

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

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26 May 2017

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NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE - 6 JUNE 2017

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Tuesday 6 June 2017 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 20 MARCH 2017		1
3. MINUTES OF OTHER BODIES - Children's Trust Partnership Board - 5 April 2017		12
4. PETITIONS Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.		-

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5.	QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS		-
	<p>Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.</p>		
6.	DECISION BOOK REFERENCES		-
	<p>To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.</p>		
7.	CHILDREN'S SERVICES LEARNING AND IMPROVEMENT PLAN PROGRESS UPDATE	BOROUGHWIDE	17
	<p>A report providing the Committee with an update on the progress being made in implementing the Council's Improvement Plan, approved at Council on 18 October 2016.</p>		
8.	CHILDREN'S CENTRE OFFER CONSULTATION RESPONSE AND FINAL PROPOSAL	BOROUGHWIDE	25
	<p>A report providing the Committee with an outline of the consultation response from service users, partners, voluntary sector and the general public to the Children's Centre Offer proposal as set out in the report submitted to the Committee on 13 December 2016 and detailing the Children's Centre Offer going forward.</p>		
9.	SUFFICIENCY AND COMMISSIONING STRATEGY FOR LOOKED AFTER CHILDREN AND YOUNG PEOPLE IN READING, APRIL 2017 TO MARCH 2020	BOROUGHWIDE	64
	<p>A report asking the Committee to approve the Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading 2017-20.</p>		
10.	SCRUTINY REVIEW UPDATE - CONTINUING HEALTHCARE FUNDING - UPDATE	BOROUGHWIDE	Report to Follow
	<p>A report providing the Committee with an update on the progress of the scrutiny review of Continuing Health Care (CHC)</p>		

11. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD BOROUGHWIDE 148
ANNUAL REPORT - 2015 - 16

A copy of the West of Berkshire Safeguarding Adults Board
Annual Report 2015 - 2016

12. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST BOROUGHWIDE Report to
(BOB) NHS SUSTAINABILITY AND TRANSFORMATION PLAN Follow
(STP) - UPDATE

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

Apologies: Councillors Livingston and Robinson.

53. MINUTES AND MATTERS ARISING

The Minutes of the meeting held on 13 December 2016 were confirmed as a correct record and signed by the Chair.

Further to Minute 45 of the last meeting, Children's Services Learning and Improvement Plan Progress Update and in response to a question from Councillor J Williams, Councillor Gavin explained that a progress report would be submitted to the next meeting in June 2017 after the Commissioner had reported to the Department for Education.

54. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board - 10 January 2017

Resolved - That the Minutes be noted.

55. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

Questions on the following matters were submitted, and answered by the Lead Councillors:

Questioner	Subject
Councillor Josh Williams	Looked After Children placed out of Borough
Councillor Josh Williams	Peer Support for Autistic People
Councillor Josh Williams	Focus House
Mandeep Kaur Sira, Chief Executive, Healthwatch Reading	Statutory Advocacy Services

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

56. PRESENTATION BY THE HEADTEACHER OF CRANBURY COLLEGE

Mandy Wilton, Headteacher of Cranbury College, and Simon Lovelock, Deputy Headteacher of Cranbury College gave a presentation on what the college did and its vision.

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The college was an alternative curriculum provider for five to sixteen year olds and currently had 132 children and young people on roll. A number of services were provided including a hospital teaching service, post 16 provision, behaviour support services and a pupil referral unit. The college faced a number of issues including a record number of exclusions, pressure on specialist provision, funding issues and shrinking services to support the most vulnerable children, young people and families. The vision for the college was to offer first class bespoke education provision, personalised learning, give children aspiration and hope, to continue to develop professional partnerships, to work collaboratively and to be the provider of Social Emotional and Mental Health support in Reading.

Work had been carried out on reframing the college and re-provisioning it within the Reading Offer with the aim of dispelling myths and pre-conceptions. Reintegration was at record levels but was always carried out with a view that if it didn't work then it would not be an issue. The question was always asked "would it be good enough for my child." It was also recognised that there was a need to prove that the college could deliver good and outstanding education.

The aspiration was for every student to graduate from the college being a lifelong learner with a range of relevant skills, skills that were relevant and personal to them with the aim of guaranteeing a future for the young person and their family.

The Committee discussed the presentation, asked questions and a number of points were raised including the following:

- The college had a close working relationship with CAMHS and measured the impact of interventions and then provided feedback to CAMHS;
- Data was collected on the progress measured of children and young people in hospital;
- Headteachers and deputies that the college worked with would liaise with the college about a child or young person that they were considering excluding;
- A lot of collaborative work took place with schools particularly with secondary Headteachers;
- There were a number of different pathways aimed at getting the best package for students and a lot of work was built on trust, trust that the college would do what it said it would do;
- Discussions were taking place around funding for post 18 students to help them with life skills, employability skills and apprenticeships and work was being carried out with New Directions on building a curriculum, work was also being carried out with Reading College;
- Early intervention was key, for example, identifying what worked in the primary setting and ultimately the college wanted to have its staff in schools working with teachers.

Resolved - That Mandy Wilton and Simon Lovelock be thanked for their presentation.

57. SCHOOLS IMPROVEMENT STRATEGY

The Acting Director of Children, Education and Early Help Services submitted a report providing the Committee with a summary update on the progress of improving pupil achievement and attainment in Reading's schools.

The report explained that there had been progress since the adoption of the Improvement Strategy which meant that Council maintained schools were on track to meet the target of 100% being good or better by 2019. However, two academies had remained as "requires improvement" and might not be visited by Ofsted until late 2018 or early 2019, this would put the achievement of the overall target of all schools being good or better by 2019 at risk. Outcomes for Early Years and Foundation Stage, Key Stage 1 and Key Stage 2 had shown improvements when compared to the national rankings compared to previous years. All Primary Schools in the Borough were above the national floor target and Reading was above national rankings for combined reading, writing and mathematics (RWM) for the first time in over ten years.

Outcomes had shown a year on year improvement in Early Years with a Good Level of Development being 1.7% above national rankings. At Key Stage 2 the authority had been ranked 50 for RWM at the expected standard and seventh at the higher standard. No schools had been identified as 'coasting' schools within the primary phase. The key measure of combined RWM had moved from 103rd to 49th which placed Reading in the top third nationally. At Key Stage 4 there had been good outcomes in relation to attainment which was "significantly above the national average" for Attainment 8 and "above national average" for the English Baccalaureate. The percentage achieving both English and Mathematics had been described as "in line with national" (62%), being slightly above the national figures at 64%. Areas for improvement within Key Stage 4 were those children with Education, Health and Care Plans, those who had been identified by schools as requiring Special Educational Needs Support and children who were eligible for Free School Meals.

The report explained that the Improvement Strategy comprised of three 'strands' of work, Leadership and Management, Recruitment and Retention and Improving the Outcomes for the most vulnerable learners. Within strand 1 a 'Her Majesty's Inspector' had been working with school leadership teams and to date six schools had carried out this coaching, a further six were carrying out the programme and a further six would take part in the strategic coaching of leaders and Headteachers in the summer term 2017. Schools that had been categorised as Raising Achievement Schools and those with the lowest performance had regular progress reviews, which brought the Headteacher, Chair of Governors, School Partnership Adviser and the Strategic Lead for School Improvement together to review progress against an agreed plan. This process had led to improvements in 2016 and had continued in the current academic year. For strand 2 a discounted package with a provider had been negotiated for primary schools and academies to purchase and this had ensured that high quality advertisements could be promoted nationally. Within strand 3 the School Improvement Team was providing support to those maintained schools that had been identified through the School Monitoring Group as requiring specific support. There was a planned agenda throughout the year for visits and

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issues were being challenged and addressed in partnership with the schools. In addition, specific work for governors and leadership teams within schools was being provided by the School Improvement Team.

The report stated that planned work included Ofsted preparation for strand 1 for 20 Headteachers and Leaders, a course on 'Maximising the Impact of Teaching Assistants' for strand 3 and a Pan Berkshire 'Breaking Through Barriers' Conference that was being organised by Bracknell Forest Council and would take place on 16 June 2017.

Councillor Jones informed that Committee that he had visited Christ the King Catholic Primary School and John Madejski Academy that day and thanked the Headteachers at the schools for their hard work and passion under the current very challenging circumstances.

The Committee discussed the report and agreed that the update report to be submitted to the next meeting should include reference to the Future Funding Formula and the financial stability of schools.

Resolved -

- (1) That the progress of improving pupil achievement and attainment in Reading's schools be noted;
- (2) That an update report be submitted to the next meeting outlining on a "school by school" basis their current respective status, and, as a matter of scrutiny, their prospects of improvement including reference to the Future Funding Formula and the financial stability of schools.

58. PROGRESS OF THE REGIONAL ADOPTION AGENCY

The Acting Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the status of the new Adopt Thames Valley Regional Adoption Agency (RAA) and identifying the current status of the project and the current implications for the Council.

The report stated that in joining the RAA, Adoption Services would be delivered on a greater scale and with more innovative approaches to practice, an approach that had real potential to improve outcomes for Reading's children. The 'go live' date for the RAA was October 2017 and to date all funding proposals against formulae would deliver budget savings on adoption for the Council. However, until the final formula was agreed by the Adopt Thames Valley Board and Local Authority contributions fixed, the delay to the 'go live' date was at risk.

The staffing structure of the new organisation had not been agreed and was complicated by the fact that the participating local authorities had existing management structures that varied. The recommendation for a three site property for the RAA had been agreed and would be supplemented by the availability in local authority social work offices for social workers to hot desk. Agreement had been reached at the February 2017 Board meeting that the governance arrangements for

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the RAA would be via a single Board that would meet on a monthly basis through the initial stage of delivery. Attendance at the Board would be at officer level and a second tier of Lead Councillor/Director meetings would take place, possibly on a six monthly basis, to ensure councillor involvement in the joint delivery of the service. The quarterly performance framework for the RAA had also been considered and agreement had been reached that the proposed framework would allow appropriate management oversight.

Resolved -

- (1) That the Council continue to participate in the Adopt Thames Valley Regional Adoption Agency;
- (2) That once the financial arrangements had been agreed at the Adopt Thames Valley Board they be considered for approval at Policy Committee in order not to delay further the launch of the 'go live' of the Regional Adoption Agency;
- (3) That the governance arrangements for the onward delivery of the project in allowing both officer and member oversight and engagement be approved.

59. CHILDREN'S SERVICES IMPROVEMENT BOARD - REPORT OF THE INDEPENDENT CHAIR

The Interim Managing Director submitted a report from the Independent Chair of the Children's Services Improvement Board (CSIB) that covered the period from the publication of the Ofsted report in August 2016 to the end of February 2017; the report was presented by the Chair of the CSIB. A copy of the objectives for the CSIB was attached to the report at Appendix 1.

The report explained that during the period the Board had overseen the development of the Children's Services Learning and Improvement Plan that had been developed in response to the 18 recommendations for improvement that had been identified in the Ofsted report. The Plan also included a number of other improvement actions that had been identified by the authority based on the narrative in the Ofsted report. Since the development of the Plan and its submission to Ofsted the Board had focused on monitoring the performance and delivery of actions in the plan in order to demonstrate improvement to Ofsted, the Department for Education, the Council and the wider community.

The role of the Board in supporting improvements had been acknowledged by the Commissioner who had been appointed in September 2016 by the Secretary of State for Education to carry out a three month review of the Council's children's services and its capacity to improve. The review period had been extended for the Commissioner to assess the best way to ensure sustainable improvements in the service, and he had requested an increase focus by the Board on ensuring that quality assurance was applied systematically during this period.

In addition to monitoring the Learning and Improvement Plan, the Board had also focused on impact and quality assurance activity to ensure that all improvements

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that had been identified were well evidenced and secure. This had been particularly important in relation to improving the quality of social work practice.

The Board had focused on the three key priorities of People and Leadership, Practice and Systems and Governance and Accountability. The Board recognised the enormous amount of work that had been carried out to develop and begin implementation of the Learning and Improvement Plan. Officers had provided detailed and timely reports to the Board with clear RAG rating on the plan and a comprehensive data set which had become increasingly reliable. Management actions relating to areas of slower progress were becoming more clearly focused on resolution rather than commentary and there was evidence of a more rigorous approach to improvement. Nevertheless, there was still a long way to go to secure the scale of improvement required and this was recognised by the senior leadership team and the Board.

Di Smith, Chair of the CSIB, informed the Committee that work was currently being carried out to ascertain how the 'single front door' could help the service and one of the priorities had been to listen to the voice of the child with social workers being asked what visits to children had told them about the child's life.

Resolved - That the report be noted.

**60. ADULT CARE AND SUPPORT CHARGING AND FINANCIAL ASSESSMENT
FRAMEWORK 2017/18**

The Interim Director of Adult Care and Health Services submitted a report detailing the proposed changes to the Adult Care and Support Charging and Financial Assessment Framework in light of the associated Consultation and Equalities Impact Assessment. A copy of the consultation report was attached to the report at Appendix 1 and a copy of the Equality Impact Assessment (EIA) was attached to the report at Appendix 3. Appendix 2, the Draft Care and Support Charging and Financial Assessment Framework 2017/18, had been circulated electronically and published on the Council's website.

The report explained that the Council had consulted on and implemented a Charging and Financial Assessment Framework as part of implementing the Care Act 2014. The Act and associated Regulations and Guidance set out the principles and rules on Charging and Financial Assessment which all Councils needed to follow and set out the discretionary elements which Councils could decide on locally. The Council's Adult Care and Support Charging and Financial Assessment Framework that had been implemented in April 2015 and had been subsequently revised in April 2016 had incorporated some of the local decisions in the Council's previous charging policies, such as the Fairer Charging Policy for Adult Care and Support. The Adult Care Service had been undergoing a Transformation Programme to ensure it was financially sustainable in the coming years and as part of this programme a review of the Adult Care and Support Charging and Financial Assessment Framework was taking place. Four proposed changes had gone out for public consultation on 13 December 2016 for 90 days. The report and appendices detailed the proposed changes to the Framework in light of the consultation and EIA and if agreed and fully realised would result in estimated additional income of £605,336.

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The report detailed the publicly consulted proposed amendments to the Adult Care and Support Charging and Financial Assessment Framework, as follows, and included an estimate of the additional income that would be generated for the Council:

- Removing allowances and disregards from the Financial Assessment;
- Assistive Technologies and Telecare;
- Respite breaks/short stays in registered care homes;
- Meals and refreshments provided at Council day centres;
- Consultation outcome.

Other proposed amendments to the Framework were as follows:

- Backdating charging to when the care service had began;
- Amendment to the administration fee for Deferred Payments and Interim Funding;
- Amendment to the administration fee for Self Funders;
- Clarity on how charges for support would be calculated and reconciled;
- Charge for service from the Community Reablement Team (CRT) after the service users goals had been met;
- Review of the provision of Independent Financial Information and Advice.

The Committee discussed the report and requested that an update report be submitted in 12 months' time or earlier if there was a significant drop in take-up of the services as a result of the changes.

Resolved -

- (1) That the revised Adult Care and Support Charging and Financial Assessment Framework be approved including each of the following proposed changes:
 - (a) Removing allowances and disregards from the Financial Assessment;
 - (b) Charging for Assistive Technologies and Telecare;
 - (c) Changing the charging policy on respite breaks/short stays in registered care homes;
 - (d) Charging for meals and refreshments provided at council day centres;
 - (e) Backdating charging to when the care service began;
 - (f) Amendment to the administration fee for Deferred Payments and Interim Funding;
 - (g) Amendment to the administration fee for Self Funders;
 - (h) Clarity on how charges for support will be calculated and reconciled;
 - (i) Charge for service from the Community Reablement Team (CRT) after the service users goals have been met;
 - (j) Review of the provision of Independent Financial Information and Advice;

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- (2) That an update report be submitted to the Committee in 12 months' time or earlier if there was a significant drop in take-up of the services as a result of the changes.

61. STATUTORY ADVOCACY SERVICES FOR ADULTS

The Interim Director of Adult Care and Health Services submitted a report proposing the re-commissioning of three types of statutory advocacy provision under a single contract, setting out the rationale for this approach from a customer perspective and as an efficiency measure.

The report explained that it was obliged to make available advocacy support under prescribed circumstances in order to support adults' engagement in health or social care processes. These statutory advocacy services were distinct from self-advocacy services and were also distinct from ongoing advocacy support which might be purchased with a Personal Budget when an Adult Social Care service user was assessed as needing this support in order to meet Care Act outcomes.

The report stated that each of the four statutory advocacy services for adults was commissioned currently under a separate arrangement for the Council and six separate organisations provided the advocates. A further separate provider was commissioned to provide advocacy support to children. The Independent Mental Capacity Act (IMCA) service was commissioned jointly with the other Berkshire local authorities, under Wokingham's lead, under a contract which would run through into 2018/19. The provider had consistently met its target and had delivered the service to the standard specified. Client engagement had risen after a recent court ruling had expanded service eligibility to a much wider group of clients. As such, no efficiency savings had been identified as realisable at this stage. The Independent Mental Health Act (IMHA), NHS Complaints and Care Act advocacy services were all commissioned under arrangements which had been extended into 2017/18 only and there was an overlap between services and providers.

Resolved - That the Director of Adult Care and Health Services, in consultation with the Head of Legal Services and the Lead Councillor for Adult Care and the Lead Councillor for Health, be authorised to enter into a legally binding agreement with the provider or providers who are successful in a commissioning exercise to deliver a combined statutory advocacy service for adults in accordance with the requirements of the Mental Health Act (2007), the Health and Social Care Act (2012) and the Care Act (2014).

