. Those with a risk remaining have stayed fairly consistent over the period. Those with no further action decreased between the first 2 periods but have risen again over the last year (from 21% to 43% proportionately).

Table 10 – Concluded enquiries by result 2014-16

Result	2013/14	% of total	2014/15	% of total	2015/16	% of total
Action Under Safeguarding: Risk Removed	29	6%	75	15%	54	10%
Action Under Safeguarding: Risk Reduced	146	32%	284	55%	214	38%
Action Under Safeguarding: Risk Remains	34	8%	48	9%	58	10%
No Further Action Under Safeguarding	242	54%	106	21%	242	43%
Total Concluded Enquiries	451	100%	513	100%	568	100%

Figure 6 shows concluded enquiries by result for 2015/16. No action was taken under safeguarding in 43% of cases, while the risk was reduced or removed in 47% of cases.

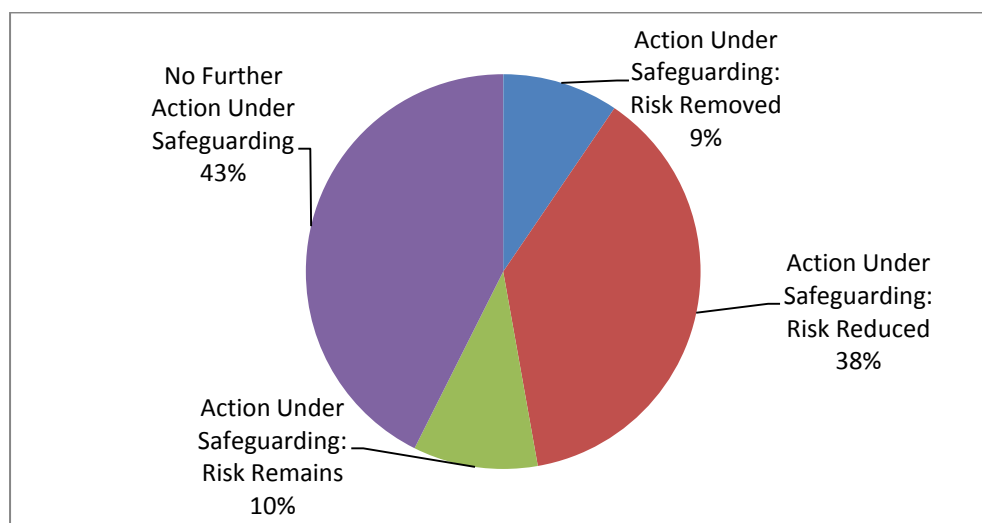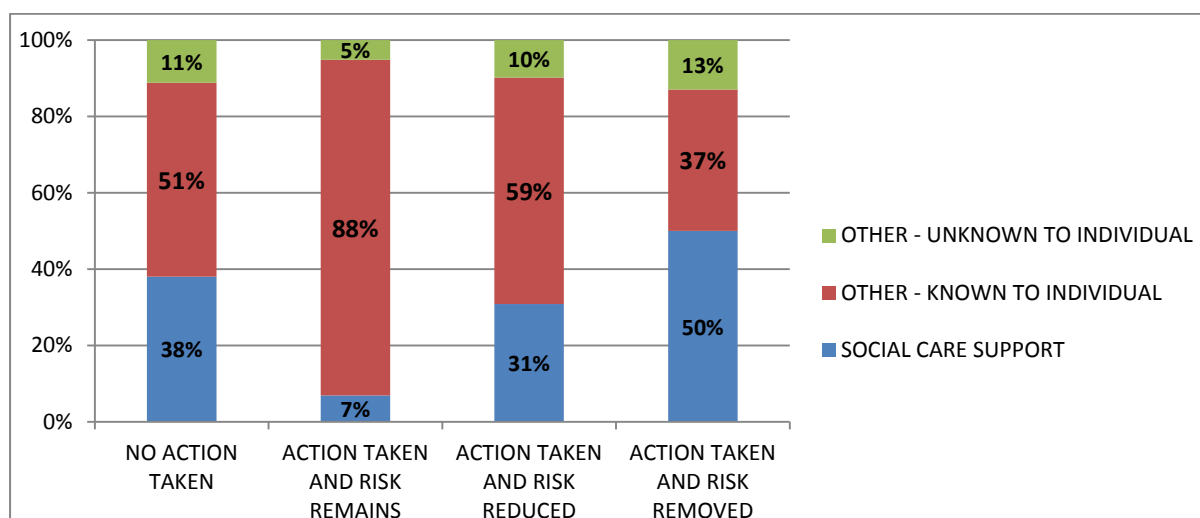**Figure 6 – Concluded enquiries by result, 2015/16**

Figure 7 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2015/16. For the majority of cases where action was taken and the risk was reduced or remained the main source of risk was other individuals known to that individual. This is especially noticeable in cases where the risk remains (88% of alleged perpetrators were known to the individual).

Cases where the risk was removed show a higher proportion in the Social Care Support group demonstrating maybe those cases where alleged abuse has taken place in a person's own home by paid staff contracted or commissioned to provide social care.

Where no action was taken the largest proportion (51%) was attributed to people known to the individual so probably relates to family members for example where an enquiry was raised but not substantiated.

Figure 7 – Concluded enquiries by result of action taken and source of risk 2015/16

Outcomes for the person at risk

Figure 8 shows the Outcomes for the person at risk for concluded enquiries for 2015/16.

The most common outcomes for concluded enquiries by far were an increase in monitoring (26%), No further Action (22%) and Community Care Assessment & Services (13%). As the chart below includes concluded enquiries which were not substantiated or inconclusive this would explain some of the No further action outcomes for the person at risk.

Figure 8 - Outcomes for person at risk, 2015/16
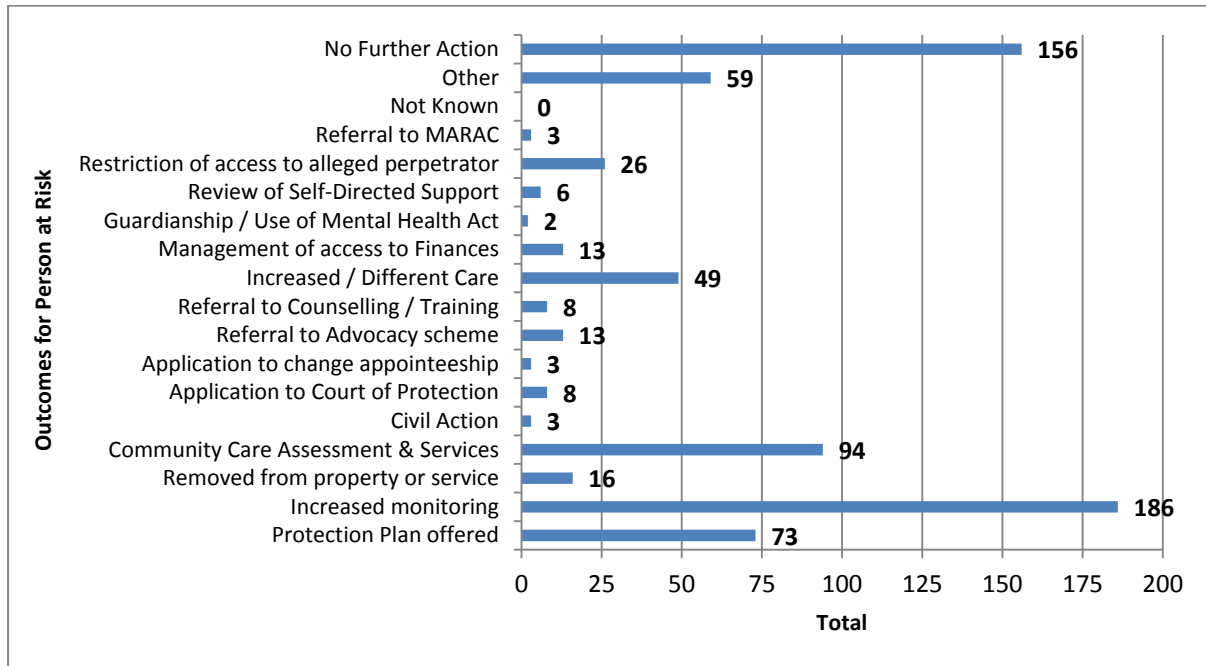
Section 5 - Mental capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries. In 20% of cases the individual was found to lack capacity. 68 of the 116 individuals (59%) assessed as lacking capacity were supported by an advocate, family or friend.