62. COMMUNITY SUPPORT FOR MENTAL HEALTH & WELLBEING (ADULTS) 2017-18

The Interim Director of Adult Care and Health Services submitted a report presenting the Committee with a series of proposals for providing community support for adult mental health and wellbeing in 2017-18. The report also included a summary of feedback that had been received during a public consultation on discontinuing funding for the preventative peer-led support service delivered by Reading Your Way, and an assessment of the anticipated equalities impacts of reducing Council funding for this service in line with previously agreed savings plans. A copy of the

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Reading Your Way Consultation Report was attached to the report at Appendix 1 and a copy of the EIA was attached to the report at Appendix 2.

The report stated that the Council's approach to commissioning for all mental health support was based on recovery principles, driven by a commitment to delivering high quality support in line with best practice and the need to keep services cost effective and sustainable.

Reading Samaritans - The report proposed that funding support for the Reading Samaritans into 2017/18 should be maintained in the form of a contract to the value of £2,025 to support their role in building community capacity to promote good mental health. The contracted service would be the recruitment and training of volunteers to act as emphatic listeners to support emotional wellbeing in the community. These volunteers would work with members of the community in crisis to avert suicide and promote good mental health. The training programme to learn the skills and procedures needed to be a listening volunteer included thirty hours of classroom based training. Further to satisfactory completion of the classroom based training further training and support would be provided via mentoring whilst performing the service.

Mothertongue - The Council had provided funding and support to Mothertongue for a number of years and as part of the Council's voluntary sector savings programme funding for Mothertongue was due to reduce from £30,000 per annum to £21,000 per annum in 2017/18. Mothertongue was in the final stages of delivering a project to develop best practice in supporting people from black and minority ethnic communities and this would be shared with mainstream counselling services so as to improve those services' accessibility to people from different cultural backgrounds and whose first language was not English. The organisation had a clear exit plan, including the managed transition of its social inclusion support, the organisation would cease to exist on completion of this plan and would not be seeking funding support from the Council after 2017/18. There had been direct negotiation with Mothertongue over the previous year to find ways to support a managed exit whilst still achieving savings for the Council. Mothertongue had therefore put together a proposal to deliver in their final year with a 30% reduction in Council funding. It was proposed to provide Mothertongue with a final contract to the value of £21,000 for 2017/18 to promote the wellbeing of Reading residents from black and minority ethnic communities who were at risk of social isolation. By supporting individuals and families to develop personal resilience and to strengthen their community connections, the service would prevent the escalation of care and support needs. The service in 2017/18 would consist of a basic English as a Second or Other Language course, a women's craft group to provide opportunities for social interaction and language support to voluntary and community groups based in the Borough so as to facilitate access to services by residents from black and minority ethnic cultures.

Reading Your Way (RYW) - Feedback from a recent consultation about proposed cuts to RYW funding was that there would be a gap if the current service provided by RYW ceased; the service had been described as a bridge between statutory/acute services and other community support. RYW had been actively involved in the development of the Reading Recovery College and was evolving naturally to include support for Recovery College students to complement the College's offer. RYW was also involved

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in discussions with the CCGs to support the re-modelling of mental health crisis support in the Borough. This opened up opportunities for the Council and the CCGs to work together and with RYW and its service users in 2017/18 to plan for further changes and manage any necessary transition safely. The report recommended that the Council continued to commission a preventative support service from RYW in 2017/18, at a funding level set previously for the service from 2017/18 in line with agreed savings plans. The report was also asking for the continued occupation of 1A Rupert Square by RYW to be endorsed under the Tenancy at Will (a Tenancy at Will was usually granted to facilitate occupation pending completion of a Lease and could be terminated at any time by either party on short notice). The property was owned by the Council and RYW was allowed to occupy the property at nil rent but with the responsibility for maintaining the property.

Resolved -

- (1) That a payment of £2,025 to the Reading Samaritans to recruit and train volunteer listeners to their service throughout 2017-18 be authorised;
- (2) That a payment of £21,000 to Mothertongue Multi-ethnic Counselling and Listening Service in 2017-18 to support Reading residents from black and minority ethnic communities to develop personal resilience and strengthen their community connections be authorised;
- (3) That the feedback received during a public consultation on reducing Council funding for the preventative support provided by Reading Your Way, as detailed in Appendix 1, be noted;
- (4) That the Berkshire West Clinical Commissioning Groups have committed to contributing revenue funding of £85k into the Reading Your Way organisation for 2017-18 be noted;
- (5) That the expected equalities impacts of reducing the level of funding provided by the Council for Reading Your Way's preventative peer support service, as detailed in Appendix 2, be considered;
- (6) That the Interim Director of Adult Care and Health Services, in consultation with the Head of Legal Services, the Lead Councillor for Adult Social Care and the Lead Councillor for Health, be authorised to negotiate and enter into a legally binding contract with Reading Your Way for the provision of a peer support service which complements and facilitates access to the Compass Recovery College and is to be delivered in 2017-18 at a cost of £76,300;
- (7) That the continued occupation by Reading Your Way of 1A Rupert Square RG1 3HE under a tenancy at will be endorsed.

63. NEW DIRECTIONS SERVICE UPDATE

Further to Minute 52 of the meeting held on 2 March 2016, the Director of Environment and Neighbourhood Services submitted a report highlighting the sustained improvement in outcomes and value for money that New Directions, the Council's adult learning and employment service, had delivered over recent years, including increased sustained positive destinations for learners. A table setting out success data was attached to the report at Appendix A and a Self-Assessment Report (SAR) summary was attached to the report at Appendix B.

The report set out the plans that were in place for the service to further reduce costs over the next three years whilst maintaining the quality of service and positive outcomes for residents. It also outlined how the service was helping the Council to narrow the gap for more disadvantaged residents and communities.

The report highlighted the significant added value provided by the service, its partners and sub-contractors, including high quality volunteering opportunities, niche provision to meet the needs of vulnerable groups and helping to meet the skills needs of other Council services.

The Committee discussed the report and acknowledged the impact that improving the employability of adults had on improving the lives of their children.

Resolved -

- (1) That the significant contribution New Directions is making to help narrow the gap for residents be noted;
- (2) That the strategies in place to reduce costs whilst safeguarding the delivery and quality of services to Reading's more deprived and vulnerable communities, as set out in paragraph 4.2 of the report, be endorsed;
- (3) That the staff at New Directions be thanked for their work.

(Councillor Stanford-Beale declared an interest in the above item, stayed in the meeting and took part in the discussion. Nature of interest: Councillor Stanford-Beale was Chief Executive of Autism Berkshire a supplier to New Directions).

(The meeting commenced at 6.30 pm and closed at 8.44 pm).



Present		
Ben Cross	BC	Chair & Development worker, RCVYS
Esther Blake	EB	Partnership Manager, RBC
Andy Fitton	AF	Head of Service, Early Help and Intervention, RBC
Bindy Shah	BS	
Catherine Henry	CH	14-19 Participation Advisor
Sally Murray	SM	Head of Children's Commissioning, NHS Berkshire West CCGs
Gill Lake	GL	Executive Member, RCVYS
Julie Kennedy	JK	Reading College
Stan Gilmour	SG	Local Area Commander, Thames Valley Police
Young People in attendance		
Alex	Highdown School	
Business Support:		
Donna Gray	DG	Minute Taker
Apologies:		
Cllr Jan Gavin	Lead Member for Children's Services	
Gerry Crawford	Regional Director, BHFT	
Cllr Stanford-Beale	Councillor	
Hannah Powell	Thames Valley Community Rehabilitation Company	

1. WELCOME AND INTRODUCTIONS

Round table introductions took place; colleagues shared their sparkly moments for the last week.

Alex from the Reading Youth Cabinet (YC) introduced himself to the group.

2. YOUTH CABINET UPDATE

3 Campaigns: LGBT, Curriculum for Life and Votes at 16 Campaigns.

Alex advised that the YC developed a LGBT presentation that was reviewed by the Reach Out Group. There was a lot of feedback about how to present this and the word choice throughout the presentation. The YC are working on updating this currently.

Curriculum for Life – The YC is planning meetings with RBC to discuss this further.

Alex asked for advice on how to talk to schools as the YC have been struggling with this; mainly secondary schools. Afi advised Alex that the YC need to consider Schools that are on the Reading Border in their communications. Afi asked what the YC want to talk to Schools about. Alex advised that they want to go into assemblies/PSHE Days to talk to the Schools about the LGBT Campaign. They want to talk to pupils and form a focus group to review the presentation with Yr 9 age groups upwards.

Alex advised that they would like to email Schools and Afi agreed to get contact details for pastoral leads/safeguarding leads in Schools for them to approach. Afi will pass this information on to David. GL advised that if the YC starts the conversation in their own Schools then they may be able to facilitate access to other Schools.

CHILDREN'S TRUST PARTNERSHIP BOARD – 5th April 2017

AFi acknowledged that the YC have always found it quite difficult to get into Schools and advised the YC could facilitate this moving forward by writing to chairs of governors etc.

BS advised that Schools have their own School Councils and perhaps the School Councils be tasked with helping get these topics into the Schools. CH suggested linking into other meetings where School colleagues meet.

SG asked what the YC are trying to achieve and advised that it is important they know this before they make contact. Alex said that people need to be more aware of LBGT and how these children and young people need to be integrated as part of modern life. AFi advised that the YC can ask Schools how much they are including this group of people in their curriculum.

BS asked if the YC ad thought about undertaking a survey in Schools. I might help them form their thoughts about what they want to ask of Schools. They will also get an idea of how involved Schools are. BC advised that Support You run an LGBT Group in Reading and it may be worth the YC having conversations with them; this would be a good piece of partnership working.

Mental Health – Alex advised that not many people were willing to set up a campaign about this. It was merged with the curriculum for life campaign. AFi asked that Alex goes back to the group and ask if we can support/organise access to service providers to help them understand what they would like to implement/change.

SM advised the little blue book of sunshine will be launched to schools on 24th April 2017, across the West of Berkshire for Years 10 and over. There will be a big advertising campaign to promote this. SM asked if the YC could promote and share this with their peers.

Votes at 16 – Alex is not sure about the plans for this campaign. One member of the YC is a member of the Youth Parliament so they will take advantage of those links. EB ask if the YC has spoken to Cllr Gavin. AFi suggested the YC invite Cllr Gavin to meet with them along with other politicians to discuss this further.

Actions:

- AFi agreed to get contact details for pastoral leads/safeguarding leads in Schools for them to approach. AFi will pass this information on to David.
- Votes at 16 - YC to invite Cllr Gavin to meet with them along with other politicians to discuss this further.

3. EARLY INTERVENTION AND PREVENTION

In the October Meeting it was agreed that a task and finish group would take forward work on this topic. BC provided an update on the journey so far. BC advised it is important to recognise that we are in a new environment due to increasing demand/population with lower budgets.

Actions:

- DG to send Presentation with the minute of today's meeting.
- Maturity Matrix is available on the EIF.org website.

Next steps:

- What do people want in the strategy
- How do they want to contribute to it

CHILDREN'S TRUST PARTNERSHIP BOARD – 5th April 2017

- Framework – appendix/web link showing what colleagues do, what they plan to do and their wish list.

GL asked whether a new strategy means a new structure. BS advised the strategy has nothing to do with structures and that they want to facilitate discussions where agencies are collectively better at early intervention. AFi advised there will not be a new structure and that the strategy should be partnership wide not just RBC.

GL asked if the strategy ties in with the Ofsted recommendations. AFi advised that this is part of the Ofsted Improvement Plan.

SM asked if the strategy will build on what's already in place; BC and AFi advised that it will.

AFi requested commitment to write the strategy before May; this is the next phase and AFi welcomed an open editing process while this piece of work is being completed.

WORKSHOP – PRIORITY AREA – LEARNING AND EDUCATION

From discussions today CH would like suggestions for up to 3 projects to develop and implement to move to the next stage of outcomes. CH advised of the need for a strategy for effective participation of CYP in education, employment and training.

Reading went from the third highest NEET in the country to 1.1% below the national average for NEET in 2016. GL asked where the marker is and if there are people we don't know about due to immigration etc. CH advised that Adviza do the tracking of those young people (YP) and they work with LA's to obtain the relevant information. If a YP leaves Reading they stay in the Reading figures until they are formally received by the new LA.

BC asked what is meant by 'Provision', CH advised this is formal education or training.

GL if there was a 16-17 undertaking a course with the children centre would they still be classed as NEET. CH advised that they would still be classed as NEET but if the YP is engaged then they can work with them to secure future employment.

GL asked who has got to re-engage these YP. Who has been involved in the disengagement? Or was it through certain circumstances that stopped them engaging. CH wondered if there was a link between the 0-5 and families that GL and her colleagues support. Quite a lot of the families GL deals with have issues with parenting their children so this could be the same with their older children. CH considered that there could be a portion of children that could be identified as early as 5 and questioned how far back they go to identify future YP.

AFi felt it would be very brave to focus on primary age children but this would make a difference for future cohorts of children. AFi said there is no targeted work for those children who disengage at 16; we need to think about what the transition looks like for them. Reading College receive these children blind and haven't been able to support these YP straight away so by the time they have all the information these YP have often disengaged.

AFi asked what the offer is for careers options for Yr 10 onwards, and if there is any standardisation to this. Alex advised that when he had discussions with School he had already been accepted to Henley College but the teachers remained very Highdown focused; these conversations started taking place in Yr 10. Alex felt if it was done any earlier it may distract from choosing options. Alex

CHILDREN'S TRUST PARTNERSHIP BOARD – 5th April 2017

advised that when they picked their options they were asked to take into consideration what they want to do in the future rather than colleges.

AM advised that Independent Schools deal with this differently and advise their pupils at an earlier age what options there are for further education. BC advised that Schools have a varied opinion on IAG and how this is dealt with in Schools. BC advised that we know the children who are difficult to place have SEND and keeping a structure is incredibly important to maintain the processes for these YP.

A lot of YP engage in community activities and there is the need to make more connections between those YP and the local community. The resource needs to be released as there are community organisations that can signpost YP to relevant services.

English and Maths are mandatory subjects. Afi said that there is a need to uncover from a YP perspective why they drop out and this could be because of the requirement of English and Maths; this needs to be reframed so that YP know that this is about getting them into work not just education. This should be discussed in this way from the age 14 onwards explaining how this is about getting them into work and building a future.

GL asked if there were any Reading wide conferences for YP (careers fayre). CH advised that there has been but attendance has always been poor.

Alex felt that when people in his School were choosing careers a lot of YP didn't take it seriously and didn't comprehend what these conversations were about. There needs to be more emphasis on the importance of these careers interviews/meetings.

Top 3 Projects:

- Consistency of IAG – how do we get a more consistent offer on the table for YP.
- Transition Planning.
- Linking with YP outside of formal channels.

Actions:

- DG to send Presentation to be sent with the minute of today's meeting.

4. MINUTES AND MATTERS ARISING

Minutes of the last meeting were signed off as an accurate reflection of discussions.

5. UPDATE ON OFSTED MONITORING VISITS

GL asked if there is an end date to the Ofsted visits. Afi advised that when the time arrives Reading will be re-inspected. Afi advised that Ofsted come every 3 months for 2 days and look at specific cohorts of YP. The last time was CIN and the focus of the next visit is LAC.

BC advised that they were presented with an action plan and asked if this was still valid or whether it had changed since December. Afi advised that a team of auditors in Oct-Nov who audited 700+ cases; the findings weren't necessarily what colleagues thought was going on. Afi advised that in some areas there has been improvement but in some areas it has not been enough.

6. INFORMATION ITEMS

- Raising Attainment Strategy update

CHILDREN'S TRUST PARTNERSHIP BOARD – 5th April 2017

7. ANY OTHER BUSINESS

None noted.

8. FUTURE ITEMS

Suggested workshop topics:

- TBC – 19th July 2017
- TBC – 18th October 2017

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

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	6 JUNE 2017	AGENDA ITEM:	7
TITLE:	CHILDREN'S SERVICES LEARNING AND IMPROVEMENT PLAN PROGRESS UPDATE		
LEAD COUNCILLOR:	CLLR J. GAVIN	PORTFOLIO:	CHILDRENS SERVICES & 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, approved at Full Council on 18 October 2016. The plan is currently being updated to reflect the progress we have made to date, the resources we have secured and the priorities for action we have identified. Therefore this report captures progress against a Learning and Improvement plan that is in the process of being superseded. The progress summary continues to be updated by the directorate on a monthly basis, and is routinely presented to the independently chaired CSIB for challenge and scrutiny.
- 1.2 Progress continues to be made against the actions set out within the plan. In April 2017 a total of 12 actions were rated as completed, these remain within the plan for 6 months and continue to be monitored by the CSIB to ensure that improvement is sustained and embedded.
- 1.3 Whilst progress is now being made against all actions, some timescales have been exceeded. This is predominantly due to the initial delay in securing some financial resources required to deliver and has been impacted further by changes to key personnel to deliver required improvement activity.

1.4 The original October 2016 Learning and Improvement Plan is currently under review to address progress made to date and outcome of the last 3 Ofsted Monitoring Visits. An updated plan will be completed by summer 2017.

1.5 The Children's Commissioner for Reading Borough Council, Mr. Whitfield, continues to meet with, and receive regular reports, from the CSIB Chair and the Director of Children, Education, and Early Help Services on progress against the plan.

2. RECOMMENDED ACTION

2.1 That the Committee scrutinises the progress being made and endorses the strategic approach being taken by the Director of Children, Education and Early Help.

2.2 That a further progress update report is presented to Committee in October 2017.

3. 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 undertakes quarterly monitoring visits to Reading Borough Council. The first Monitoring Visit was undertaken by Ofsted on 31 October and 1 November 2016; a second on 21 and 22 February 2017 and a third on 31 May and 1 June 2017. The Council has received the first two reports and the third in draft (due for publication on 29 June 2017).

4. CURRENT POSITION

4.1 The Improvement plan is structured around 3 key pillars of reform with 18 cascading outcomes, consisting of 60 actions. A baseline was established 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).

- 4.2 Progress and any proposed changes to the RAG status is scrutinised and approved by the independently chaired Children's Services Improvement Board (CSIB).
- 4.3 Progress continues to be made against the actions set out within the plan, with the overall direction of travel presenting some improvement since September 2016. In April 12 actions were completed. These remain within the plan for 6 months and continue to be monitored by the CSIB to ensure that improvement is sustained.
- 4.4 The original timescales for some actions have been exceeded. This is due the initial delay in securing some of the resources required to deliver the key actives, and has been further impacted by a number of changes in personnel to deliver required improvement activity.
- 4.5 A summary of progress report (appendix 1) provides an overview of the key achievements made by Reading Borough Council, up until the end April 2017, in delivering the improvement required across the 3 key priority areas.
- 4.6 The initial actions set out in the October 2016 Learning and Improvement Plan are being reviewed, in line with the progress made to date and outcome of the last 3 Ofsted Monitoring Visits. An updated plan will be completed by end June 2017.

Other Options Considered

- 4.7 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 are published by Ofsted and as such are public documents that are available to provide the community with an update on the progress.
- 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 has been 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.

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 All of the resource requirements associated with the actions identified in the initial Ofsted report and related plan, are met. The Council is currently working under significant financial constraints (as have been outlined to Policy Committee), so as far as practical the action plan is being resourced within the approved budget for 2017/18.

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>

Report of the Independent Improvement Board Chair, Diane Smith, to ACE
<https://www.reading.gov.uk/media/6964/Item10/pdf/Item10.pdf>

LEARNING AND IMPROVEMENT PLAN SUMMARY OF PROGRESS

1. Introduction

- 1.1 This report provides an overview on the progress to date (April 2017) in implementing the Children's Services Learning and Improvement Plan for Reading Borough Council.
- 1.2 The Learning and Improvement Plan is structured around three key priorities, (pillars of reform) (1) People and Leadership; (2) Practice and Systems; (3) Governance and Accountability. 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, are incorporated within the three key priority areas.
- 1.3 A contextual summary of the improvement and progress made to date, is set out against the three key priorities, based on the position as at the end of April 2017.

2. Progress against priority 1 - People and Leadership

- 2.1 As at end April 2017 56% social work posts were filled with permanent staff and 20% of social work management posts. A new, national recruitment campaign was launched on 5th June which includes a dedicated microsite, with a targeted approach on the benefits of working for and living in Reading. The offer to prospective applicants is competitive within the Berkshire region. Our aspiration is to have an increased permanent workforce in place by September 2017.
- 2.2 In line with our priority on workforce planning and skills audit we are developing a learning and development programme that will support our workforce in getting to 'good', allow for career progression within the existing workforce, and provide continuity of best practice across the child's journey. At an operational level the experience and expertise being shared at a management level is starting to embed a 'learning culture' and raise the quality of practice.
- 2.3 As a consequence of addressing throughput at the early stages of casework we have seen a reduction in the number of open cases over the last 2 months from a position of 1986 as at end March 2017 to 1778 as the beginning of May 2017. To further enhance this position we have streamlined the requirements within teams, for example creating a new dedicated Court Team, which has welcomed by the Designated Family Judge, and will ensure timely outcomes for permanency for children and young people.
- 2.4 Reading Borough Council's practice model 'Signs of Safety' has been partially implemented. The service is now at a point where an operational decision

needs to be made about the strengths and weaknesses of this model, to ensure that it is consistently supporting good outcomes for children and young people.

3. Progress against priority 2 - Practice and Systems

- 3.1 In line with the development of the single front door the multi-agency Safeguarding Hub (MASH) and Early Help Service has undertaken a review of functions to ensure that we have the capacity and expertise in place to deliver a best practice model.
- 3.2 The introduction and delivery of monthly performance surgeries, facilitated by the Head of Services, has secured the analysis of quantitative and qualitative information resulting in a better understanding of children's social care delivery and performance.
- 3.3 The Virtual School in line with the other developments in the service has prioritised children and young people that are not in education, training or employment (NEET). The introduction of the e-PEP (Personal Education Plan) is starting to show early signs of improved educational outcomes for children and young people who are looked after by the local authority. The Council ambition that all children and young people receive access to good education is beginning to be realised through the contribution of the virtual school ensuring that looked after children are in schools that are providing them with a good educational experience.
- 3.4 The Council's continuing commitment to ensure that all care leavers have access to appropriate accommodation and that all requests for 'staying put' arrangements are met, continues to be a significant strength.
- 3.5 The Independent Review Officer (IRO) establishment has been increased by 1 full time equivalent to respond to the increase in demand on the service. A new dedicated Quality Assurance Team is being created to support the service with its ambition to become a learning organisation, whilst providing independent scrutiny and challenge on the quality of practice.

4. Progress against priority 3 - Governance and Accountability

- 4.1 Based on the needs analysis completed in October 2016 a new Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading has been developed. The purpose of the strategy is to ensure value for money and provides us with an opportunity to manage the market, therefore leading to better outcomes for children and young people.
- 4.2 The introduction of the Access to Resources team (ART) will provide dedicated expertise and capacity within Children's Services to increase the range of placement choice, availability, and interventions at best price. This is fundamental to the Council realising its ambition to ensure that we can offer affordable local placements for local children and young people.

4.3 The Council’s ambition as a corporate parent is in part realised through the corporate parenting panel. To ensure the panel is effective we are reviewing the corporate parenting strategy.










4.4 A review of the Council’s current commissioning arrangements for advocacy is due to be completed by July 2017. This will ensure that we engage with children and young people in a different way to strengthen their voice within the service. We will now include an independent visitor service to fulfil our statutory duty.










4.5 We are implementing a new approach to casework audit and review, underpinned by our Quality Assurance Framework (QAF). The approach, led by our new Quality Assurance Team, goes beyond a traditional ‘audit’ process and is designed to embed practice evaluation and quality assurance into the day to day business of our teams. It will be delivered by dedicated quality assurance officers via direct work and coaching between auditors and operational staff before, during, and after the audit has taken place. It embeds audit and feedback into a systematic process of learning and development, by collating thematic outcomes, planning and intervening to promote practice change, and then re-evaluating the quality of practice at regular intervals.

5. Summary of Key Performance Indicators

5.1 Table 2 below provides a summary of performance progress against the key performance indicators within the CSIB dataset over a 5 week period to end April 2017.

Table 2 - Performance Progress Summary @ 30/04/2017

	2/4/17	9/4/17	16/4/17	23/4/17	30/4/17	Direction of Travel
No. of open cases	1864	1852	1848	1824	1784	
No. of Looked After Children	265	267	270	266	264	
No. of children subject to a CP Plan	352	349	361	371	370	
No. of unallocated cases	58	68	60	61	0	
No. of Contacts received	181	121	114	100	146	
No. of Referrals received	31	21	15	21	36	
Referrals not progressed to a single assessment	0	10	1	5	2	
Single Assessments completed in week	47	41	16	22	24	
Single Assessments Outstanding and Overdue	36	43	40	24	17	

No. of cases closed in the week	80	45	41	45	7	
No. of Child Protection Visits outstanding	108	96	61	75	0	
No. of looked after children visits outstanding	94	98	105	109	121	
CIN Visits outstanding	351	365	351	350	367	
Highest caseload in A&A Teams	31	28	34	34	26	
Highest caseload in Safeguarding Teams	32	31	33	30	30	
Highest caseload in LAC Teams	22	23	23	24	24	
Highest caseload in Disabled Children Team	28	28	27	27	27	
Highest caseload in Care Leaving Team	19	18	27	27	27	

6. Conclusion

6.1 A total of 12 actions were completed as at the end April 2017, which remain on the Learning and Improvement Plan for 6 months for performance monitoring by the CSIB.

6.2 Whilst there has been an increase in the number of actions that have moved into RED during April, this is due to the actions not being fully achieved within the original timescale set during September 2016.

6.3 The significant increase in actions now RED is in part attributable to the delay in the directorate securing the required resources to undertake key improvement activities. It is also reflective of the delayed implementation of the plan (December 2016) and that the true baseline of key activity and performance (and therefore the extent of the action required to achieve the necessary improvement) has only been properly understood since January 2017.

6.4 Progress is being made against all of the outstanding actions, with resources now secured to deliver the key activities and improvement required.

6.5 The refresh of the Learning and Improvement Plan will ensure that all outstanding actions are reviewed against the current baseline, with any remaining activities being clearly set out, with realistic timescale for delivery, in the updated plan.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	6 JUNE 2017	AGENDA ITEM:	8
TITLE:	CHILDREN'S CENTRE OFFER CONSULTATION RESPONSE AND FINAL PROPOSAL		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO:	CHILDREN & FAMILY SERVICES
SERVICE:	EARLY HELP SERVICES	WARDS:	ALL
LEAD OFFICER:	ANDY FITTON	TEL:	0118 937 4688
JOB TITLE:	HEAD OF EARLY HELP SERVICES	E-MAIL:	Andy.fitton@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report outlines the consultation response from service users, partners, voluntary sector and the general public in regard to the Children's Centre Offer proposal that was set out in the 4 December 2016 ACE report.
- 1.2 This report builds on the proposal to achieve £400,000 savings as agreed at Policy Committee in July 2016.
- 1.3 The report details the Children's Centre Offer going forward taking into account the savings targets, in light of feedback and consultation results.
- 1.4 For the purpose of this report Children's Centre Offer relates to children under 5 years old and their families. The number of children under 5 years in Reading is 12571.
- 1.5 In the attached Appendix A there is:
 - Summary of the consultation responses
 - Equalities impact Assessment.

2. RECOMMENDED ACTION

- 2.1 To agree the proposed changes to the Children's Centre Service Offer as outlined in Section 5 of this report.
- 2.2 To establish four fully integrated Children and Family Centre hubs and satellite delivery points.

- 2.3 To fully integrate the Health Visiting Service into the Children's Centre Offer to maintain universal contacts with young children.
- 2.4 To strengthen the partnership with RBH Maternity Community Services and support vulnerable pregnant women and unborn children.
- 2.5 To provide a targeted support offer to young children and their families in the town that ensures key outcomes for young children and their families are met as outlined in Section 5 of this report.
- 2.6 To build on the partnerships with Reading's Voluntary Sector to provide a wide range of universal activities and support for young children with undiagnosed/emerging needs.
- 2.7 That ACE committee receive a progress report in Summer 2018 on the establishment of an integrated children's centre and health visiting offer.

3. POLICY CONTEXT

- 3.1 As a result of a reduction in Government funding, Reading Borough Council estimates it now needs to save £51 million over the next three years. As part of a package of proposals to close this funding gap; the Council has planned to reduce spend by £1.5 million from Reading Borough Council's Early Help Service Offer. Included in the savings proposal are some direct management action as well as altering aspects of our offer to local families, children and young people.
- 3.2 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 their 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 JobCentre 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.
- 3.3 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; and
 - Supporting families with Complex Needs.

- 3.4 It is recommended by officers that Reading Children's Centres embrace the All Party Parliamentary Group recommendations as the pillars or core outcomes to base the remodelling of the Children's Centre Offer.
- 3.5 Currently the Directorate is refreshing the Early Intervention and Prevention Strategy, to be completed July 2017. This will provide a clear direction and focus of the work of our own and partners Early Help Offer in Reading. The new strategy will be focused on the following areas:
- 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 applications of thresholds;
 - Target resources to be as preventative as possible across the partnerships and agencies; and
 - Fully understand and develop the range of partnership offer in place that is preventative in intent.
- 3.5 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.
- 3.6 The Council must also ensure that entitled 2 year olds use their education offer and that the Borough is able to meet the increased 3 year old entitlement for eligible families to assist parents to prepare for work.

4A CONSULTATION RESPONSE TO CHILDREN'S CENTRE OFFER PROPOSALS

- 4a.1 On 4 December 2016, ACE Committee agreed to a public consultation on a range of proposals to alter the Children's Centre Offer to young children and their families in Reading. These proposals are driven both by the need to re-organise our service offer to ensure that we are targeting our reducing resources to meet the needs of the most vulnerable as well as contribute to the overall Council budgetary savings targets.
- 4a.2 The Education, Children's Service and Early Help Directorate organised a public consultation which ran from 4 January 2017 to 29 March 2017. Throughout the period the consultation document was available on the RBC website and a paper copy distributed in Children's Centres, libraries and community centres. Tablets were also available in each Children's Centre cluster to enable completion of the survey. The consultation document was circulated to all Reading Schools and Early Years Childcare settings, partners and RCVYS for distribution to the voluntary sector. It was displayed on digital screens in GP surgeries and the Civic reception, promoted through Children's Centre websites and social media. In addition to this, it was presented to an Early Years Providers Forum. Five public consultation events were held in the five Children's Centre clusters, two feedback events held with the voluntary sector to facilitate discussion and open feedback on the proposals and presented at an Early Years Providers Forum.

4a.3 Responses received were:

- 235 responses to the online survey.
- 131 people attended the five meetings held in the Children's Centres.
- 4 responses were received from stakeholder groups.
- 12 email responses were received.
- 734 signatures from 2 petitions.
- 14 representatives from the voluntary sector attended two meetings held.

4a.4 A full outline of the responses received is in attached Appendix A.

4a.5 There were 400 responses received in total, with 39.6% of those with an RG4 postcode living in the North Reading/Caversham area. The majority of the respondents were female and aged between 25-34 years old. 42.6% had children under 2 years old and described themselves as service users (60.4%). The majority of respondents described themselves as White-British (66.8%).

4a.6 There was an acknowledgement through the consultation feedback that Reading Borough Council was obliged to undertake this action due to national Government reduction in local authority funding. Although the vast majority of respondents did not agree with cutting universal provision; there was general agreement from both the public meetings and stakeholder responses that the reduced resources available to the Children's Centre should be directed at the most vulnerable families through offering a more targeted service.

4a.7 The number and location of hubs received a high number of negative responses specifically regarding the hub locations and mainly from residents living north of the river including the petition submitted from North Reading parents. The location of the hub at Sun Street received the majority of comments - 41% of respondents citing unfair distribution across Reading with no hub in North Reading, the distance to travel to a hub and accessibility for families. 30% of responses attended centres that are proposed to close and expressed concern about the lack of future support and the value they place on the Children's Centre Service.

4a.8 91.5% of respondents considered that "mainly targeted support" would have a negative impact on those families that would not meet thresholds for that service. These views were echoed in all five of the consultation meetings. Responses raised concern that early identification of vulnerability and need for help would be missed for many families and there could be an escalation of social isolation and mental health and well-being issues. Under the new model families could feel stigmatised and not access centres leading to leading to underused services. Many stated that most new parents were vulnerable and in need of support.

4a.9 There was a higher level of agreement to the proposal to realign the offer to focus on children pre-birth-3 years with 44.7% of respondents agreeing with the proposed change. However, concern was raised about children over three years old with additional needs.

4a.10 There was a wide array of views expressed as to minimising the negative impact of the proposals with more than half the responses making some suggestions. These included efficiencies to the service, co delivery, income generation/charging and clear communication of changes.

- 4a.11 There was a selection of ideas for the wider Council to deliver savings including rental of buildings, sharing services, charging/donations. These suggestions will be shared with colleagues across services.
- 4a.12 All the responses to the consultation were taken into consideration and analysed to help shape and refine the future Children's Centre Offer for Reading families.

4b SUMMARY OF KEY POINTS FROM RBC TO CONSULTATION

4b.1 The main issues raised through the consultation related to:

- number and location of proposed hubs;
- loss of universal services/focus on targeted support ;
- realigning the Children's Centre Offer to focus on pre-birth to three years; and
- the negative impact of the proposal.

Hubs and buildings

4b.2 In response to the many negative comments regarding developing Sun Street as the hub for East and North Reading, the Caversham Children's Centre building will feature heavily in the Children's Centre Offer with universal Maternity and Health services being delivered from this site. The Lilypads Activity Group run by the voluntary sector will also continue from this site. The Katesgrove building will be available for community use and accommodate such groups as The Twins Support Group. The needs of families are not static and often fluctuate over time and the needs of families within areas are also varied. It is therefore essential that the Children's Centre Offer is developed to respond to these needs in a more flexible way rather than being confined to a particular building. Children's Centre services will be delivered from a variety of sites across Reading and not just from each hub building.

Loss of universal services

4b.3 We have taken account of the high levels of concern in the consultation responses with the proposal for Children's Centre Offer to move to a mainly targeted support. Many respondents considered there would be a negative impact felt in particular by new parents. Therefore RBC will include an open access service for new parents and babies in the Children's Centre Offer. It should also be noted that the Health Visitors will provide a universal service and the voluntary sector have expressed interest in being more involved in a universal 0-3 offer for Reading families.

0-3year old Offer

4b.4 There was general support for the proposal to move to a pre-birth to three year focus that will be adopted within the new Children's Centre Offer.

Mitigation of the potential negative impact of the proposal

4b.5 The suggestions made to mitigate the negative impact of the proposals have been considered with some of these already implemented such as collaborating with health and maternity services, voluntary groups, libraries and sharing space in community centres. There is a commitment for Children's Centres to support the

voluntary sector to deliver universal services from the Children's Centre buildings, where appropriate.

Summary

- 4b.6 Officers have searched for alternative ways of savings money but no viable alternatives in the consultation process have been identified and so to save £400k from the Children's Centre Offer continues to be the proposal. As a consequence there will be significant service and staffing implications.
- 4b.7 33 family activity groups run by the Children's Centre will cease from September 2017.
- 4b.8 There will a reduction in Children's Centre posts of 33% from 32.8fte to 22fte resulting in redundancies from the workforce.