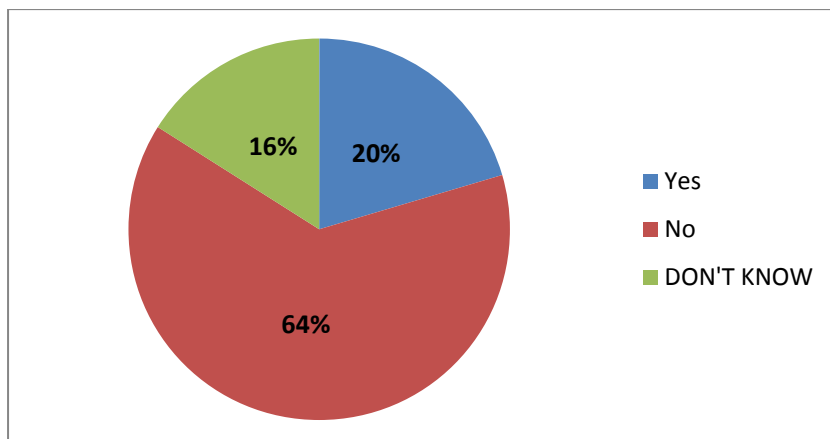**Figure 9 – Does the individual lack capacity – 2015/16?**

Figure 10 shows a breakdown of individuals lacking mental capacity of the person at risk by age group. The figure shows the likelihood of the person lacking capacity increases with age, with people aged 75+ being most likely to lack capacity. Those 95+ had a figure of 29% for those lacking capacity which was marginally larger than the 2 younger age groups.

**Figure 10 – Mental capacity by age group of person at risk, 2015/16**
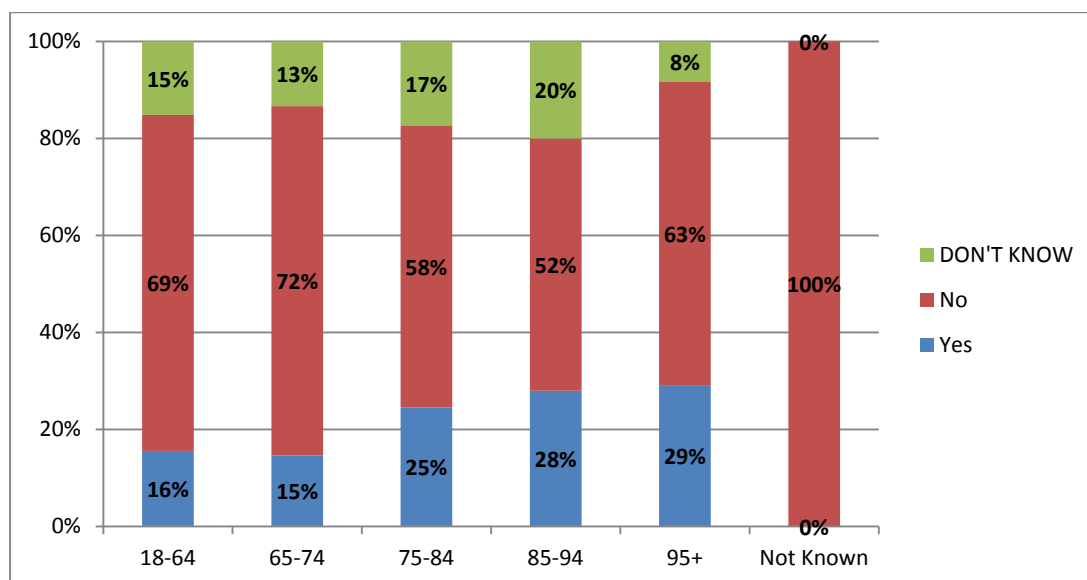
## Section 6 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and can be found within the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP but as members of the West Berkshire Safeguarding Adults Board; Reading has chosen to monitor performance in this area over the past 6 months or so.

As at year end, 46% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative).

Figure 11 – Concluded enquiries by expression of outcome, 2015/16
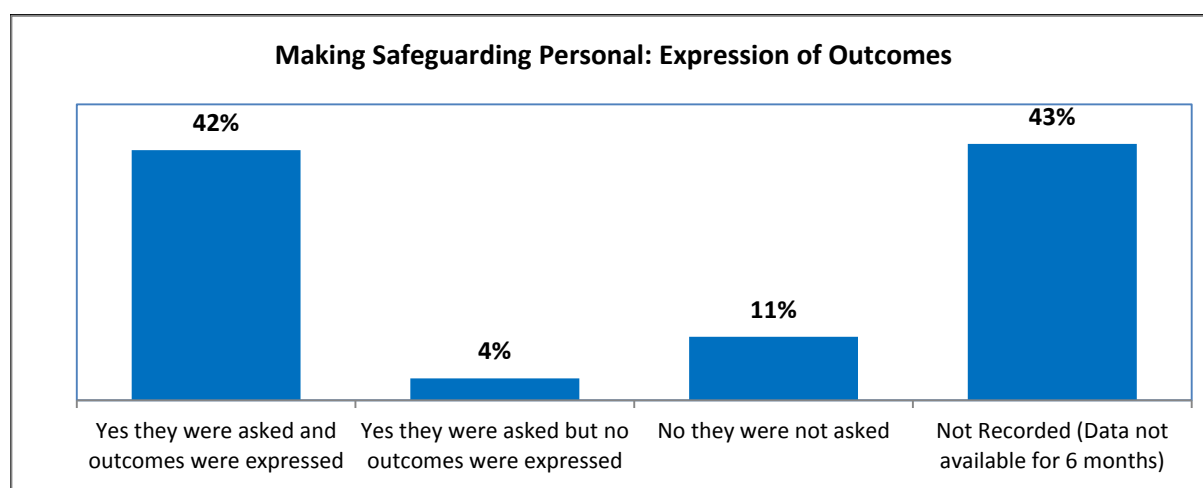
Figure 12 – Concluded enquiries by expressed outcomes achieved, 2015/16