5 READING BOROUGH COUNCIL RECOMMENDED FUTURE SERVICE DELIVERY - CHILDREN'S CENTRE OFFER

- 5.1 Reading Borough Council has listened to the views expressed through the public consultation. The proposed delivery model is predicated on offering families a more targeted and responsive Early Help service, within the current financial constraints.

Priority Outcomes

- 5.2 RBC will prioritise the retained Children's Centre Offer resource on meeting the needs and specific outcomes for vulnerable young children pre-birth to under three years and their families. The priority outcomes are confirmed as follows:
 - Children have strong social skills;
 - Children are safe and have family routines and boundaries;
 - Children are healthy - physical and emotional well-being;
 - Parents' physical health and emotional well-being support children to thrive;
 - Positive family relationships and attachment enable children to become relatively independent in their personal care; and
 - Reduce child poverty and prevent homelessness.

Hub and Satellite model

- 5.3 The Council will establish four fully integrated Children and Family Centre hubs in the areas of highest need that will deliver the core Children's Centre Offer and provide space for additional family services. The hubs will be Ranikhet Children's Centre, Southcote Children's Centre, Sun Street Children's Centre and Whitley Children's Centre. The hubs will reach into their local communities across Reading and use satellite buildings to accommodate staff as well as deliver some of the Children's Centre Offer. The Health Visiting Service will be fully integrated within the Children's Centre Offer to ensure all children under 5 years have universal mandated contacts to enable early identification of additional needs and secure positive health outcomes. It is our intention Health Visitors will be sited in Children's Centre hubs or satellite buildings along with Midwifery Services to provide seamless and accessible services for families.

Satellite Buildings and Community space

- 5.4 Satellite buildings will be situated at Caversham Children's Centre, Battle Library and Coley Children's Centre. There will be access to universal Health services and targeted support activities available from these buildings. Current groups run by the voluntary sector will continue to deliver from these sites - an example being the Lilypads groups at Caversham Children's Centre.

Co-Production of Universal Service Offer

- 5.5 The Council does not have a statutory duty to provide universal services directly. Although it would not choose to remove these services it has taken the view that given the reduced resources available, targeted group and one to one support should be the priority for future spending in this area. The Children's Centre Offer will, however, include a universal provision for supporting babies and new parents. A review of Health Clinics will be undertaken with Health partners in order to continue to provide universal new parent provision.
- 5.6 There are a high number of existing toddler activity groups available for families with children under 5 years old in Reading and as such the Children's Centres will cease their universal programmes from September 2017 for children over one year old. RBC will work with partners/agencies/faith groups and the community to explore and develop a model of co-production and provision in our buildings. Initial discussions have been held with the voluntary sector to explore collaboration to continue as much of this provision within our buildings as possible. Further meetings will be held in July with interested stakeholders to further shape a model of co-production on a cluster by cluster basis.

Improved Information and Communication

- 5.7 As a direct response to consultation feedback, there is a need for a robust digital plan to provide families with up to date and easy to navigate on-line signposting support. The Children's Centres will ensure that information is made available on the wide range of services on offer through the Family Information Service. In response to the request for clear and easy communication made in the consultation the development of a social network application will be explored in order to provide an accessible source of information and menu of services for parents. Through this information we are confident the majority of families will be able to access the wide range of local provision to meet our sufficiency duty.

Right service for the right children and families

- 5.8 The Children's Centre Offer will focus on three tiers of support tailored to the needs of families and a specialist service for children with additional needs. Interventions will occur at the earliest stage possible to identified families to prevent escalation to more intense high cost services.
- 5.9 In response to the concerns raised in the consultation regarding missing the early identification of need and vulnerability of families the Children's Centres will support the voluntary sector to access referral pathways into Early Help for families. In order to meet these needs and outcomes, RBC will therefore:
- Ensure that Children's Centre workers continue to take case work from the Early Help pathway and maternity referrals. One to one support as well as work in

groups will continue to be used with these targeted young children and their families.

- Support vulnerable pregnant women and unborn children.
- Support new parents and young babies through an open access provision.
- Support children with undiagnosed/emerging additional needs.
- Enable eligible 2 year old children to access the early education offer.
- Provide adult education classes with a dedicated crèche.
- Deliver evidence based parenting courses.
- Support vulnerable children to be ready for nursery.

6 NEXT STEPS

6.1 If the recommendations in this report are agreed:

- This will result in staff redundancies and therefore a 45 day staff consultation will be launched from 12 June 2017 until 26 July 2017.
- We will provide public information on the consultation responses and the new Children's Centre Offer by 12 June 2017.
- The phased implementation of maternity community services in Sun Street, Ranikhet and Caversham buildings by September 2017 and Whitley Children's Centre by early 2018.
- Work with Health Visiting Service to ensure a smooth transition into a fully integrated Children's Centre Offer. Our intention is to base Health Visiting staff in Sun Street and Caversham from September 2017 and from Whitley in early 2018 and Ranikhet from 2019.
- Meetings will be held in July 2017 with the voluntary sector to develop a model of co-production for universal services.
- All information and signposting relevant to the Children's Centre Offer will be rationalised and collated into a clear communication package will be developed by July 2017 and implemented from September 2017.
- Co-location of Southcote library into the Community Centre by Spring 2018.
- Relocation of Whitley Children's Centre into the Youth centre building Spring 2018.

7 CONTRIBUTION TO STRATEGIC AIMS

7.1 This report and its content is an important contribution to these Local Authorities corporate priorities:

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

7.2 The decisions request here contributes to the Council's strategic aim to promote equality, social inclusion and a safe and healthy environment for all by ensuring that public money is being targeted on achieving key outcomes for the most vulnerable in the Borough.

8 COMMUNITY ENGAGEMENT AND INFORMATION

- 8.1 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".
- 8.2 This report outlines our consultation process that was committed to at the 6 December 2016 ACE Committee to meet our statutory consultation duty to involve the public.
- 8.3 Responses to the consultation will be made available to the public along with the details of the Children's Centre remodelled Offer.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to:
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 9.2 Officers have updated the previously shared Equality Impact Assessment (EIA) in the 6 December 2016 ACE Committee report.
- 9.3 There were negative impacts identified through the public consultation which have been mitigated through changes made to the previous proposal that will include a universal provision for children under 1 year and their families.

10 LEGAL IMPLICATIONS -

- 10.1 The legislative requirements which underpin the arrangements for the provision of early childhood services (including Children's Centres) by local authorities, are set out in Part 1 of the Childcare Act 2006 - 'The improvement of young children's well-being'. A summary of the key provisions appears at Para. 3.2 above.
- 10.2 In order to assist young children and their families to access services, the local authority will need to provide a comprehensive, accurate and accessible information service for families regarding existing local provision.
- 10.3 Currently Reading Borough Council meets this duty with the online directory, named the Reading Service Guide, with specific services for children under 5 years and their families.
<http://servicesguide.reading.gov.uk/kb5/reading/directory/youth.page?youthchannel=0>

11 FINANCIAL IMPLICATIONS

11.1 When both financial years savings (of £400k) are taken out of the current overall spend our budget amount reduces to £868,000 of Council spend on the Children's Centre Offer.

11.2 The figures below are therefore an outline of spend from the start of 18/19 with full effect of savings having been reached.

Financial Year	Reduction in budget	Total RBC spend on Children's Centres
17/18	100,000	1,168,000
18/19	300,000	868,000

12 BACKGROUND PAPERS

12.1 None

APPENDIX A

Children's Centre Consultation Responses

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Introduction

Cuts to local government funding and increased demands on services mean that the Council must make a further £40million of savings by 2020. Of these savings, £400,000 must be met from the Children's Centres budget. It is proposed that the total amount would be saved by implementing the remodelled Children's Centre service. A summary of how the Children's Centre service 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;
- Fully 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; and
- Reduce the current spend by £400k by start of the financial year 18/19.

(See <http://www.reading.gov.uk/media/6486/Item16/pdf/Item16.pdf> for further details).

The Council asked for the views of service users, members of the public and stakeholders on the proposed remodelling of Children's Centres. This report shows the results of the public consultation, and gives a brief summary of meetings, responses, petitions and questions on this proposal.

Methodology

The public consultation was conducted from 4 January 2017 - 29 March 2017. The online survey consisted of five questions and was available on the RBC website. Links were provided on each Children's Centre website and Facebook. Information on the consultation was placed in school bulletins to encourage response. Five events were held at the following Children Centre's:

Southcote Children's Centre	24 January 2017
Ranikhet Children's Centre	10 February 2017
Surestart Whitley Children's Centre	16 February 2017
Caversham Children's Centre	20 February 2017
Katesgrove Children's Centre	1 March 2017

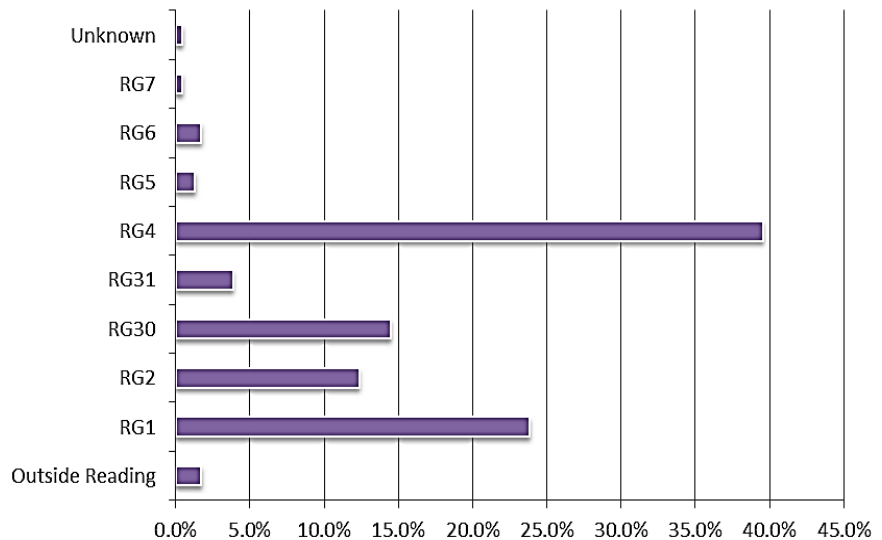
Access to tablets was made available at each Children's Centre Cluster to encourage people to fill in the online survey. Paper copies of forms were also provided.

Two meetings were held with voluntary organisations and the consultation was shared at an Early Years Provider’s Forum. The Council received two petitions, 12 emails and four stakeholder letters regarding the proposal.

Demography of online survey respondents

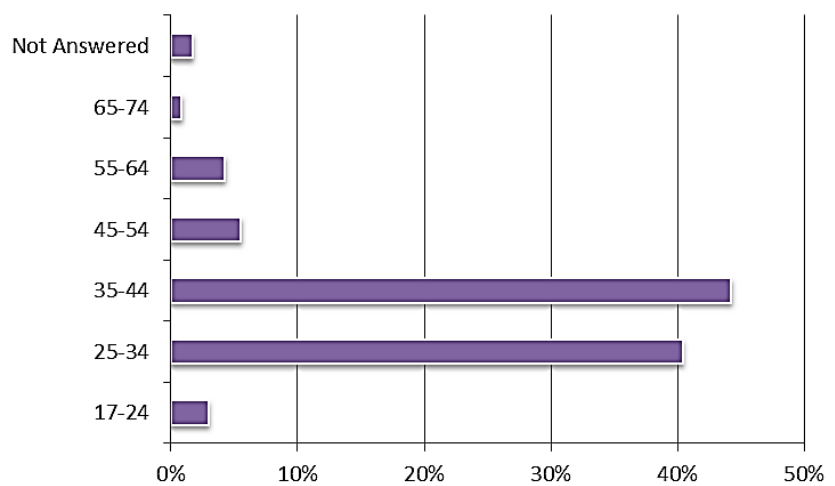
235 people responded to the online survey. 98% had Reading postcodes. Most respondents had an RG4 postcode.

Postcode	Percentage
Outside Reading	1.7%
RG1	23.8%
RG2	12.3%
RG30	14.5%
RG31	3.8%
RG4	39.6%
RG5	1.3%
RG6	1.7%
RG7	0.4%
Unknown	0.4%



88.9% of respondents were female, 7.7% were male and 3.4% did not answer. Most were aged 25-44 years.

Age range	Percentage
17-24	3.0%
25-34	40.4%
35-44	44.3%
45-54	5.5%
55-64	4.3%
65-74	0.9%
Not Answered	1.7%



When asked about a disability, long-term illness or a health problem: 3.8% said yes, 93.6% said no and 2.6% did not answer.

When asked about sexual orientation, 0.4% were bisexual, 0.9% were gay or lesbian, 83.4% were heterosexual, 0.9% were other, 9.8% preferred not to say, and 4.7% did not answer.

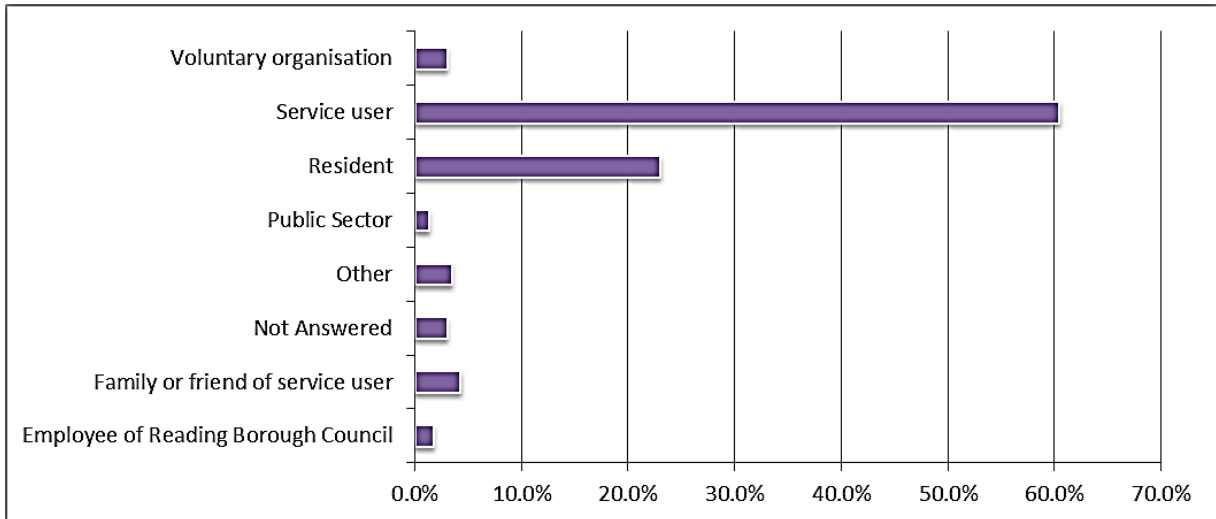
When asked about their religion, 40% were Christian, 3% were Hindu, 0.4% were Jewish, 2.6% were Muslim, 35.3% have no religion, 2.1% were other, 11.5% preferred not to say and 5.1% did not answer.

The percentages of ethnic groups of respondents are as follows:

<u>Ethnicity</u>	<u>Percentage</u>
Asian or Asian British - Any other Asian background	1.3%
Asian or Asian British - Chinese	1.3%
Asian or Asian British - Indian	3.8%
Asian or Asian British - Pakistani	1.7%
Black or Black British - African	0.4%
Black or Black British - Any other black background	0.4%
Don't know	0.4%
Mixed - Any other Mixed background	1.3%
Mixed - White & Asian	0.4%
Mixed - White and Black Caribbean	0.4%
Not Answered	3.0%
Prefer not to say	6.4%
White - Any other White background	0.9%
White - Any other White background	9.8%
White - British	66.8%
White - Irish	1.7%

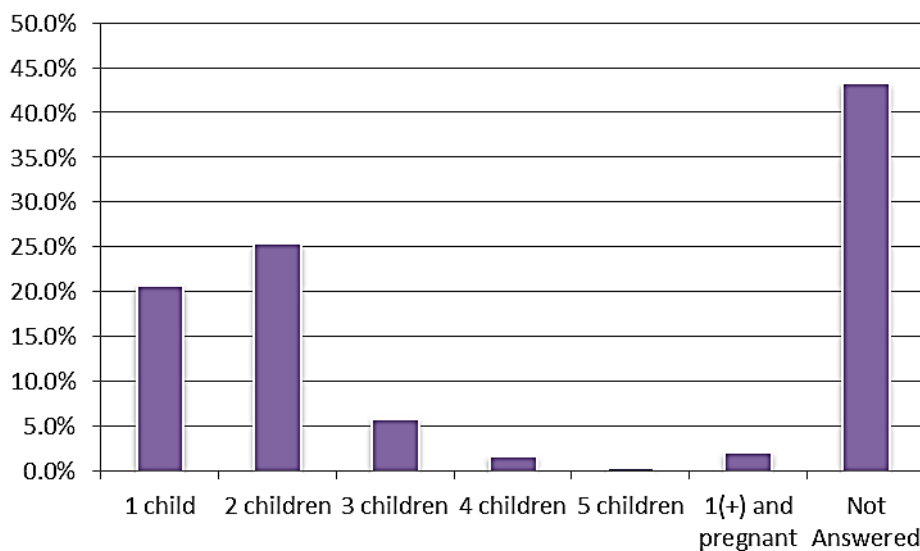
Most respondents described themselves as service users at 60.4%:

<u>Type of respondent</u>	<u>Percentage</u>
Employee of Reading Borough Council	1.7%
Family or friend of service user	4.3%
Not Answered	3.0%
Other	3.4%
Public Sector	1.3%
Resident	23.0%
Service user	60.4%
Voluntary organisation	3.0%



Most had 1-2 children, and most of the children were at an age range of 0-2 years old.