Making Safeguarding Personal: Outcomes Achieved
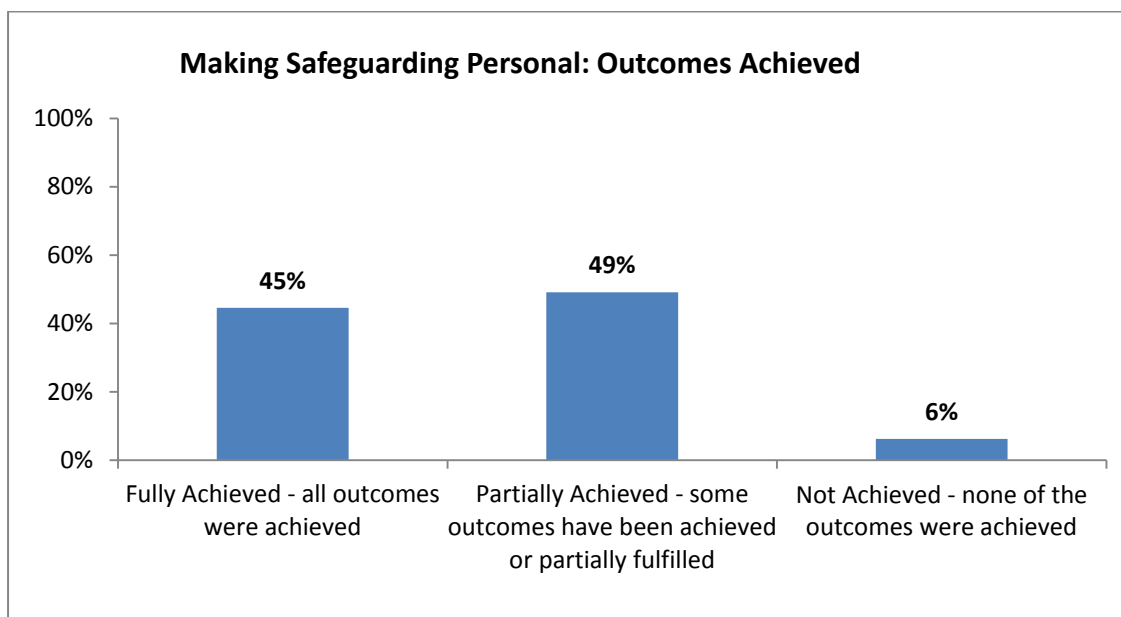
Of those who were asked and expressed a desired outcome, 45% were able to achieve those outcomes fully, with a further 49% partially achieved. Only 6% did not achieve their outcomes.

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ACE COMMITTEE		
DATE:	13 DECEMBER 2016	AGENDA ITEM:	20
TITLE:	ADULT SOCIAL CARE LOCAL ACCOUNT		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JO HAWTHORNE	TEL:	0118 937 3623
JOB TITLE:	HEAD OF WELLBEING, COMMISSIONING AND IMPROVEMENT	E-MAIL:	jo.hawthorne@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Local Account is a report of the Council's performance in Adult Social Care. It is strongly influenced by sector led improvement good practice requirements, and is a useful summary of what the council is doing well and where we plan to do further work to improve the way that we support people.

1.2 The Local Account is aimed at service users, carers, local residents and partners. With this is mind, the document is presented in a way that should make the information accessible and interesting to this audience. A draft of the Local Account for 2015/16 is attached (Appendix A).

2. RECOMMENDED ACTION

2.1 To endorse the Local Account for 2015/16 and approve for publication.

3. POLICY CONTEXT

3.1 Local Accounts are a core component of the overall approach to sector led improvement for social care. They sit alongside peer challenge and support, benchmarking common data sets and making best use of resources through accessing best practice in how to deliver good outcomes for local people who use services at a time of diminishing resources and growing demand. All of these components enable councils to be aware of their performance and to set priorities through engaging local people

3.2 A 'Toward Excellence in Social Care' (TEASC) paper on local accounts in 2013 suggested that the local account be a short document that is readily accessible. The paper proposes that areas to cover should include outcomes achieved for local people, complaints information, service user feedback, progress against local priorities, and improvement priorities for the future.

4.   THE PROPOSAL

4.1   A full Local Account was produced for 2014/15, following consultation with Healthwatch Reading, and was presented in an accessible and user-friendly format. This report has been updated for the financial year 2015/16.

4.2   The Local Account for 2015/16 will follow the same format as the previous year. The content will include:
      • Introduction from Lead Member and Director
      • Scene setting/background to Adult Social Care: ASC vision, key population information and basic information about ASC services
      • How we did: key performance indicators, overview of budget information
      • Feedback: survey results, complaints data, and recent consultations
      • Other achievements and good news stories
      • Forward look: priority areas to focus on in 2016/17 and beyond.

5.   CONTRIBUTION TO STRATEGIC AIMS

5.1   The Local Account sets out how the Council is meeting Priorities 1, 2, 3 and 6 in the Corporate Plan, as set out below:

      1. Safeguarding and protecting those that are most vulnerable;
      2. Providing the best start in life through education, early help and healthy living;
      3. Providing homes for those in most need;
      4. Keeping the town clean, safe, green and active;
      5. Providing infrastructure to support the economy; and
      6. Remaining financially sustainable to deliver these service priorities.

6.   COMMUNITY ENGAGEMENT AND INFORMATION

6.1   Previous feedback from last year's Local Account has been taken into account in drafting the 2015/16 document, both in terms of content and presentation.

6.2   Once published, people will be offered routes to give their feedback on the Local Account and this information will be used to shape plans for publishing performance information in future years in the most accessible format.

7.   EQUALITY IMPACT ASSESSMENT

7.1   An Equality Impact Assessment is not required for the Local Account. The Local Account does highlight the diversity of Reading's population and identifies any areas of good performance or those for further improvement, to ensure that people with different protected characteristics are supported effectively.

8.   LEGAL IMPLICATIONS

8.1 The Care Act statutory guidance encourages local authorities to use Local Accounts as a way to report progress against their strategies for care and support, and to review these with stakeholders.

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications directly linked to the production of the local account as this was completed in house. Any print run undertaken for accessibility will result in a small cost.

10. BACKGROUND PAPERS

10.1 'How Did We Do? – Adult Social Care Local Account 2015/16' (Draft)

How did we do?

Adult Social Care Local Account 2015-16

Reading
Borough Council
Working better with you

Welcome

Welcome to Reading's Local Account. This document summarises our performance between April 2015 and March 2016.

Our Local Account for Adult Social Care tells you:

- how much we spend and who we support
- how we organise our services
- our achievements and where we're doing well
- where we want to get better
- our plans for the future

We face a huge financial challenge to provide vital services from a reducing budget, but we are committed to delivering our vision for adult social care, in keeping adults safe and well, providing care and support to those that need it and helping people to live fulfilling lives. We want to support people's independence by developing an exciting and appealing range of community-based support that gives people opportunities to access universal services and other support in their local area. We need a broader range of housing options to give people with additional care needs support to move away from institutionalised residential care to more appropriate and independent living arrangements.

This report is about the Council's performance, but our work is closely linked to other local partners. Some of the examples of the way we've worked with health services such as GPs and hospitals to improve how we can support people in a more joined-up way are included here, and we plan to do more of this over the next three years.

The views of people who experience our services are really valuable, and we've included some of the ways that we have used this feedback to shape our plans over the last year. We will continue to talk to you about our ideas for improving the way we work with you, and to get service users and carers involved in shaping what these plans are in a much more active way. If you are interested in getting involved, you can find out how you can do that in the 'Have Your Say' section at the end of this report.

We hope that you will find this review helpful and interesting. We're really interested in your feedback on what is included in the Local Account and if there's anything more that you think we should add that would be useful for people to know. Please let us know your views through the contact details on page 13.

Finally, we want to say thank you to all the staff who have worked hard to deliver the services which support and keep safe some of our most vulnerable residents in the Borough. Thank you to the residents who volunteer and support our work.