	Percentage of respondents with children per age range	Number of children	Percentage
No Children	3.4%	1 child	20.9%
Children aged 0-2 years old	42.6%	2 children	25.5%
Children aged 2-3 years old	17.4%	3 children	6.0%
Children aged 3-5 years old	20.4%	4 children	1.7%
Children aged over 5 years old	18.3%	5 children	0.4%
		1(+) and pregnant	2.1%
		Not Answered	43.4%



Online survey responses

The online survey consisted of five questions:

Q1: Do you have any comments on the number and location of the proposed Children's Centre hubs?

Out of 235 respondents:

- 93.6% gave comments
- 3.4% responded 'No'
- 3% gave no comment

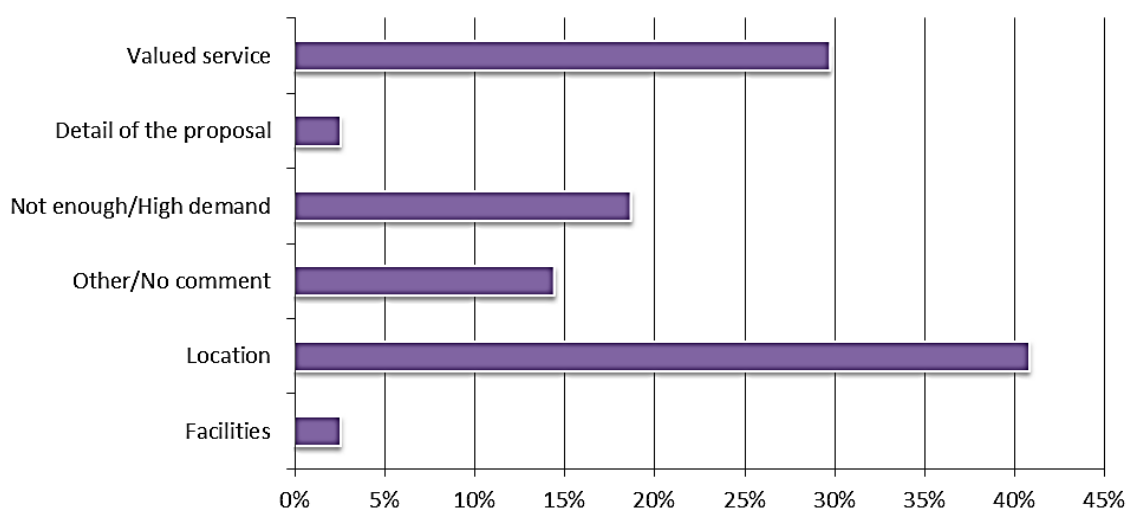
In response to the proposed number and location of Children's Centre hubs:

- 4.7% agreed
- 83.4% disagreed
- 11.9% made other or no comments

Percentages on the types of concerns are as follows:

<u>Raised concern(s)</u>	<u>Example Comments</u>
Some gave more than one response	
Location (41%)	<ul style="list-style-type: none"> • Hubs nearby respondents that are proposed to close • The unfair distribution of proposed hubs around Reading (particularly North Reading) • Difficulties of being able to travel to the nearest proposed hub
Facilities (3%)	<ul style="list-style-type: none"> • Sun Street was not considered the best hub based on facilities
Valued service (30%)	<ul style="list-style-type: none"> • Service users regularly attend hubs that are proposed to close • The benefits and value of the service, especially for those who are isolated, suffer from mental health, need social interaction etc • Concerns that there may be a lack of support in the future for users • Hubs being an important part of the community
Detail of the proposal (3%)	<ul style="list-style-type: none"> • Unsure of the detail of the proposal • Lack of clarity of the proposal
Not enough/high demand (19%)	<ul style="list-style-type: none"> • The proposed amount of hubs are not enough for demand • Concerns that there may be an increasing demand in the future
Other/no comment (14%)	

Raised concerns on the number and location of the proposed Children's Centre hubs



Q2: It is proposed to mainly offer targeted support. What impact do you think this proposal would have?

Out of 235 respondents:

- 97% gave comments
- 0.1% responded 'No'
- 2.6% gave no comment

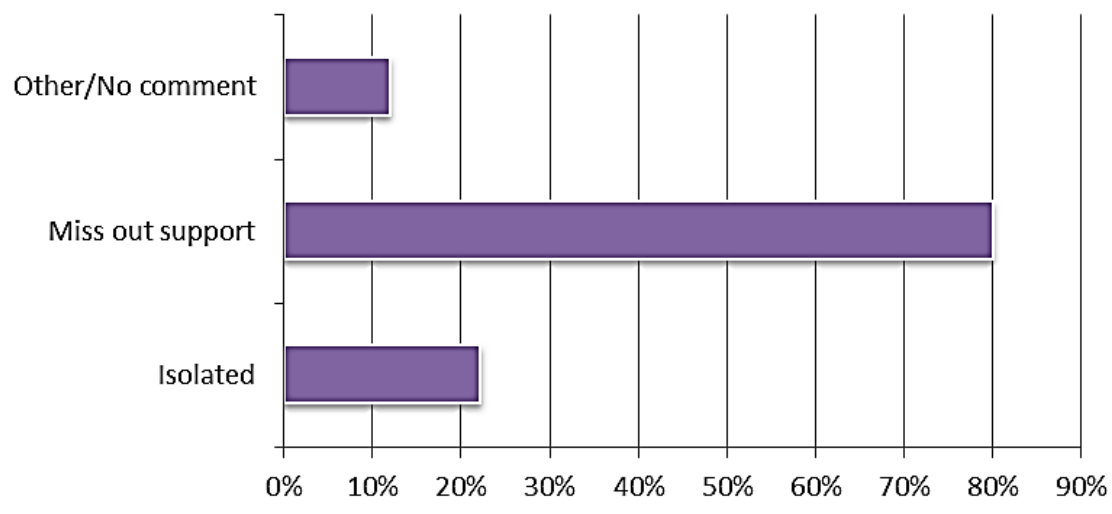
In response to the impact in mainly offering targeted support in this proposal:

- 3.8% commented on the positive impact of offering targeted support
- 91.5% commented on the negative impact on those who would not be eligible for targeted support
- 4.7% gave other or no comments

Percentages on the type of negative impact are as follows:

<u>Negative impact(s)</u> Some gave more than one response	<u>Example Comments</u>
Isolation (22%)	<ul style="list-style-type: none"> • That those who may not be eligible for targeted support may be isolated as they may not be able to access the service • This having an impact on mental health for those who rely on the service but may not be able to access them anymore
Miss out support (80%)	<ul style="list-style-type: none"> • Concerns for those that are not eligible under the targeted approach, particularly those that are vulnerable (e.g. have additional needs, safeguarding, domestic abuse) • The long-term effect of children who won't be able to access these services • A stigma that may be attached with the targeted approach, leading to less usage
Other/No comment (12%)	

Negative impact responses on mainly offering targeted support



Q3: It is proposed the Children’s Centre offer focuses on pre-birth to three years old. Do you have any comments?

Out of 235 respondents:

- 80.9% gave comments
- 6.8% responded ‘No’
- 12.3% gave no comment

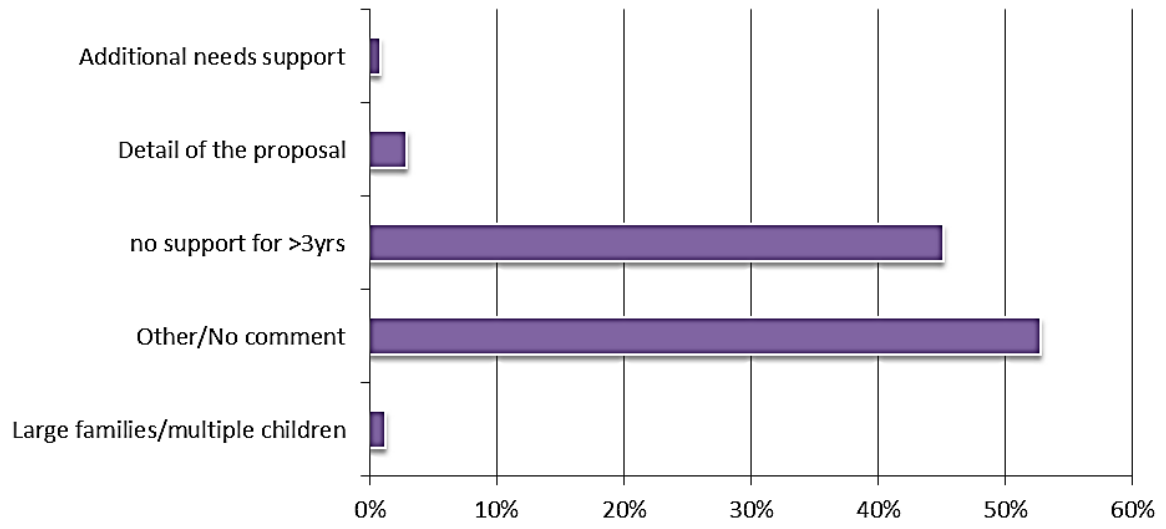
In response to a proposed focus on pre-birth to three year old children:

- 44.7% agreed
- 31.9% disagreed
- 23.4% made other or no comments

Percentages on the types of concerns are as follows:

<u>Raised concern(s)</u> Some gave more than one response	<u>Example comments</u>
Large families/Multiple children (1%)	<ul style="list-style-type: none"> • Concerns with large families who may have children that are eligible or not eligible to access services
Miss out support for children >3yrs (45%)	<ul style="list-style-type: none"> • Despite acknowledgement of a targeted approach in helping the most vulnerable, there were concerns that support will not include children over 3 years old • Reconsider the focus to include children up to school age • Consider alternative services that could be used by children outside this proposed age range
Miss out support for children with additional needs (1%)	<ul style="list-style-type: none"> • Concerns about the proposal and access to hubs for children with additional needs
Detail of the proposal (3%)	<ul style="list-style-type: none"> • Clarity/detail of certain aspects of the proposal
Other/No comment (53%)	

Raised concerns on a proposed focus on pre-birth to three year old children



Q4: What else could be done to minimise any negative impacts of this proposal, if adopted?

Out of 235 respondents:

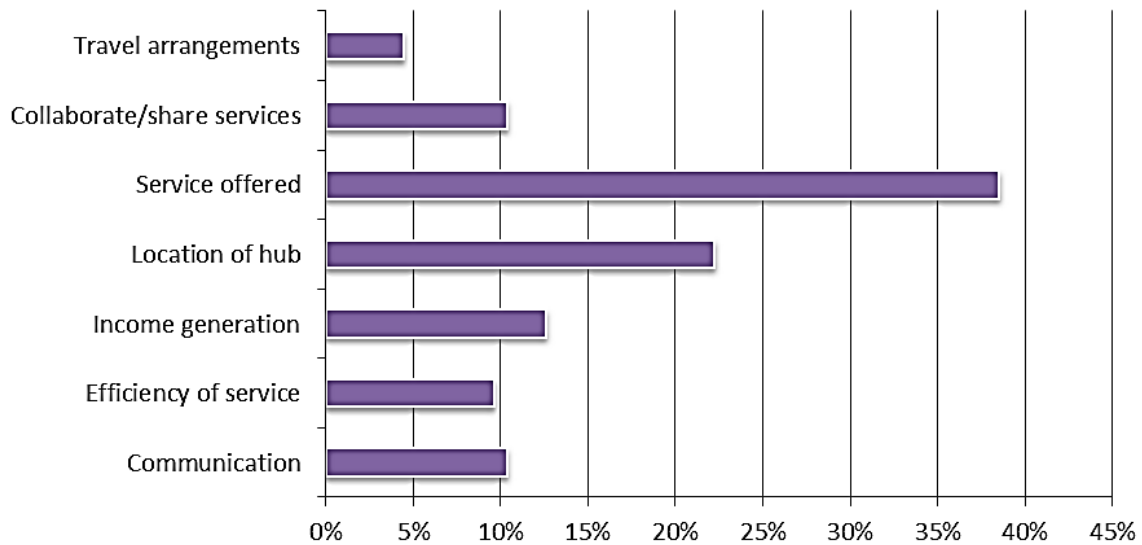
- 84.7% gave comments
- 15.3% gave no comment
-

Responses to ways of minimising the negative impact were as follows:

- Cannot say (4%)
- Other/No comment (17%)
- Accept proposal (1%)
- Don't change the service/don't implement proposal (20%)
- Comments on minimising impact (57%) (see table below)

<u>Comment (s) on minimising impact</u> Some gave more than one response	<u>Example comments</u>
Location of hub (22%)	<ul style="list-style-type: none"> • Reconsider the location of hubs
Efficiency of service (10%)	<ul style="list-style-type: none"> • Volunteers, voluntary groups • Parent-led groups • Reduce opening hours • Funding from charities or local business
Communication (10%)	<ul style="list-style-type: none"> • Keep families well informed of the changes • Provide details of alternative services that can be accessed for those who are not eligible under the proposed targeted approach
Collaborate/Share services (10%)	<ul style="list-style-type: none"> • Collaborate/share services with libraries, GPs, CAHMS, schools, community centres, neighbouring local authorities
Income generation (13%)	<ul style="list-style-type: none"> • Charge/pay a fee • Donations • Rent space/building
Travel arrangements (4%)	<ul style="list-style-type: none"> • Provide transportation to the proposed hubs • Consider parking spaces in hubs with limited space
Service offered (39%)	<ul style="list-style-type: none"> • Alternative services for children outside the proposed targeted approach • Reconsider targeted approach • Reconsider the proposed services that will be offered

Comments on minimising impact of the proposal



Q5: Do you have any other ideas of how the Council might deliver savings?

Out of 235 respondents:

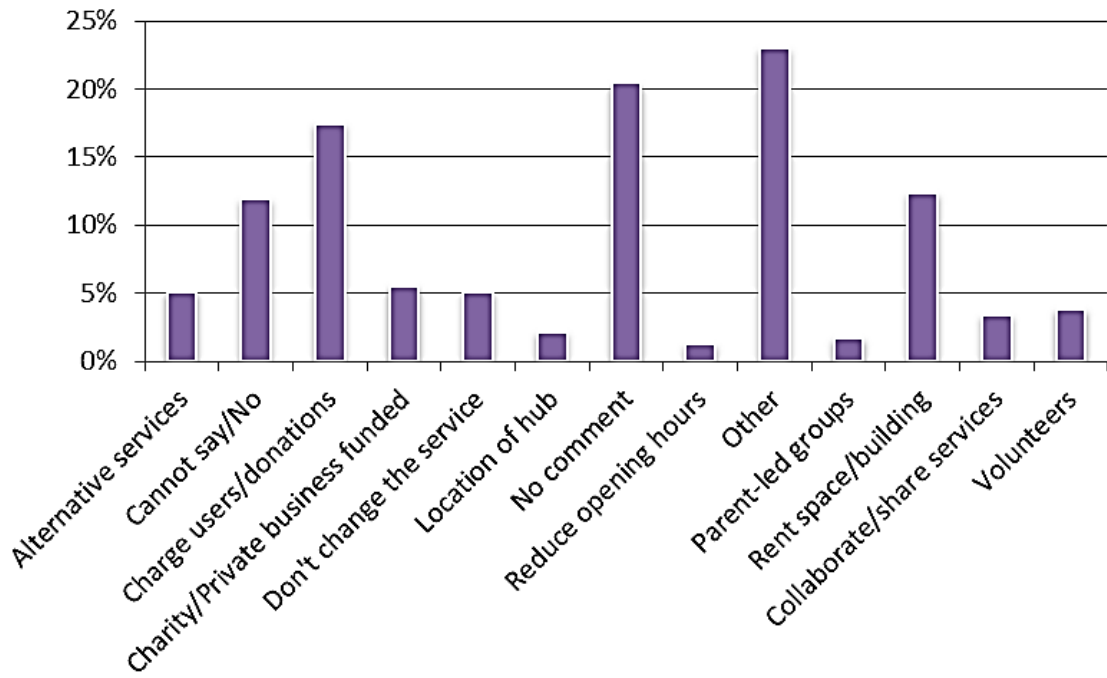
- 71.9% gave comments
- 7.2% responded 'No'
- 20.9% gave no comment

Ideas that were suggested were*:

- Location of hub (2%): Reconsider the location of hubs
- Volunteers (4%): Volunteers, voluntary groups
- Parent-led groups (2%)
- Reduce opening hours (1%)
- Collaborate/Share services (3%): Collaborate/share services with libraries, GPs, CAHMS, schools, community centres
- Charge users/Donations (17%)
- Charity/Private business funded (6%)
- Rent space/building (12%)
- Alternative services (5%): Alternative services for children outside the proposed targeted approach
- Other (23%)
- Cannot say/No (12%)
- Don't change the service (5%)
- No comment (20%)

* Some gave more than one response

Ideas on delivering savings



Consultation events

Feedback from the events that were held in conjunction with the online survey was as follows:

Katesgrove (East Cluster)

Held on 1 March 2017, this event was attended by 40 parents, one local resident, two voluntary groups and one Councillor. The meeting was chaired by Councillor Gavin.

- There was a consensus by parents that support provided to parents in the first year of their child's life is critical to providing support to new parents as well as identifying those parents with Post-natal Depression or Additional needs. This is done in an open and non-judgemental way through new parents groups. Parents were not convinced this would be supported as effectively through the universal health visiting service unless it was radically improved. It was suggested that health visitors would need to be better equipped with knowledge of support available and better at promoting and signposting services.
- Parents valued the universal services and the high skill level of the Children's Centre staff.
- Many spoke about enjoying the centre environment being welcoming, clean and inviting for parents and small children. The point was made that sharing resources with other organisations could mean toys are not cared for and become broken and dirty. The twins groups mentioned this as a major issue for their group as the environment plays a big part in their success in attracting local parents of multiple births to Katesgrove, as well as having supportive staff on site.
- Questions were raised on the necessity of moving the hub to Sun Street, concluding that they would not access services due to the distance.
- There was discussion about the possibility of local residents and parents continuing universal groups with some help from Children's Centre staff. This would ensure there were activities for young children and parents. It was noted this would require organising, training and commitment. A parent pointed out the changeover would be high as parents went back to work after maternity leave and as their children grow their focus moves with them.
- The strength of feeling was the proposal would be detrimental to babies and young children's development and that future problems could arise once children got to school which would be costlier and more impact on public services.