Cllr Rachel Eden
Lead Councillor for
Adult Social Care

Wendy Fabbro
Director of Adult Care
& Health Services

About Adult Social Care

What is Adult Social Care?

For most adults, who live healthy and independent lives in Reading, we offer information, advice and universal services that help people to stay well by accessing services in their local community.

Adult social care is governed by a range of statutory duties to provide care and support for people with eligible needs. If people have care and support needs because of a disability or needs that develop as they get older, adult social care can help them to get the right level of support for their situation. This might be something simple like a piece of equipment to make it easier to move about their house, or some short-term support to help them to recover after a hospital stay.
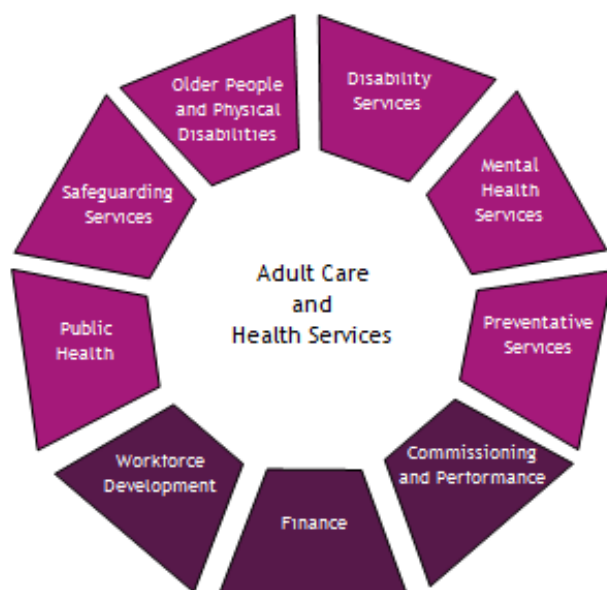
For those with needs that are eligible for ongoing support, we will work with them to find the best option to meet

their needs and assess their finances to see what they can afford to pay towards the cost of this support. People receiving care and support are involved in their own assessment and planning process and are able to choose to take a direct payment, which allows them to choose and organise their care in a way that works best for them.

Some services are free and available to all. We also provide support (such as training, information and advice) free to people who care for someone with care and support needs.

Protecting vulnerable adults is the most important part of our work. In our safeguarding role we work closely with other councils, the police, health services and others to try to prevent adult abuse occurring and stop it when it happens.

How we are organised

Adult Care and Health Services
- Older People and Physical Disabilities
- Disability Services
- Mental Health Services
- Preventative Services
- Commissioning and Performance
- Finance
- Workforce Development
- Public Health
- Safeguarding Services

YOUR EXPERIENCES

A social care manager identified the need for a gardening service for vulnerable residents. The Neighbourhood Services Team worked with community partners to research successful schemes outside of Reading. A voluntary sector partner was supported to plan and promote a gardening scheme for older and vulnerable residents in Southcote. The pilot was launched successfully with a high up-take by residents. In the future, the scheme should be able to expand to other areas in Reading.

Our Vision and Priorities

Adult Social Care & Health supports the Council's Corporate Plan – 'Building a Better Reading'.

The vision

• Our purpose is to support, care and help people to stay safe and well, and recover independence so that they can live their lives with purpose and meaning.

• We do this collaboratively with customers, carers, communities and partners; tailoring a response to meet needs and to effectively deliver targets and outcomes.

• In delivering these services we will be fair, efficient and proportionate in allocating our resources

There are 6 council-wide priorities

① Safeguarding and protecting those that are most vulnerable

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

③ Providing homes for those in most need

④ Keeping the town clean, safe, green and active

⑤ Providing infrastructure to support the economy

⑥ Remaining financially sustainable to deliver these service priorities

In line with the Council's Corporate Plan, during 2015/16 we had 3 main Adult Social Care priorities

1 Meeting the Care Act: the Care Act changed the law for adult social care from April 2015. This included new duties to prevent people needing care and support and to support their general wellbeing, as well as new national eligibility criteria. It also gave carers the right to support for their eligible needs. We needed to change the way we worked over the last year to meet the Care Act.

2 Joining up health and social care services: we published our joint plan with health services about how we would work together more closely to integrate the way we support people. Our Better Care Fund plan included putting in support that would help people to stay out of hospital or leave hospital more quickly, which we have started to put these in place.
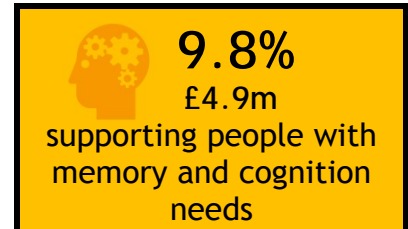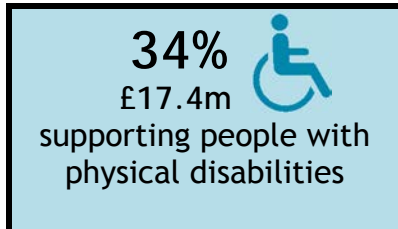
3 Delivering savings: in 2015/16 the Council made savings of £12m in the overall budget. Adult Social Care had its part to play in delivering these savings - we achieved savings of £1.2m, which equals an average of £23,070 every week.
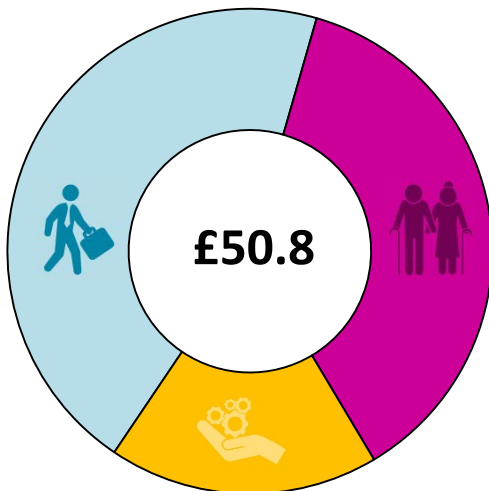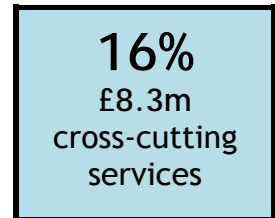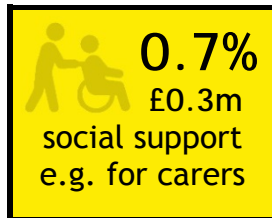
How We Spent Our Money

34% of the Council's net budget is spent on adult social care services – the largest single area of spend for the Council.

Money in - £50,773,000

34%
£17.4m
supporting people with physical disabilities

33%
£16.7m supporting people with learning disabilities

9.8%
£4.9m
supporting people with memory and cognition needs

Adult Social Care spend on different types of support

5.6%
£2.8m supporting people with mental health needs

0.7%
£0.3m
social support e.g. for carers

0.2%
£0.1m
supporting people with sensory needs

16%
£8.3m
cross-cutting services

£50.8

- 45% of the Adult Social Care spend supported people of working age (18-64 years).

- 37% of the Adult Social Care spend supported people aged 65 and older.

- The remaining 18% is spent on cross-cutting services

We have agreed savings of £8.3m that need to be delivered from April 2015 to March 2019. This is equivalent to 16% of our spend in this financial year (2015-16), although this percentage will change over the coming years.

Across all these groups, we spent £18m of our budget on services that support people to live in the community in 2015/16.