Caversham (North Cluster)

Held on 20 February 2017, this event was attended by 38 parents, one local resident, one head teacher, and one representative from a voluntary organisation. The meeting was chaired by Councillor Gavin.

- Discussion about the value was placed on universal services. There was a consensus that universal services are vital in identifying issues for families and preventing escalation to higher cost services.
- The group agreed that the most vulnerable families needed support however, the point was made by several individuals that although North Reading is more affluent compared to other areas of Reading there is hidden need. Social isolation and mental health issues were discussed and the support Children's Centres provide that parents can attend without judgement or stigma. They also said that staff were approachable and skilled at recognising family issues facilitating help for especially new parents.
- There were several parents who suggested parents could volunteer and run some groups although other parents highlighted the difficulty of training, reliability, skills and availability of parents with young children. This discussion expanded to include possible links with private business and the possibility of attracting sponsors as in some local primary schools to maintain services.
- Parents objected to having to travel to Sun Street which would be their hub. It was explained that Caversham would be a satellite building with maternity, health and some targeted provision under the proposal.
- Discussion was held about the communication of services and how this could be improved through the use of Apps, FIS and Facebook so that parents had one place to find out information and groups that were running.
- It was pointed out that currently many toddler groups in the area have a strict entry policy where they have to book spaces or queue to access. They considered that if the Children's Centre groups closed this would put even more pressure on the voluntary groups, and most vulnerable families could miss out.

Ranikhet (West Cluster)

Held on 10 February 2017, this event was attended by 14 parents and one childminder. The meeting was chaired by Councillor Gavin.

- Parents were supportive of children's centres in general, specifically the universal provision. They spoke of individual situations where the centres have been a vital link for new parents and parents who may have more than one child. Activity groups allow children to experience a wide range of activities that they may not get at home such as messy play, cooking, and physical activity.
- Some parents felt if the proposals were to go ahead then families that are not typically vulnerable and did not meet thresholds would be excluded.
- Although the Health Visiting Service is universal they did not consider this would provide opportunity and support that the Children's Centres currently do.
- There was a suggestion for parents to pay for services either on an attendance basis or an annual subscription. This could be as a registration fee or voluntary contribution. They considered this would be preferable to using voluntary groups as it would maintain the expertise of the Children's Centre staff.
- They highlighted that the support Children's Centre provide around perinatal mental health, and the benefit of running the bumps and babes groups to ensure vulnerable parents were identified and supported/signposted to the right help. It was suggested that for many parents just accessing the group when a new baby is very small is enough to stop escalation of need and social isolation which can lead to increased mental health issues.
- Parents valued the universal services and the high skill level of the Children's Centre staff.
- One parent spoke of the centre being a lifesaver for her as a parent with two children under two years old and she was unsure how she would have coped without the services.

Southcote (West Central Cluster)

Held on 24 January 2017, this event was attended by 6 parents, two professionals from Health Visiting Service and South Reading CCG, two members of staff, one representative from a community group.

- There was a consensus that universal services are vital in identifying issues for families and preventing escalation to higher cost services.
- There was also acknowledgement that the most vulnerable families needed to receive support.
- Parents spoke about the experiences of mental health and how they found the Children's Centre to be supportive and invaluable in both helping the individual to recognise symptoms, seek help and offer support. They expressed that without universal groups this would go unnoticed and therefore untreated causing potentially more serious issues at a later stage.
- There was little enthusiasm for voluntary sector groups as the opinion was they would not have the expertise of the Children's Centre staff to offer advice or signpost to relevant services.
- References were made to the consultation paper of the APPG recommendations to Department for Education when these had not been adopted to date.

Surestart Whitley (South Cluster)

Held on 16 February 2017, this event was attended by 19 parents and a chair of the Children's Centre Advisory Board. The meeting was chaired by Councillor Gavin.

- Parents felt that support for keeping universal services was important for young children in building the skills for school and nursery. Parents also spoke of the opportunities for families that are new to the area to meet other parents and prevent social isolation.
- It was understood and agreed that targeting the most vulnerable families was a high priority for Children's Centres.
- There was discussion about the value placed on universal services, with a consensus that universal services are vital in identifying issues for families and preventing escalation to higher cost to services in the long term.
- Concerns were raised on the identification of vulnerable families without family groups. This may include cases of post-natal depression for new mums.
- There was a high regard for children centre services, with examples of the good support given to families. It was also acknowledged that the staff running the groups are experienced and skilled and parents would approach with any problems.
- Families enjoy coming to groups and their children interacting with other children. Any changes to services should be well advertised so families don't get confused about who can attend.

Stakeholder's responses

Four letters were received from the stakeholders with the following comments:

North & West Reading and South Reading CCG:

- Recognition of the Council's financial situation.
- Comments on the timeliness and strategic fit of the proposal.
- Future developments for early intervention and prevention strategy that may be affected by this proposal.
- Concerns around the targeted approach and strategic direction of the SEND reform.
- An anticipated increase in demand on Children's Centre services.
- Clarity on some aspects of the proposal.

Tilehurst Methodist Church:

- Objections to the proposal due to concerns on capacity.
- The need for Children's Centre service in promoting social interaction, and identifying early developmental difficulties.
- Concerns that some families may miss out.
- A request to consider other ways of offering current provision.
- Questions on resourcing of the proposal.

NHS Royal Berkshire Foundation Trust - Maternity Services:

- Uncertainty on Maternity Services with the proposal.
- Acknowledging the value of service in providing family centred care to the local population.
- Offerings of services in the future that may be affected by the proposal.

Reading Children's & Voluntary Youth Services

- An analysis of two focus groups that they conducted using the same questions from the online survey.

Email responses

12 emails were received from seven service users, one speech therapist, a community group, a local forum, a health organisation, and a youth service. These consisted of:

- Organisation and engagement queries and comments regarding the public consultation.
- Concerns for service users who speak English as an additional language and how this may be affected by the proposal and response to the consultation.
- Concerns on access to service for those who may not be eligible for targeted support, particularly for vulnerable people.
- Children's Centres being a valued service, and appreciating the work of members of staff.
- Concerns that the proposal may affect the social interaction of service users and the local community.
- Concerns of an increasing high demand.
- Concerns of the location and lack of facilities of proposed hub.
- Concerns on safeguarding of children.
- Concerns on the negative impact of maternity care and early help.

Petitions

Two petitions have been submitted to the Council. One was submitted by Reading Twins Plus Club with 25 hand written signatories. Members requested that Katesgrove Children's Centre remain open under the proposal.

The second petition was submitted by Wendy Thompson and the petition named 'Save Our Children's Centres'. To date the petition has 709 supporters (13 April 2017). This petition was raised at the Council Meeting on 24 January 2017, citing the proposed closure of Caversham and Emmer Green Children's Centre in North Reading. A response was provided by Councillor Lovelock (please see <http://www.reading.gov.uk/media/6709/item04/pdf/item04.pdf>).

Questions

Two questions were submitted by Councillor White to Councillor Gavin. The first was raised at Policy Committee on 16 January 2017 regarding an additional consultation meeting at Hamilton Road Children's Centre (please see <http://www.reading.gov.uk/media/6704/Item-8/pdf/170116questions.pdf>).

The second was raised on 13 March 2017 regarding the budget on stay and play activities, and the approximate level this will be reduced to (please see <http://www.reading.gov.uk/media/6978/Item-7/pdf/170313petitionquestions.pdf>).

Provide basic details

Name of proposal/activity/policy to be assessed

Directorate: Children, Education & Early Help Services

Service: Children's Centres service

Name and job title of person doing the assessment

Name: Corinne Dishington

Job Title: Children's Centre Team Manager, Early Help

Date of assessment: 4 /4/2017

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

Over the last three months RBC has undertaken a public consultation on the Children's Centre service for 0-5 year olds and their families. The proposal aims to

- Establish 4 fully integrated Children and Family Centre hubs and satellite delivery points to deliver the core Children's Centre offer and to provide space for the provision of additional family services. Each hub would deliver targeted services from satellite buildings across their geographic reach area depending on level of local need.

- Integrate fully delivery with the Health Visiting service sited where practicable in the Children's Centre hubs.

- Reduce the current universal activity and focus on targeted work within a stepped care approach.

- To realign the Children's Centre offer to focus on pre-birth to three years old.

- To reduce the current spend by 400k by start of financial year 18/19. This will include a reduction in staffing.

Who will benefit from this proposal and how?

The consultation provided the opportunity for views and opinions and to inform the future service delivery of the Children's Centre offer for service users, partner organisations, voluntary sector, staff and the wider community. The Children's

Centre offer will be based on assessment of need and the availability of alternative provision. The Children's Centre offer will focus reduced resources on the most vulnerable families in Reading.

What outcomes does the change aim to achieve and for whom?

The review of the Children's Centre offer has been designed with the aim of

- focussing on targeting and aiming service delivery at children and families who require more targeted and intensive intervention from council resources and thus higher cost services.
- fully integrating the universal Health Visiting service with the Children's Centre service in Reading.
- develop a model of co-production and provision with partners and the voluntary sector.
- to provide and communicate a consistent Reading wide service for young children and their families.
- Contribution to saving targets for the directorate.

Who are the main stakeholders and what do they want?

Young children and their families - access to activities and support when required in order that they can be ready for school/nursery, employment or training, be healthy (both mentally and physically), be safe (both within the home and in the community), enjoy positive family relationships and attachment.

Staff - to support families so that their outcomes are improved.

Partner organisations - To work in partnership with Children's Centres and other providers of activities for young children and their families to improve outcomes.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

YES

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

YES

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you MUST complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer)

Date

Signed (Lead Officer)

Date

Assess the Impact of the Proposal

Your assessment must include:

- Consultation
- Collection and Assessment of Data
- Judgement about whether the impact is negative or positive

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[My Home > Info Pods > Community Involvement Pod - Inside Reading Borough Council](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Over the last 6 months a number of tasks have been completed in order to inform the remodelling of the Children's Centre including a public consultation		
	Families (300), staff and advisory boards were consulted informally to explore future outcomes from a remodelled children's centre offer and the priorities going forward. These discussions have informed the initial proposal. Further consultation with staff will follow after the proposal has been finalised and a delivery model agreed upon.	Sept/Oct 2016

<p>Service Users/Wider Community/Partner organisations</p>	<p>A series of six public consultation meetings were held in each of the current cluster areas to gather comments on the proposal.</p> <p>They were asked for comment on alternative delivery models for universal services and proposed targeted approach for the children's centre offer.</p> <p>Two meetings were held for voluntary organisations who were asked to discuss alternative delivery models for universal services.</p> <p>The proposal was presented to Early Years childcare providers for comment on the proposal.</p> <p>The consultation document was shared with schools, early years providers, partners including CCGs, Health, Maternity services (RBH)</p>	<p>Jan-March 2017</p>
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Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

Describe how this proposal could impact on Racial groups

The universal provision delivered by Children's Centres will reduce to new parent/baby groups only. However there are over 60 activity groups for families to access run by the voluntary sector and RBC will explore access to key community spaces to deliver activity sessions.

The representation of BME groups registered with Children's Centres is broadly in line with the general population in the localities.

Is there a negative impact? No

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

The majority of parents accessing the Children's Centres are female and a negative impact was highlighted through the consultation regarding parental mental health and well-being and social isolation for new mothers. In order to mitigate that negative impact the children's centre offer will include a universal service for parents with children under 1 year old to continue to identify and support new mothers with mental health and isolation issues. There are over 60 activity groups for families to access run by the voluntary sector and RBC will explore access to key community spaces to deliver activity sessions.

Is there a negative impact? Yes

Describe how this proposal could impact on Disability

It is proposed to continue the support groups for children with undiagnosed/emerging additional needs.

Is there a negative impact? No

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

The universal provision delivered by Children's Centres will reduce to new parent/baby groups only. This will be open and inclusive to all new parents

Is there a negative impact? No

Describe how this proposal could impact on Age

The universal provision delivered by Children's Centres will reduce to new parent/baby groups only. The Children's Centre offer will focus on children pre birth -3 years. Currently the offer is available to children 0-5 years.

Is there a negative impact? Yes

Describe how this proposal could impact on Religious belief?

Children's Centre groups are accessible for all religious beliefs. We do not monitor the religion of service users.

Is there a negative impact? No

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

1. No negative impact identified Go to sign off

2. Negative impact identified but there is a justifiable reason

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

Reason

Whilst RBC will not deliver a universal programme for children over 1 year old it was identified during a review of the existing offer of under 5 provision within the town that there were over 60 provisions that were available to young children and their families.

3. Negative impact identified or uncertain

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

As a direct result of the feedback received in the consultation the children's centre offer will now include a universal provision for children under 1 years old and their parents. This will mitigate the negative impact of identifying and supporting mothers with mental health/isolation issues.

RBC have had initial meetings with the voluntary sector to explore access to key community spaces to deliver activity sessions. Further meeting will take place in July 2017 to develop a model of co-production and provision for families with children under 5 years.

How will you monitor for adverse impact in the future?

The Children's Centre performance data will report on those families and young children it supports.

Signed (completing officer)	Date
Signed (Lead Officer)	Date

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	6 JUNE 2017	AGENDA ITEM:	9
TITLE:	SUFFICIENCY AND COMMISSIONING STRATEGY FOR LOOKED AFTER CHILDREN AND YOUNG PEOPLE IN READING, APRIL 2017 TO MARCH 2020.		
LEAD COUNCILLOR:	Cllr GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	ACCESS TO RESOURCES TEAM	WARDS:	ALL
LEAD OFFICER:	MICHELLE TENREIRO PEREZ	TEL:	74676
JOB TITLE:	SENIOR COMMISSIONER	E-MAIL:	Michelle.tenreiroperez@reading.gov.uk

1. PURPOSE OF REPORT / EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to introduce the Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading 2017-20 to Adult's, Children's & Education Committee for approval. The document has been developed by the Senior Commissioner within the Access to Resources Team (ART) in collaboration with DCEEHS DMT. The document has been presented to the Lead Councillor for Children's Services and Families, reviewed by the Directorate Management Team at their meeting on the 13th of March 2017 and presented to the Children's Services Improvement Board on the 27th of April 2017.

2. RECOMMENDED ACTION

- 2.1 That the Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading 2017-20 be approved.

3. POLICY CONTEXT

- 3.1 According to the NSPCC Looked after Children are four times more likely than their peers to have a mental health difficulty, are less likely than their peers to do well at school and are significantly more likely to have run away than their peers. Children looked after by the Council must be supported in improving their life chances and maximising their potential. The corporate parenting responsibilities of the Council to its Looked after Children are highly regulated, primarily via the Children Act 1989 and subsequent updates in 2015, Children (Leaving Care) Act 2000, Children and Young Persons Act

2008 and the Children and Families Act 2014 and monitored via Ofsted. Specifically the Children Act 1989 (Section 22G) requires a local authority to take steps that secure, so far as reasonably practicable, accommodation that is within the authority's area; and meets the needs of the child that the local authority has a duty to look after.

- 3.2 It is essential that all accommodation, support and services provided to these children and young people are effectively secured and monitored for quality, effectiveness, risk and value for money. In order for the Council to ensure that it carries out these duties effectively a Sufficiency and Commissioning Strategy informed by an analysis of the needs of this group with a clearly set out plan of achieving the outcomes required must be in place. The Sufficiency and Commissioning Strategy is applicable to all external services secured for the benefit of the children and young people looked after by the Council and to all accommodation whether provided externally or by Council foster carers. In addition to setting out the mechanism by which we will effectively secure and monitor services for our Looked after Children, the strategy also sets out what we want to achieve, where we are, how we will build on strengths and close the gaps.

4. CONTRIBUTION TO STRATEGIC AIMS

- 4.1 One of the most significant impacts on service delivery since the last strategy has been the Improvement Plan that was created as a result of the full Ofsted inspection which took place in May 2016. Ofsted found the Council's children's services to be inadequate and published their findings on the 5th of August 2016. As a result of the inspection an Independent Commissioner has been appointed to review the Council's ability to address their areas for development. The Council are currently working to the Improvement Plan with an ambition to have continually made substantial improvements so that the Council's children's services are no longer inadequate by the time that Ofsted return. This strategy is aligned with priorities set out in the Council's improvement plan which is based on the recommendations made by Ofsted.
- 4.2 Children's commissioning/ART has made significant progress since the delivery of the Children and Young People's Interim Commissioning Strategy 2016-17 and in line with the Improvement Plan. Some notable progress toward strategic aims have been;
- Sufficiency. The Children's Commissioning team have successfully advertised and set up an open Approved Provider List for care and accommodation for Reading's LAC population aged 16+. The majority of these providers are in Reading and would be our preferred providers. This means that young people who reach 16 and require support to be able to live independently are able to receive this support and accommodation in Reading which evidence shows is the preference of many 16+ looked after children who are from Reading. The recruitment of in-house foster carers is seen as a priority and as such will be invested in. Commissioning will be instrumental in scrutinising the value for money achieved by any investment made in this area and there is the potential for a payment by results method to be implemented. The

Council continue to be part of the South Central IFA Framework which has recently been re-tendered with an extra 24 providers joining the new framework. It is hoped that this will increase foster carer coverage for all involved local authorities. The Council are currently a partner in the Cross Regional Residential Project. This block contract for residential Care, therapy and optional education is due to be re-tendered with a contract start date of January 2019. Reading are likely to be purchasing at least 3 block beds as part of the contract and these will be within 20 miles of Reading greatly increasing our sufficiency of residential placements.