In 2015-16 the average cost for Reading to support a person with a learning disability of working age (18-64 years) in a care home was £1,468 a week. This is higher than the average cost to other councils in England, but similar to our neighbours.

Our Population

Reading is the second most ethnically diverse council area in the South East. After White and White British, the most common ethnicities are Asian/Asian British, Other White, and Black/African/Caribbean/Black British.

35% of our population are from Black and Minority Ethnic Groups. This has increased from 13% in the 2001 Census.

161,739 people currently live in Reading – a 13% increase since 2001. The population will increase to 193,665 by 2050.

19,433 people currently living in Reading are aged 65 and over. It is estimated this will increase to 26,700 by 2030.

26% live in private rented homes. This has increased from 18% in the 2001 Census.

Fuel poverty has increased in Reading from 5,600 households in 2006 to 7,264 now. (11%)

2,864 people are currently aged 85 and over. It is estimated this will increase by 15% in the next five years, to 3,400.

78 years is the average male life expectancy in Reading.

83 years is the average female life expectancy in Reading.

8% of Reading's population –12,315 people– said they were providing some level of unpaid care at the time of the last Census (2011)

Men who live in the most deprived areas in Reading are estimated to live eight and a half years less than men in the least deprived areas.

The number of working age adults with a moderate physical disability is projected to increase by 600 to 7,794 people by 2030.

The number of working age adults with a learning disability is projected to increase from 2,576 to 2,672 people by 2030.

5,846 people in the 2011 Census said they had bad or very bad health – 3.8% of the population.
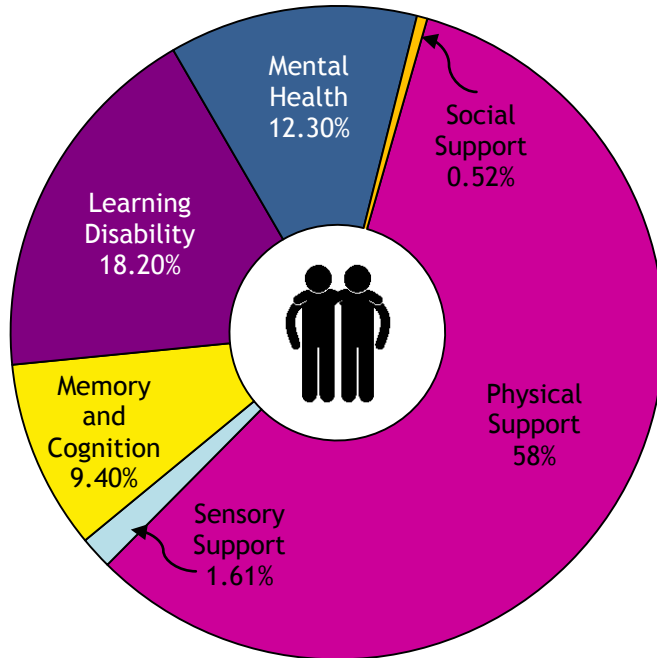
171 people in Reading died prematurely of heart disease and stroke between 2012 and 2014 – an average of two people every week.

Who We Supported in Adult Social Care

3,437 people were supported, including 948 as carers, by the Council's Adult Social Care services between April 2015 and March 2016.

Pie chart:
- Mental Health 12.30%
- Social Support 0.52%
- Physical Support 58%
- Sensory Support 1.61%
- Memory and Cognition 9.40%
- Learning Disability 18.20%

3,797 requests were received from new clients to help recover from illness or injury.

640 people received support in a residential/ nursing care home.

1,849 people were supported to live with some help in the community.

878 people received support from structured drug and alcohol treatment services.

30 voluntary sector organisations that we funded with **£774,000** in grants provided support to keep people healthy and independent. This includes information and advice, self-advocacy, opportunities for carers to take breaks, supporting people to regain independence, handyperson services, and opportunities for social contact to reduce loneliness.

122 quality monitoring visits to care providers

We worked with other councils and the NHS to jointly fund information and advice services for Berkshire Carers, who support carers in Reading.

6 established working groups are in place for people to have their say about services in Reading.

212 direct payments for service users
320 direct payments to unpaid carers

We received **1030** safeguarding concerns during the year. From these concerns, we carried out **712** enquiries.

453 people currently with a learning disability receive adult social care support in Reading. This will rise by between **37 and 75 additional people by 2030**.

Our Key Achievements

These are some of the areas we've performed well in from April 2015 to March 2016.

- 66% of people who use services in Reading are happy with their care and support. This is higher than last year (59%) and above the England average (64%). (Adult Social Care Outcome Framework 2015/16)

- 86% of people who use services in Reading say that those services have made them feel safe and secure, compared to 81% last year, and an England average of 85%. (ASCOF 2015/16)

- 80.3% of people using social care services said they had control over their daily life – higher than last year's survey results (79%) and a bigger percentage compared to other councils (76%). (ASCOF 2015/16)

- More adults in contact with mental health services live in their own homes or with their family compared to other councils (84% in Reading and 58% nationally). (ASCOF 2015/16)

- 7.4% of adults with a learning disability are in paid employment – this is better than last year (5.8%) and better than other councils, where the average is 5.8%. (ASCOF 2015/16)

- 87% of older people (aged 65+) who left hospital with reablement/ rehabilitation services to help them get their independence back were still at home 91 days later. This a little lower than last year, but better than the England (82%) and South East (81%) averages. (ASCOF 2015/16)

Right for You: a new approach to social care

This year, we piloted a new way of working in social care. Right for You encourages a personalised approach with people, to connect them to their local community and provide timely support in crisis. Feedback was very positive, with service users feeling listened to and enjoying the quick support. Staff reported feeling more valued, and that they enjoyed working in a genuinely person-centred way.

- We published our Autism Strategy, to help working together in partnership to improve outcomes for residents with autism.

- In partnership with voluntary, community and faith organisation partners, we agreed priorities for funding community services in Reading and decided how to re-focus our investment.

- We introduced a Home Care Framework, so you can choose from our preferred providers of care with confidence,

- All our preferred providers for Home Care have signed our Dignity Charter, which will make sure vulnerable adults are treated with the dignity they deserve.

- Our Community Reablement Team was rated as 'Good' by the Care Quality Commission in July. They highlighted that the staff were "respectful and caring" and people felt safe when using the service.

Our Areas for Improvement

There are some areas where we know we need to focus on doing better, and we've put plans into place to work on this in 2016/17.

- The number of people who move to residential care is still higher than the national average and for similar councils to Reading.
  - Older people residential care admissions – 833/100,000 people (England – 628/100,000).
  - Younger adults residential care admissions – 19/100,000 people (England – 13/100,000).

  (ASCOF 2015/16)

- Increasing the number of people using direct payments to manage their care and support themselves. In 2015/16 only 10% of people with care and support needs took up this option in Reading, compared to 28% nationally.

  (ASCOF 2015/16)

- Increasing the proportion of adults in contact with mental health services who are in paid employment from 7.5% - this is still above the England average (6.5%), but lower than our performance last year (9.8%).

  (ASCOF 2015/16)

- This year, 87% of older people were still at home 90 days after discharge from hospital. This is lower than last year (92%) and but above the England average (83%)

  (ASCOF 2015/16)

- Whilst we've got better at reducing delays in getting people out of hospital when they're ready (8.7 delays per 100,000 population) from last year (11.4/100,000), we would like to reduce this number further.

  (ASCOF 2015/16)

- Improving our safeguarding practice to do more to involve people in the decisions made about keeping them safe.

- Spending less of our budget on residential care and more on community-based support and services that help people to maintain their independence.

- Working more closely with our partners in the NHS to support people more seamlessly across health and social care services.

YOUR EXPERIENCES

D, a person with a learning disability, has recently moved up from day services to maximise his independence. D's father wrote about his experiences at the Move Up Project: *D enjoys the activities which are varied, interesting and educational. These include exercise and craft events. They also go shopping, play games and have hand massages to relax. D enjoys the activities which are varied to make people think, and use their hands."*

What You've Told Us

😊 **124** compliments were received about our services in 2015/16.

☹ **115** complaints were received about our services in 2015/16.

"Your system of care in Reading is very organised and you have made sure that I understand every step of the path you are taking with Mother"

57% of the complaints we received were related to the service provision people received.

We try to consider Alternate Dispute Resolution (ADR) at every stage of the complaints process. This means resolving a complaint or concern informally through a face to face meeting or telephone discussion. Of all the complaints we received this year, almost half were resolved informally.

This doesn't restrict someone's right to request a formal investigation at any stage. All complaints and concerns are a valuable source of feedback that helps us to understand where and why changes are needed to improve the services we provide. This data doesn't show the issues that are resolved informally when someone first raises a concern.

YOUR EXPERIENCES

After a stroke, Mrs D. was able to return home but had no nearby family. She was isolated and began ringing SS with complaints about her flat. After a referral to Engage, the befriender realised Mrs D. had no community connections. She was referred to an Over 50s social club and began making friends and networks. Through these, she built up a full timetable of activities and is more happy and relaxed in her flat.

You Said, We Did

We gather lots of views from people who use services through consultations. Some of the comments are below, with an explanation of how we put the learning from this feedback into practice.

"The bus route to Pegasus Court involves crossing a busy road, which is dangerous"

Residents at Pegasus Court in Tilehurst used the Older People's Working Group to raise concerns about the route Reading Buses takes to their residences. They requested that Reading Buses drop them outside the complex to avoid accidents and having to cross a busy road. Reading Buses actioned the request and residents can now remain on the bus until it drops them outside their home.

"Some of the wording on the Carer's Assessment questions is confusing"

Members of the Carers Steering Group requested that the wording of some of the assessment questions on the Carer's Assessment be amended to reflect more the reality of the care provided to someone. This was actioned and the changes were reflected in the revised Carer's Assessment Form.

"Provide information about home care companies who provide Nepalese speaking carers"

Healthwatch Reading asked the ex-Gurkha community to report on their experiences of health and care in Reading. It became clear that information about home care agencies who provided carers who spoke Nepalese was not readily available, so we have made this information available to anyone on request.

"Support carers – work with us."

Under the Care Act, the Council is now responsible for promoting wellbeing for adults with care or support needs. We talked to people about what wellbeing means and how the Council can support people. 'Recognising and supporting all carers' is now proposed as one of the cornerstones of Reading's Health & Wellbeing Strategy, which sets priorities for the Council and local healthcare providers.

YOUR EXPERIENCES

Mrs G developed an ulcer on her leg which the GP was considering admission into hospital when ASC were contacted. A Right for You worker visited Mrs G and her family and Mrs G said what was important to her was that she "wanted her leg to get better and stay at home." A plan was agreed that included daily family visits, care support with meals for a time-limited period, telecare, and connection to a local organisation for benefits advice.

Our Plans for the Future

We are ambitious about enabling people to live more fulfilling lives, despite the challenges we face. These are the areas that we are intending to focus on to help us meet our vision and priorities:

The budget context

The Council has made savings of nearly £65 million since 2011. Following the Government's spending review we will need to make further substantial savings over the next four years.

We are working hard already to deliver savings in the budget for this and future years. We have agreed savings of £8.3m that need to be delivered by Adult Social Care by March 2019.

Despite the budget pressures, Adult Social Care services will still support people who need it in Reading.

Our future plans

Over the next two years we will:

• Achieve bronze status in 'Making Safeguarding Personal' – a national scheme that will make sure we works closely with people to get the outcomes that are important to them during Safeguarding investigations.

• Continue implementing the Care Act, as we better understand the changes to the law, making sure the whole Council is doing its part to meet the new Wellbeing duty for people in Reading.

• Publish our strategies for Learning Disabilities, Mental Health, Older People, and Accommodation with Care to set out how we will commission these services in the future and make sure we have the right support for people.

• The Right for You principles have been extended to larger pilot sites to continue to test the approach and will continue to be applied to how Adult Social Care works with service users in the future. Thought is currently being given to what this this will look like and how to embed the principles into practice.

• Continue to work with partners to provide more Extra Care Housing schemes, including sites in South Reading and Caversham.

• Build 10 new supported living flats for people with learning disabilities at Whitley Rise, South Reading, as an alternative to residential care.

• Modernising Day Services – ensuring there is a range of day opportunities linked to local community and neighbourhood services, while providing a specialist service at a new venue co-located at Rivermead Leisure Centre.

Have your say on care and support

Your view of care and support services is really valuable to us as we aim to keep on improving our services, and there are lots of ways you can get involved.

We have a number of groups and partnerships which hold regular meetings and are always open to new people taking part:

• Older People's Working Group
• Carers Steering Group
• Physical Disabilities and Sensory Needs Network
• Learning Disabilities Partnership Board
• Learning Disabilities Carers Forum

If you would like to find out more about any of the groups or if you are interested in sharing your views, phone 0118 937 2383 or email us.
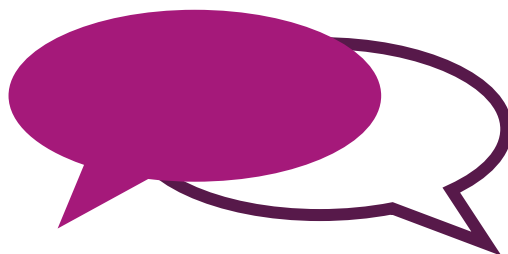
Older People's Day 2016
This year's event was a huge success, with new information stands and speakers who attracted an increased number of previously unknown older people who took part in the activities on offer. The Nepalese community were able to take part thanks to local volunteer interpreters. Feedback from all was extremely positive and highlighting the need for such an event to take place in Reading.

National Carers Week 2015
Unpaid carers in Reading were thanked for all they do with the chance to attend free, fun, relaxing and informative drop in sessions across the town as part of National Carers Week. Unpaid carers were invited to a Riverside Garden Party alongside an information event to explore how we could build a carer friendly community in Reading

Local Information and Advice Consultation
Reading residents were given the opportunity to tell us how they felt we should provide information and advice about adult social care and support. The feedback helped us to make decisions about how information is best provided, by whom, and which formats residents found most useful.

keeping adults
safe and well

care and support
to those who need it

helping people to live
fulfilling lives

252

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE
DATE:	13 DECEMBER 2016 AGENDA ITEM: 21
TITLE:	ANNUAL COMPLAINTS REPORT 2015 – 2016 FOR ADULT SOCIAL CARE
LEAD COUNCILLOR:	COUNCILLOR EDEN PORTFOLIO: ADULT SERVICES
SERVICE:	ADULT SOCIAL CARE & HEALTH WARDS: BOROUGHWIDE
LEAD OFFICER:	NAYANA GEORGE TEL: 0118 937 3748
JOB TITLE:	Customer Relations Manager E-MAIL: Nayana.george@reading.gov.uk

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   Adult Social Care recognises that there will be occasions when things do go wrong and complaints are made. This short report tells you how many complaints were received in 2015/16 and were dealt with using either the Council's Corporate Complaints Procedure or the Statutory Complaints Procedure for Adult Social Care. It also summarises the main types of complaints we have received and gives some examples where we have improved as a result of learning from these complaints.