- Quality monitoring. It is the Council's responsibility to ensure that contract management and quality monitoring processes are in place to safeguard children receiving services and to evidence that commissioned services provide best value. A process has been developed to capture relevant information and view it as part of the 'big picture' rather than in isolation. This process involves collecting information from a range of sources such as school attendance, missing episodes, CSE risk and the provider's self-assessment of the placements stability and putting it into a risk matrix which then flags up whether a placement or a provider is high, medium or low risk, based on our own decided thresholds. We are using this for early identification and resolution of issues with our young people and to identify any trends in performance with our providers that may warrant action on our part. It also ensures that the team holds concrete information about providers' performance which will contribute to new placement decisions and market development. Its purpose is not to identify when immediate action should be taken, e.g. safeguarding investigations, urgent placement changes etc. The risk matrix is a flagging mechanism to help Commissioners to see where placements or providers are potentially at risk but it does not necessarily mean that there is a problem or that action needs to be taken. This is for officers to judge using qualifying information. At this time the risk matrix focuses only on residential placements and providers.
- Data and analysis. In order to better inform the commissioning and sufficiency work carried out by the ART a bespoke database has been created to capture all placements and to ensure that the correct best practice procedure was followed in order to make that placement. This database is not intended to be used instead of Mosaic but to be used in conjunction and as an interim measure until Mosaic can meet the reporting needs of the ART. The team has also developed an accurate savings spreadsheet which can demonstrate the savings that the team has accrued. In addition the team have undertaken a full needs analysis of the Council's Looked after Children population. This information has been crucial in creating the strategy and ensuring that it is evidence based and fit for purpose.
- Team structure. A significant change since the last commissioning strategy has been the introduction of the ART from April 2017. This team is currently an amalgamation of the Children's Commissioning Team, some business support and fostering duty. The ART will operate both strategically and on an individual basis. As well as leading on commissioning strategies and managing tenders for services, it will receive referrals from a range of lead

professionals who require a service for an individual child. The ART is described in full within the strategy.

4.3 The purpose of the ART and the strategy is to ensure compliance with regulation as described in section 3.1, scrutinised by a single line of management and clear governance arrangements. However, the ART will also be in a unique position to be able to drive up the quality of work carried out by the directorate. Examples of increasing quality include the ART auditing all referral forms that are sent via the team to the market looking for placements and services. The ART ensure that referral forms sent out are of high quality, focussed on the child with their voice at the centre of the referral and that it is clearly strengths-based. In addition the ART record all review and end dates of placements or services made via the team so that they can be flagged to the social worker and taken through the appropriate panel or channels at these points ensuring the ongoing value for money and outcomes are being achieved in each case.

4.4 This report and its content outline important contributions to the Council's corporate priorities. The outcomes and commissioning ambitions described in the strategy are aligned with the priorities outlined in the Council's Corporate Plan for 2016-19. Most specifically the outcomes and ambitions are expected to support the following corporate priorities and identified issues:

➤ Priority 1: Safeguarding and protecting those that are most vulnerable
Key Issues:

- Ensure that children and young people receive a high quality service which keeps children within their families where it is safe to do so and ensure that permanent and stable homes are found for children in our care
- Continue to deliver the Children's Service improvement plans and embed improvements in Children's Social Care
- Children's Services spending is currently above the benchmark with statistical neighbours
- The integration of Health and Social Care needs to be delivered by 2020 with agreed plans in place by 2017

➤ Priority 2: Providing the best life through education, early help and healthy living
Key Issues:

- Closing the gap in attainment, for vulnerable and disadvantaged children, including those in care and with learning disabilities, is vital to ensure equality of life chances later on

➤ Priority 6: Remaining financially sustainable to deliver these service priorities
Key Issues:

- Agree further savings to bridge the funding shortfall and ensure that the commissioning function supports the delivery of DCEEHS services within a reduced funding envelope

The Council's three core values of being fair, caring and enterprising are reflected throughout the strategy. The strategy also supports the corporate aim to promote equality, social inclusion and a safe and healthy environment for all.

5. EQUALITY IMPACT ASSESSMENT

- 5.1 The strategy states that commissioning activity will recognise and value diversity, and promote equality to ensure excluded / vulnerable groups can access appropriate services. This may mean services are accessible to all communities or are targeted to specific groups, e.g. are culturally sensitive. All planning and commissioning activity will aim to narrow the gaps and remove barriers to participation, achievement and well-being. Equality will be embedded in all contract monitoring.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way". In order to meet this duty the strategy places an emphasis on working with representatives from Reading's Clinical Commissioning Groups, Public Health and Education. There is also a commitment within the strategy to involve service users at all stages of the commissioning cycle.

7. LEGAL IMPLICATIONS

- 7.1 All commissioning activity undertaken in line with this strategy will be carried out in line with the Council's Contract Procedure Rules and any EU legislation pertaining to the activity.

8. FINANCIAL IMPLICATIONS

- 8.1 This strategy acknowledges the ongoing reduction in funding to the Council. In response all future commissioning will be carried out with this significant reduction in funding considered. Existing and future contracts will need to evidence ability to deliver a statutory requirement and contribution to service, directorate and corporate aims. Activity carried out by the ART is seen as vital for identifying and delivering a contribution to the savings required and to the stability of delivering services to children, young people and their families and carers in Reading under a significantly reduced budget.

9. NEXT STEPS

- 9.1 An outcomes plan to support the delivery of this strategy has been developed. As part of this action plan a series of projects will be undertaken to ensure that the outcomes are delivered on time as described. The Outcomes plan will be subject to monitoring via DCEEHS DMT.

7. BACKGROUND PAPERS

- Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading. April 2017 to March 2020.
- Appendix A ART Project Plan
- Appendix B Looked After Children Sufficiency Needs Analysis October 2016



Reading
Borough Council

Working better with you

Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading.

April 2017 to March 2020.

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Part 1 - Strategic Vision

Section 1 - Summary and Introduction

1.1 Introduction

Part 1 of the Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading sets out our strategic vision.

The intentions and drivers which underpin the strategic vision are set out and summarised in section 2.

A summary of the Looked After Children Sufficiency Needs Analysis and how it must inform our strategic direction is included in section 3.

Section 4 sets out the strategic direction and introduces the Access to Resources team.

1.2 Purpose

This strategy aims to set out what we want to achieve, where we are, how we will build on strengths and close the gaps.

The Strategy draws together the needs of current and future Looked after Children and Young People (LAC) and care leavers in Reading. It describes how the Council intends to deliver flexible services that are responsive to individual needs and choice and that are targeted appropriately to meet the needs of our current and future LAC population.

The strategy acknowledges the Council's statutory duty to ensure that there are sufficient placements within their geographical area to meet the needs of LAC and care leavers and details how this duty is intended to be met.

The strategy and Needs Analysis has been developed by the Council's Children's Commissioning Team. It recognises that to achieve the outcomes set out in this strategy close working between Council directorates will be crucial. The Council is committed to working closely with Reading's Clinical Commissioning Group, Public Health and Education to ensure that resources are used effectively and collectively.

1.3 Commissioning for Looked after Children (LAC)

The term Children Looked After has a specific legal meaning based on the Children Act. A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children Act 1989, or is placed in the care of a local authority by virtue of an order made under part IV of the Act.

The majority of children who are looked after by the local authority are placed with foster carers as it is believed to be best for children to live within a family environment. For some children however, residential care may be more appropriate.

Commissioning is the process by which a Local Authority plans the services that are needed by people that live in its local area within the financial envelope available. The

Council must ensure that services are available for the children, young people and families of Reading and that they are of high quality, appropriate to their needs, secure the outcomes needed and give value for money.

Strategic Commissioning is the process of long term planning which ensures that resources are used in the right way at the right time to meet demand and need. This involves the use of accurate information to measure current need and predict future demand, informing the design and delivery of local services.

Section 2 - Intentions and Drivers

2.1 Ambition

The Council is committed to improving the life chances and maximising the potential of children, young people and families in Reading over the next three years, from 2017 to 2020. This strategy set out the way this will be done for our children looked after by the Council. The Council is committed to ensuring that each child for whom the Council has responsibility as corporate parents will to achieve their maximum potential. The Council is committed to meeting our legislative duty in respect of sufficiency of accommodation for current and future Looked after Children and Young People and care leavers. The Council will also ensure that commissioning activity undertaken to secure services and accommodation will be compliant with Contract Procedure Rules and Public Contracts Regulations 2015.

2.2 Values

➤ Outcomes

Our primary focus is on the delivery of improved outcomes for children and their families and we will therefore commission only provision that delivers our priority outcomes.

➤ Service user focussed

The Council will seek opportunities to actively involve service users in commissioning and procurement. “The Voice of the Child” will be central to commissioning activity.

Decommissioning or other service changes will only take place after full consideration of the impact on service users. Community and Equality Impact Assessments will always be developed at the earliest opportunity.

➤ Equal opportunities

Commissioning activity will recognise and value diversity, and promote equality to ensure excluded / vulnerable groups can access appropriate services. This may mean services are accessible to all communities or are targeted to specific groups, e.g. are culturally sensitive. All planning and commissioning activity will aim to narrow the gaps and remove barriers to participation, achievement and well-being. Equality will be embedded in all contract monitoring.

➤ Needs assessment and evidence based commissioning

Commissioning will be based on a sound evidence base, ensuring detailed and relevant information and intelligence is used to inform all commissioning and service delivery. For Children’s Services commissioning, this means commissioners and in-house services need to have a good knowledge of communities in Reading in order to respond effectively to the needs of children, young people and their families, especially those who are most in need of help, care and protection, including looked after children and care leavers. Up to date information will be sought through the local JSNA and Sufficiency Statement, service monitoring data and user consultation, combined with effective partnership working will ensure a full and accurate picture of need. This will be used to identify our most vulnerable groups, priorities and outcomes for commissioning.

➤ Governance and Transparency

Our commissioning processes and decisions will be underpinned by principles of transparency and fairness. We will continue to develop provider and market fora to enable open dialogue and will inform providers of the reasons for our decisions. Commissioning decisions will be undertaken in an open and transparent way and will be compatible with EU and UK law and Reading’s Contract procedure Rules. Commissioning activity will take

place within an agreed and accountable framework with clear reporting, monitoring and review arrangements. Commissioning activities will also be coordinated and scrutinised to ensure the policies and strategies are developed and implemented as planned and that all decisions are based on strategic vision and priority.

➤ **Working in partnership with other commissioners**

All commissioning activity will maximise partnership working wherever possible to reduce duplication, enhance effectiveness and produce better outcomes for users. In order to achieve this joint working in a safe and effective way we will seek advice from Legal, Finance and Procurement colleagues as appropriate.

➤ **Relationships with providers & market development**

There is a commitment to working in partnership with a broad range of stakeholders including provider organisations and we recognise that many providers are experts in their service area and can make valuable contributions to service redesign. A collaborative culture is encouraged so that providers can learn from one another as well as work together effectively to achieve sustainable improvement in outcomes. Arrangements will ensure that an appropriate level of skills, expertise and capacity is available throughout the market and where required will entail developing a workforce strategy or market development plan. The added value some providers bring e.g. resources, volunteers, local knowledge is recognised and we aim to encourage more diverse provider markets in order to stimulate quality, choice and greater value for money.

➤ **Applying best practice and quality standards.**

All our staff will have the appropriate skill, experience and knowledge to apply the priorities and principles within the strategy. We will apply intelligent commissioning, meeting legislative outcomes and use benchmarking information from other Local Authorities. We will seek to carry out self-assessments and encourage internal challenge to improve learning.

2.3 Sufficiency and appropriate placements.

Detailed below is Reading Children's Commissioning Teams vision for placements and sufficiency and how it will be assessed.



Value for money – Where possible we have pre-agreed contractual arrangements and costs with providers through block or framework contracts. This ensures that the cost of the placements is based on the need of the child or young person and the outcomes that have been achieved by them in their placement. Regardless of whether a pre-agreed contractual arrangement and/or cost has been determined prior to a placement being sought, an assessment of the value for money for each placement takes place on a regular basis and no less than quarterly.

Planned – All placements and securing of services for the Council's Looked after Children (LAC) are made in a planned way. There is a good knowledge of how a placement is progressing with clear indicators of whether outcomes are being achieved and whether there are any risks to the placement breaking down. This prevents the majority of sudden placement breakdowns and if a placement does need to end there is time for a suitable alternative to be found. Where there are unavoidable instances of urgent placements being required, the Council have access to an emergency bed available within Reading that has a high level of support where the child or young person can stay whilst we complete the same process that we undergo for every non-urgent placement.

Quality and risk assessed – Within our contract for each service we set out the minimum requirements that we expect in terms of quality. We have agreed mechanisms in place to be able to review placements for quality, risk and adherence to contracts. Where we believe that a provider has defaulted on their contract we take immediate action to review and secure the safety of the child or young person and then work with the provider to either achieve better results or to move the child or young person into a better suited placement. We ensure that we keep up to date with the outcomes of Ofsted inspections and have a robust informed set of minimum standards which we apply to non-regulated services for providers of 16+ provisions.

Informed – An up to date referral form is available for all placement searches and fully details the child or young person's needs and history as well as their strengths, interests and successes. All placements are made following a full exchange of information between the Provider, Commissioning Officer, Social Worker, IRO and any other partner organisations involved. Crucially the placement is made with the view of the child or young person informing all decisions. Where possible the child or young person has the opportunity for visits to the placement prior to the final agreement being made.

Right location – In line with legislation and research it is our intention to place every looked after child or young person within 20 miles of their pre-LAC address. If we require the young person to be placed further than 20 miles or no suitable accommodation is available within that boundary then the decision to place is undertaken following a risk assessment and consultation with the Social Worker, IRO and any other partner organisations involved.

2.4 Local Context

2.4.1 Corporate plan

As described in section 1.3, the Children's Commissioning team are committed to take an approach of commissioning for outcomes. Appendix A of this document contains the outcomes that Readings Children, Education & Early Help Services require. These outcomes have been developed to meet the needs of all children and young people in Reading. The outcomes and commissioning ambitions described in this document are aligned with the priorities outlined in our Corporate Plan for 2016-19. Most specifically the outcomes and ambitions are expected to address the following corporate priorities and identified issues:

- Priority: Safeguarding and protecting those that are most vulnerable

Key Issues:

- Ensure that children and young people receive a high quality service which keeps children within their families where it is safe to do so and ensure that permanent and stable homes are found for children in our care
 - Continue to deliver the Children's Service improvement plans and embed improvements in Children's Social Care
 - Children's Services spending is above the benchmark with statistical neighbours
- Priority: Providing the best life through education, early help and healthy living

Key Issues:

- Closing the gap in attainment, for vulnerable and disadvantaged children, including those in care and with learning disabilities, is vital to ensure equality of life chances later on.
- Priority: Remaining financially sustainable to deliver these service priorities

Key Issues:

- Agree further savings to bridge the funding shortfall and ensure that the commissioning function supports the delivery of DCEEHS services within a reduced funding envelope.

As well as the corporate plan described above the Children's Commissioning Team are committed to working with Reading's Local Safeguarding Children Board, Health and Wellbeing Board and Reading's Children's Trust when applicable.

2.4.2 Ofsted

In May 2016 Ofsted carried out a full inspection of the Council's services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board. Ofsted found the Council's children's services to be inadequate and published their findings on the 5th of August 2016. As a result of the inspection an Independent Commissioner has been appointed to review the Council's ability to address their areas for development. The Council are currently working to an Improvement Plan with an ambition to have continually made substantial improvements so that the Council's children's services are no longer inadequate by the time

that Ofsted return. This strategy is aligned with priorities set out in the Council's improvement plan which is based on the recommendations made by Ofsted.

2.4.3 Financial considerations

The international, national and local financial situation has led to a programme of austerity and consequently we are operating within a context of significant funding reductions, which is likely to continue for some time. It is clear that the range of services delivered by the Council or externally procured will decrease and some previously delivered work will end. The Directorate of Children, Education & Early Help Services will need to make difficult decisions about ceasing some services previously delivered, finding alternative ways to provide support and carefully targeting resources to create most impact on outcomes.

Partners must work together in new and innovative ways that will maximise outcomes within increasingly tighter financial constraints. The nature of children's placements is that they are very high cost, therefore the management of the placement market is crucial to ensure cost effective placements that achieve the best possible value for money. There are also potentially significant gains to be made by increasing the proportion of provision that the in-house fostering service delivers. To deliver this agenda in a sustainable way, whilst still delivering the outcomes set out in the Children and Young People's Plan, provision will need to support a smaller number of children and young people through more effective targeted intervention that prevents children coming into care by supporting them better in their communities and families. This objective underpins the commissioning and sufficiency strategy. The implementation of the strategy will support continued improvement in value for money for services for children and young people in care and will inform the financial planning process for future years.

2.5 National Context

2.5.1 Background to Sufficiency Duty

All local authorities have a statutory duty to secure, so far as is reasonably practicable, sufficient accommodation within the authority's area which meets the needs of its LAC. This is referred to as the 'Sufficiency Duty' as set out in Section 22G of the Children Act 1989.

This duty should be undertaken within the context of the planning and co-operation duties which the Children Act 2004 Act places on partners in order to improve the wellbeing of the children in the local area. The Act defines sufficiency as "a whole system approach which delivers early intervention and preventative work to help support children and their families where possible, as well as providing better services for children if they do become looked after. For those who are looked after, LAs and partners should seek to secure a number of providers and a range of services, with the aim of meeting the wide-ranging needs of looked after children and young people within their local area."