1.1   The purpose of this report is to provide an overview of complaints activity and performance for Adult Social Care for the period from 01 April 2015 to 31 March 2016.

1.2   A summary of Adult Social Care Complaints 2015/16 – is at Appendix A. This will also be made publicly available through the Council's website from 14 December 2016.

2.   RECOMMENDED ACTION

2.1   That the Committee notes the contents of the report.

3.   POLICY CONTEXT

3.1   Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Require that Local Authorities operate the procedure. In September 2009, the Department of Health introduced a new complaint procedure to cover both adult social care and health services. This meant a 3 stage complaints procedure became a 1 stage complaints procedure. Following investigation of the complaint by the Council, if the complainant is not satisfied with the outcome the complainant is advised to contact the Customer Relations Manager, to share their concerns

with a view to possibly reviewing them with a senior manager or proceed to the Local Government Ombudsman.

3.2   Complaints relating to Adult Social Care that fall outside of the scope of the statutory process are investigated in accordance with the Council's Corporate Complaints Procedure.

4.   ACTIVITY

4.1   The Council operates a 1 stage complaints procedure in respect of statutory complaints about Adult Social Care made by 'qualifying individuals', as specified in the legislation. Qualifying individuals are defined in national guidance as the Service User or their appointed representative which can be a family member, friend or Advocate. The timescale for responding to complaints is between 15 working days and 3 months depending on the seriousness of the complaint. The guidance provides a risk matrix to assist the Customer Relations Manager, who is the designated Complaints Manager for the Council, to assess the complaint.

        Reading Borough Council's Corporate Complaints Procedure gives an opportunity for those who are not 'qualifying individuals' under the social services legislation, to still be able to complain about Adult Social Care.

5.   CONTRIBUTION TO STRATEGIC AIMS

5.1   The Complaints Service provided by the Customer Relations Team contributes to the Service's aims to enhance emotional wellbeing and deliver outstanding services for service users who may be dissatisfied with the Adult Social Care service and those needing protection through Adult Safeguarding. It does this by providing impartial and supportive service to service users and their families who wish to complain or raise a concern and ensuring that there is learning from complaints.

6.   COMMUNITY ENGAGEMENT AND INFORMATION

6.1   Information about the complaints process is provided verbally to service users via the Social Care Teams as well as the Customer Relations Team. Leaflets on the procedures are also widely distributed by the Social Care Teams and available in a variety of formats and languages on request.

6.2   Service users are reminded of their right to complain and a leaflet is given out when the social worker first meets with them. Service users and/or their representative can also register a complaint via the web, e-mail direct to the Customer Relations Team, in person, by phone, in writing or via an advocate.

6.3   Translation services are provided for complainants whose first language is not English and advocacy support is available for those people who wish to make a complaint.

7.   EQUALITY IMPACT ASSESSMENT

7.1   The Customer Relations Manager will ensure that the statutory complaints process is accessible to all customers regardless of their race, gender, disabilities, sexual orientation, age or religious belief.

7.2 The statutory complaints process is designed to ensure that any concern or issue faced by the service user or their representative addressed in a timely and impartial manner.

8. LEGAL IMPLICATIONS

8.1 The Statutory foundations for the Adult Social Care Services Complaints Procedures are The Local Authority Social Services Act (1970), The Human Rights Act (1998), Statutory Instruments 2009 No.309 National Health Service, England Social Care, England. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

9. FINANCIAL IMPLICATIONS

9.1 There are no Capital or Revenue implications arising from this report.

The Council's Customer Relations Team provides value for money in effectively discharging the complaints process for the Council by attempting informal resolution of complaints.

There are no specific financial risks arising from this report.

10. BACKGROUND PAPERS

10.1 Department of Health, Advice Sheet for Investigating Complaints – Listening, Responding, Learning.

ADULT'S SOCIAL CARE COMPLAINTS 2015/16 SUMMARY REPORT

Introduction

This is a summary report of the data for complaints received by Adult Social Care for the financial year 2015/16.

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

Statutory Complaints Procedure

General complains about Adult Social Care received from Service Users or their approved representatives (Family Member, Advocate or Power of Attorney) are dealt with through the statutory procedure. This will be one investigation by a senior officer in the relevant service area (Team Manager) and then signed off by either a Service Manager or Head of Service.

At the Complaint's or their representative's request, an external, independent investigator can be appointed to investigate if the Customer Relations Manager deem the complaints to be at medium or high risk. The Following Risk Matrix is used to assess the complaint.

Risk Matrix
This matrix will be used by the Customer Relations Manager in confirming the level of Risk once an expression of concern is being considered within the formal complaints procedure.

	RISK	LIKELIHOOD OF RECURRENCE				
		Rare	Unlikely	Possible	Likely	Almost certain
SERIOUSNESS	Low	Low	Low	Low	Moderate	Moderate
		Low	Moderate	Moderate	High	High
	Moderate	Low	Moderate	High	High	Extreme
		Moderate	Moderate	High	High	Extreme
	High	Moderate	High	High	Extreme	Extreme
		Moderate	High	Extreme	Extreme	Extreme

Time Limits

Level of Risk	Maximum Time Limit for Completion
Immediate resolution	1 working day – confirm outcome
All accepted as formal complaints	Acknowledge within 3 working days
Low	15 working days
Moderate	25 working days
High	65 working days
Extreme	Up to 6 months

If the complainant feels that the issues they have raised remain unresolved, they have the right to request a meeting with the Service Manager/Head of Service and the Customer Relations Manager or refer their complaint to the Local Government Ombudsman.

The Statutory Complaints process encourages the complainant and the Local Authority to consider resolving a complaint or concern informally through a face to face meeting or telephone discussion. It is the complainant's right to request the presence of the Customer Relations Manager at any face-to-face meeting.

Some complaints may require immediate action including whether the matter should be considered as a **Safeguarding** issue. If it is a safeguarding issue, the relevant procedures would take precedence over the complaints procedure.

Corporate Complaints Procedure

The Corporate Complaints Procedure deals with complaints which do not meet the criteria for investigation through the Statutory Procedure (for example the complaint is made by a Provider or a family member who do not have consent from the Service User to make the complaint) and is a two stage process. The first stage provides an opportunity for a local resolution of any problems which may arise and it is expected that the majority of complaints will be sorted out at this level, usually within 20 working days or less. Where the problems cannot be resolved to the complainant's satisfaction at a local level, stage 2 of the process involves the investigation of the complaint by a more senior member of staff, usually within 30 working days or less and with a formal sign off by the Head of Service.

Where the complainant feels that the issues they have raised remain unresolved, they have the right to refer their complaint to the Local Government Ombudsman.

Summary of Compliments and Complaints Activity, Quality Assurance & Learning

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

Under the current monitoring system, information about complaints received directly by teams is reported to the Customer Relations Manager upon receipt. This is to ensure that the Customer Relations Manager is aware of all current complaints in

order to monitor their progress and highlight cases that can be resolved through Alternate Dispute Resolution (ADR) to Team Managers and senior staff.

Corporate Complaints

Total Number of Corporate Complaints Received 2013 - 2016

	Total No. Received	Stage 0	Stage 1	Stage 2
2013/14	2	2	0	0
2014/15	12	3	9	0
2015/16	29	8	20	1

Note: We received 4 requests for a Stage 2 investigation in 2015/16. However, 3 of these are not included for the purposes of these statistics, as they are duplicates of the Stage 1 requests. 1 complaint was dealt with directly at Stage 2, without a Stage 1 investigation being carried out, so this has been included.

Outcomes for complaints investigated formally in 2015/16

Upheld	Part Upheld	Not Upheld	No Outcome	Multiple Outcomes		Withdrawn
5	3	6	2	3		2

Timescales for those investigated in 2015/16

In Timescale	Over Timescale
16	3

Spread of Complaints across Teams in 2015/16
Adult Disability = 3
Contracts & Commissioning = 2
Financial Assessments & Benefits = 3
Income & Assessment = 1
Intermediate Care = 7
Long-Term Support = 5
Personal Budget Support = 4
Private Sector Housing = 2
Safeguarding = 2

Themes
Carer = 1
Communication = 4
Financial Issue = 10
Process = 1
Repairs = 2
Service Provision = 11

Category of Complainant
Carer = 1
Learning Disabled = 4
Older (Over 65) = 19
Physical/Sensory Disability = 5

How Was Complaint Received
E-mail = 5
Letter = 4

Telephone = 16
Webform = 4

Statutory Complaints

Total Number of Statutory Complaints Received in 2013 - 2016

	Total No. Received	Stage 0	Stage 1
2013/14	80	37	43
2014/15	45	14	31
2015/16	86	33	53

Outcomes of complaints investigated formally in 2015/16

Upheld	Part Upheld	Not Upheld	No Outcome	Multiple Outcome		Withdrawn
10	12	9	11	8		3

Timescales in 2015/16

In Timescale	Over Timescale
23	27

Note: The statutory complaints above, we worked to an initial 15 working day response date extending to no more than 20 working days. Over 50% of the complaints went over the 15 days due to a number of reasons, including staff who had to be interviewed being out of the office and an outcome could not be reached until they were spoken to or because the complainant was unable to meet with the Investigating Officer's in time to complete the investigation. In any event the Customer Relations Team ensures the complainant is kept up to date with changes to timescales and the reasons for this.

Spread of Complaints across Teams
Adult Disability = 8
Charles Clore Court = 1
Community Mental Health = 11
Community Reablement = 1
Contracts & Commissioning = 6
Entitlement & Assessment = 1
Financial Assessments & Benefits = 4
Intermediate Care = 10
Learning Disability = 8
Long-Term Support = 17
Personal Budget Support = 16
Shared Lives = 1
The Willows = 2

Themes
Carer = 4
Communication = 13
Delays in Processing = 2
Financial Issue = 19
Level of Care = 7
Placement = 1
Safeguarding = 1
Service Provision = 30
Staff Conduct = 9

Category of complainant
Carer = 10
Learning Disabled = 12
Mental Health = 6
Older (Over 65) = 39
Physical/Sensory Disability = 19

How Was Complaint Received
E-mail = 14
Feedback Form = 1
In Person = 2
Letter = 39
Telephone = 26
Webform = 4

Learning from Complaints

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

Complaint regarding the inaccurate reconciliation of invoice for deceased relative, this invoice was also addressed to the deceased and was submitted with the inaccurate date of death.

- Personal Budget Support Team (PBST) to ensure to check for accuracy the invoices being sent out to the families of deceased service users also that these are addressed correctly. It is the PBST's responsibility to ensure accuracy of information sent out.

Several other complaints received about inaccurate reconciliation of invoices coupled with lack of customer service to clients and family members when they called the PBST.

- To prevent invoice errors and ensure an accurate reconciliation, the teams must follow the process that PBST have implemented. It was specifically designed as PBST identified this as an area of work that needed improvement.

- Addressed with staff at team meetings and supervision sessions: The conduct of all staff must be professional at all times when dealing with customers and colleagues.

- Correspondence to all service users and families must be presented in a succinct and factual manner.

The compliant was about initial delay by the Single Point of Access Team (SPoA) in contacting a customer to discuss her concerns. The complaint was partially upheld as most calls were responded to within 24 hours. But there was an unacceptable delay initially with this particular case. However this was poor customer care and falls short of the high standard we expect

- SPoA to ensure all new contacts are called back within 24 working hours by managing their contact inbox. Vacancy for Advisory Officer filled to assist with this.

Complaint received about the process of moving client without discussion with and, involvement of the family and, about incomplete information provided to the family.

- Develop a shared written agreement about best practice in working with service users and their families to achieve a good transition from one service to another. This agreement is then to be used as a 'checklist' to support practice around this important matter.

Benchmarking

Attempts to collate information from our neighbouring authorities have proven to be difficult over the years. This has been attempted through the Southern Regional Complaints Managers group which the Customer Relations Manager is a member of, as such this information cannot be provided within this report.

Quality Assurance

The Customer Relations Team carries out checks of all complaint responses to ensure the quality of the response and that the language and terminology used is made easy for the complainant to understand, particularly if the complainant has a disability. We have on occasion asked the investigating officer to translated reports and responses into Easyread.

Statistics indicate 100% of responses were checked by the Customer Relations Team before being sent out. The Customer Relations Manager and her Team are also available to the complainant and the investigator for advice on best practice during the complaint investigation, but remain impartial.

The Customer Relations Manager will deliver training on investigating and responding to complaints on request. The Corporate Complaints Procedure is available on-line. The Adult Social Care statutory procedure is in the process of being made available on-line also. The Customer Relations Manager also attends Team Meetings to provide training and advice to Team and Service Managers.

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

Support Network

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

Local Government Ombudsman

Between 1 April 2015 and 31 March 2016 the Local Government Ombudsman (LGO) received 3 representations from dissatisfied service users for issues relating to Adult Care & Health Services. Of these 3 cases, 1 had not been through the Council's Complaints Procedure, so was rejected by the LGO as a premature referral. The other 2 were both rejected by the LGO as the Council having no case to answer and so were not investigated.

Compliments

The Customer Relations Team owns the logging of compliments for the Council as a whole. Staff are reminded and encouraged to pass on all compliments to the Customer Relations Team's generic mailbox.

In the year 2013/14 Adult Social Care received 104 compliments, in 2014/15 this reduced considerably to 38 and rose again to 124 compliments between 1 April 2015 and 31 March 2016. These were received by the following Teams in 2015/16:

ASC in general	-	10
Commissioning	-	3
Community Reablement	-	80
Disabled Adults	-	7
Intermediate Care	-	10
Long-Term Support	-	9
The Avenue Centre	-	1
The Maples Centre	-	2
The Willows	-	2

Contact Information: How to make a complaint

Some complaints can be sorted out by discussing your problem with your Social Worker or a manager. If you want to make a complaint, you can contact the Council by phone, letter, in person or by email. Telephone the Customer Relations Manager (Complaints & Representations) on 0118 937 2905 or e-mail: Socialcare.Complaints@reading.gov.uk. If you wish to make your complaint to us in writing, our address is: The Customer Relations Team, Reading Borough Council, Civic Offices, Bridge Street, Reading, RG1 2LU. Your complaint will be recorded and if we cannot sort out the problem immediately it will be passed for further investigation and action. The Customer Relations Team can take your complaint over the telephone and explain the complaints procedure in more detail or send you a leaflet explaining how to complain. The leaflet is also available in Council buildings or via the Council's website. You can also use these contact details to tell us if you have a concern (but do not want to make a complaint) or if you want to make a compliment about a service.