The guidance also requires that the commissioning standards on securing sufficient accommodation for looked after children, also apply to children in need who are at risk of care or custody (referred to as children on the edge of care). This is important since it is preferable, where it is in the best interest of the child, to provide support to avoid the need for them to become children in care.

This document meets the needs of the sufficiency duty as described in the 'Statutory Guidance for the Sufficiency Duty' issued in 2010. The regulations require a strategy that describes how Local Authorities intend to provide sufficient care placements for its children looked after. The guidance also sets out the importance of high quality assessments, care

planning and placement decisions as the essential building blocks of an effective commissioning strategy for placements for children and young people in care.

2.5.2 National Acts and Guidance

The following Acts and guidance provide a reference for key activity undertaken to achieve the outcomes set out in this strategy.

- Carers and Disabled Children Act 2000
- Children's Act 2004
- The National Service Framework for Children, Young People and Maternity Services 2004
- Care Matters Time for Change, 2007
- Children and Young Persons Act (CYPA) 2008
- Continuing Health Care Framework (2010)
- Planning Transitions to Adulthood for Care Leavers: Statutory Guidance on the Care Leavers (England) Regulations 2010
- Sufficiency: Statutory guidance on securing sufficient accommodation for looked after children 2010
- Care Planning, Placement and Case Review Regulations 2010
- Short Breaks Duty and Regulations 2011
- Health and Social Care Act 2012
- Working together to safeguard children 2013
- Improving Children and Young and Young People's Health Outcomes 2013
- School and Early Years Finance Regulations 2013-14
- Children and Families Act 2014
- Care Act 2014
- Care Planning Regulations
- Children's Homes regulations
- Fostering Services Regulations
- Ofsted inspection guidance
- Every Disabled Child Matters
- Direct Payments

2.6 Intentions and drivers considerations for strategic direction.

It is essential that when carrying out commissioning activity, the Council:

- Meet our legislative duty in respect of sufficiency of accommodation for current and future Looked after Children and Young People and care leavers.
- Ensure that commissioning activity undertaken to secure services and accommodation will be compliant with Contract Procedure Rules and Public Contracts Regulations 2015.
- Commission only provision that delivers our priority outcomes.
- Seek opportunities to actively involve service users in commissioning and procurement.
- Narrow the gaps and remove barriers to participation, achievement and well-being.
- Commission based on a sound evidence base, ensuring detailed and relevant information

and intelligence is used to inform all commissioning and service delivery.

- Have a good knowledge of communities in Reading in order to respond effectively to the needs of children, young people and their families.
- Develop provider and market fora to enable open dialogue and will inform providers of the reasons for our decisions.
- Maximise partnership working wherever possible to reduce duplication, enhance effectiveness and produce better outcomes for users recognising that many providers are experts in their service area and can make valuable contributions to service redesign.
- Ensure that an appropriate level of skills, expertise and capacity is available throughout the market, encouraging more diverse provider markets in order to stimulate quality, choice and greater value for money.
- Find alternative ways to provide support and carefully targeting resources to create most impact on outcomes.
- Ensure that commissioning staff have the appropriate skill, experience and knowledge to apply the priorities and principles within the strategy.
- Make sure that all children and young people looked after in Reading are placed in a planned, informed way, in the right location with quality, risk and value for money, being assessed and evident at all times during the placement.
- Address the recommendations made by Ofsted.
- Maximise outcomes within increasingly tighter financial constraints such increasing the proportion of provision that the in-house fostering service delivers.

Section 3 - Summary of Needs Analysis

3.1 Introduction

The following section provides an analysis of the current population and anticipated projections for the coming years as well as analysis of services used. It identifies the impact any population change may have on future demand for services. The analysis covers the whole population of potential Looked after Children (LAC), including Unaccompanied Asylum Seeking Children (UASC). This section also highlights particular aspects of the population; for example, by geography (which wards have high deprivation and poverty) and by nature (ethnicity, disabilities et cetera). The full Needs Analysis has been included in Appendix B.

3.2 LAC population.

Population Profile 0-19 years

The population of 0-19 year olds has increased from 34,100 in 2001 to 38,300 in 2011, an increase of 12%. During that time period annual estimates have indicated continued population growth. The 0-19 population is highest in the 0-4 years age group.

At the end of October 2016, there were 263 Looked after Children (LAC) in Reading. The rate of LAC in Reading per 10,000 young people under the age of 18 was 60 at March 2016, which is the same as the national average rate and lower than that of our statistical neighbours at 65.

Since March 2016 we have seen around a 19.5% increase in the number of children becoming looked after. In addition there has been an increase in the number of UASC and we expect to see an increase in the LAC population due to the national dispersal scheme in the coming months.

There is a fairly even split of male and female LAC in Reading, with 105 males (51%) and 100 females (49%) at 31 March 2015, and the same proportion at October 2016 (unpublished data).

Population projections

The number of babies born to families living in Reading in 2014 was 2,554 (ONS, 2015). The general fertility rate (GFR) for Reading has been constantly higher than the national and regional averages. This means that more babies are born in Reading's authority area, on average, when compared nationally and regionally. Commissioning and allocation of related services should therefore match the increased need locally if the very young are to be given the best start in life.

According to the Office of National Statistics, at its peak in 2025, the 0-19 population in Reading is projected to be 7.6% higher than at 2016, and by 2032 to be 5.7% higher than at 2016.

Estimations show a steady decline in the LAC population from 263 in October 2016 to 242 in March 2018. The LAC population is expected to continue to decrease until autumn 2019 when it will begin to plateau.

Of our current LAC population of 264 (with 62 being 16+) roughly 117 (44%) are placed in fostering with IFAs and 14(5%) are in residential care. Reports allowing us to compare the % breakdown of placements of LAC are not available historically so it is not easy to determine whether this breakdown of placements of LAC is indicative of the general breakdown over time or whether it could have been affected by season or an unaccountable and sudden change in breakdown. If the breakdown is applied to estimated figures in March 2018 then the demand on the market place will be as follows: 106 in IFA fostering, 12 in residential.

Ethnicity Profile 0-19 years

Information from Reading's Joint Strategic Needs Assessment (JSNA) tells us that in 2011 the largest proportion of the population (66.9%) identified themselves as 'White British'. This proportion had decreased from 86.8% in the previous census and was considerably lower than the national figure of 80.9%, suggesting greater diversity in Reading in recent years and in comparison with other local authority areas.

While 46.2% of the 0-19 population belongs to an ethnic group other than White British, this percentage increases to 50.6% for the school population, compared to 25% in England overall.

Reading has a slightly higher proportion of LAC who identify as being BME compared to the Berkshire average, the South East and England, but a very similar percentage compared to our statistical neighbours. In Reading UASC make up 2% of the LAC population while in England they make up 6%.

Immigration

International migration is a key driver of population growth in Reading, and the number of people coming to live in Reading is considerably higher than in neighbouring boroughs. Consequently, Reading has a higher proportion of residents born outside of the UK than the South East and the UK as a whole.

Deprivation and Poverty

There is a substantial body of evidence of a strong association between family poverty and the likelihood of a child experiencing abuse or neglect. L.H. Pelton recently concluded in his review of more than 30 years of studies, 'There is overwhelming evidence that poverty and low income are strongly related to child abuse and neglect as well as to the severity of maltreatment.'

Reading has the second highest percentage of children from low income families in Berkshire, based on the number of children in families receiving working tax credit or child tax credit. However, at 17.8% this is slightly below the national average. This figure has remained relatively stable since 2012, ranging between 18.8% and 17.8% during this period.

Whilst Reading benefits from high employment and high earnings, there are some areas in the borough that are experiencing high and rising levels of deprivation. Between the 2001 census and the most recent census in 2011, two areas in South Reading (the far south of Whitley ward and to the south of Northumberland Avenue in Church ward) fell into the 10% most deprived areas in England. The most recent IMD data was produced in late 2015.

Indices of Multiple Deprivation (IMD) mapping suggests a concentration of low deprivation in the north of the borough (Mapledurham, Thames and Peppard wards) and high deprivation in central and southern areas (Norcot, Battle and Abbey wards in the centre and Whitley and Church wards in the south).

Key areas of high deprivation in Reading are found:

- in the far south of Whitley ward and the Northumberland Avenue area in the south of the borough;
- throughout Abbey ward and around the town centre;
- around Dee Road in Norcot ward;
- around Coronation Square in Southcote ward; and
- around Amersham Road in Lower Caversham.

Analysis of looked after children's 'pre-LAC' addresses tells us that the highest number of Reading's LAC come from Abbey, Whitley and Battle wards, while the lowest number come from Park, Redlands and Peppard wards.

Entrants into Care

In October 2016, 69% of LAC in Reading were being provided with a service due to being abused or suffering neglect. 10% were looked after due to their family being in acute stress and 8% due to family dysfunction. Abuse or neglect is consistently the most likely reason for a child in Reading to become looked after, which is also the case for England. The percentage of LAC in care due to abuse or neglect in Reading is consistently higher than England's average; however the percentage in care due to family dysfunction is consistently lower.

Reading's numbers of new LAC entrants per year are higher than the Berkshire average, however significantly lower than the average of our statistical neighbours. Reading's numbers dropped between

2012 and 2014 and have increased every year since then. 3% who were looked after between October 2015 and October 2016 had been looked after previously and returned to care.

Exiting care

68% of LAC at October 2016 had spent less than 3 years in care with 36% leaving care within a year. 6% spend more than 7 years in care.

Placement stability

Placement stability is good, and the large majority of children and young people who are looked after live in foster or residential placements that meet their needs. Placement stability figures are either consistent with or significantly above those of statistical neighbours or the national averages. Of 193 children looked after in fostering households at the time of the inspection, 87 had been in the same placement for over a year.

Looked After Children with Disabilities

11% of LAC in Reading are recorded as having a disability. This includes children and young people who are looked after as a result of their disability.

There are more male looked after children with a disability than female. 15 (63%) are male and 9 (37%) are female. 14% of all male LAC and 8% of all female LAC have a disability. The percentage of LAC with a disability is fairly consistent across all age groups with the exception of those under the age of 1 (when it is less likely that a disability will have been identified). Therefore as the highest number of LAC fall into the 10-15 years age group, this is also the case for children with a disability. 15 (63%) are white and 9 (37%) are from a BME background, the majority of which (7 (78%)) are from a mixed background.

Looked After Children Aged 16 and over

21% (49) of LAC at March 2016 were aged 16 or over. The majority (74%) of LAC aged 16 or over are in long-term or short-term foster placements. The council has a duty to ensure that all Looked After Children are found suitable accommodation when leaving care. Data shows that in 2015 79% of 19 year old and 83% of 21 year old care leavers were in suitable accommodation. The proportion of 19 year olds in suitable accommodation is below the national and regional averages, and also below the average of our statistical neighbours. The proportion of 21 year olds in suitable accommodation is higher than that of our comparators, however it should be noted that there was a relatively high proportion of 21 year old care leavers in England (38%) and the South East (20%) for whom there was no information so this could have affected the figures, as Reading had a very low percentage of care leavers with no information.

Outcomes for Care Leavers

Overall, care leavers are less likely to be in education, employment or training than their peers. The NSPCC states that in 2014 34% of care leavers were not in education, employment or training (NEET) at age 19 compared to 15% of the general population.

At October 2016, 59% of Reading's care leavers were in education, training or employment compared to 61% across England and 64% across our statistical neighbours. Care leavers in Reading are more likely to be NEET than elsewhere in England. However, 9% of Reading's care leavers were in higher education compared to 6% nationally and 7% across our statistical neighbours.

3.3 Services

Types of Placements

Reading is broadly in line with the South East and England for its use of different types of placements. Reading is above the South East and England in the number of children placed for adoption and those in other residential settings, and below in the number that are placed in secure units. It can be seen that the number of foster placements has dropped between 2012 and 2015 and the rate of adoption has risen.

Location of LAC Placements

At March 2016, 30% of LAC were placed within the Reading boundary, the numbers have been similar since 2012, with a large proportion of placements being made outside of Reading's boundary. The most recent published data (March 2014) indicates that nationally the average percentage of LAC placed

within 20 miles of their home address was 77%, so Reading is performing below the national average in this area.

A number of Reading's placements are being used by LAC from other local authorities. In 2012 this was 17%, in 2013 this was 28% and in 2014 (most recent published data) this was 35% so these numbers saw an increase between 2012 and 2014. Data is not yet available after 2014, however as only 30% of Reading's LAC were placed in the area, which is a similar (slightly smaller) percentage than in previous years, it seems likely that the trend has continued. The national figure for LAC placed within their local authority area in 2014 (the most recent published data) was 58%.

It is usually in the interest of looked after children to be placed as close to home as possible, although there are exceptions. Over half of Reading's LAC are placed within 10 miles of their home address, and 66% are placed within 20 miles of their home address. 18% are placed more than 50 miles away. Reading currently places in 51 different local authority areas and 29 (57%) of these areas accommodate only one of Reading's looked after children. Only 30% are placed in Reading, although 56% are placed within Berkshire.

Reading is over dependent on placements outside of Reading. This is partially to be expected, as Reading is a small unitary covering a main town. It is one of 6 unitary authorities which make up Berkshire. Under the definitions used by the Government any placement outside Reading and not in an adjoining authority (Wokingham, West Berkshire or Oxfordshire) is considered to be a 'distant placement'. Reading is competing with 7 other authorities for placements within a 20 mile radius. This is not consistent with the situations of some of our statistical neighbours, who may be competing with a single larger county authority on their boundary. In Reading a distant placement can easily be within 20 miles of the child's home. 48% of placements were distant placements at October 2016 but only 34% were more than 20 miles away.

Average Costs

Reading is paying, on average, around 12% more than the South Central Framework average rate for foster placements through IFAs. This amounts to approximately £551,200 per year based on the current number of IFA placements. Our greatest spend is with IFAs. 60% of Reading's LAC are living in either in-house or independent foster care, and 64% of those are with IFA registered foster carers. It costs significantly less to place children with in-house foster carers. At October 2016 Reading had 82 sets of in-house foster carers with a total of 9 vacancies. Reading is implementing a Foster Carer Recruitment & Retention Plan to increase our number of in-house foster carers.

Reading is paying, on average, around 7% more than the national average rate for residential homes, which amounts to approximately £183,872 per year based on the current number of residential home placements. However, as £3,000 is stated to be the average cost nationally for a residential placement, including LDD placements, it appears that Reading is paying, on average, significantly more than other local authorities. If LDD placements are included in the total, Reading is paying around 11% more than the national average cost per placement. Reading pays significantly more than the average cost for some placements and less for others. The cost of a child's residential placement depends on the needs of the child; however these high cost placements should be reviewed regularly to ensure value for money.

Quality of placements/providers

80% of the providers we are using are rated Outstanding or Good, and none are rated Inadequate. 84% of Reading's LAC (who are in an Ofsted registered placement) are placed with a provider that is Outstanding or Good. There are two IFA providers which have not yet been inspected and a total of 4 LAC are placed with them.

3.4 Service user feedback

Strengths and Difficulties Questionnaire

Local authorities are required to assess the emotional and behavioural health of all Looked After Children between the ages of 4 and 16 who have been in care for over a year. This is done through the strengths and difficulties questionnaire (SDQ). A score under 14 is considered normal, scores between 14 and 16 are a borderline cause for concern and scores of 17 or over are considered a cause for concern. 53% of children who have completed an SDQ have a score that is a cause for concern. The highest score

was 36. 12% have a score that is a borderline cause for concern and 34% have a score which is considered normal. The highest proportion of young people with a score of 17 or more is those aged 10-15 years. 27% of LAC aged 4-16 do not have an SDQ score. It should also be noted that 78 (63%) of SDQ in Reading are overdue. The proportions are similar to the national average, where 50% of children have a normal score, 13% have a borderline score and 37% have a score that is a cause for concern. These proportions have remained generally consistent in England since 2013. The results tell us that children who are looked after are more likely to struggle with day to day life challenges and experience poor mental health than other children. Achieving stability and permanency for these children as quickly as possible is crucial to their wellbeing.

3.5 Needs Analysis considerations for considerations for strategic direction.

Bridging the gaps

- The number of 0-19 year olds is increasing but LAC populations are estimated to initially decrease and then plateau. The Children's Commissioning Team need to increase joint working with social work teams to understand trends and future needs. This will help to build a bespoke local market based informed by the volume of need, driving down costs and increasing sufficiency.
- The Needs Analysis also highlights the need to ensure that the local market can recognise and support ethnic identity and can respond appropriately to the 1 in 10 LAC who have a disability.
- The local market needs urgent attention which is evidenced by poor levels of local placements and the fact that over a third of placements in Reading were being used by other Local Authorities in 2014 which is the latest data available.
- Reading is paying, on average, around 12% more than the South Central Framework average rate for foster placements through IFAs and, on average, around 7% more than the national average rate for residential homes. This shows that a greater emphasis needs to be placed on recruiting in-house foster carers and where in-house foster placements are not available that the South Central Framework needs to be utilised more frequently. Where residential accommodation is required, the Council need to place a greater emphasis on framework or block provision either individually or collaboratively and/or exploring the option of establishing its own provision.
- Local data is unreliable meaning that the Children's Commissioning Team don't have enough information on what is spent and where.
- There is currently a lack of collated information on children's views regarding their placement experience and their views on the service they have received from the Council. More could be done to use children's views to influence the way we commission services. Work is being done, however, to capture children's views on their LAC reviews and to encourage an active forum of looked after young people.

Building on strengths

- Placement stability is good and the Council need to maintain this via good contractual management, providing high quality assessment and planning, better retention of experienced carers and better liaison and more provision between education and child and adolescent mental health services.
- The proportion of 19 year olds in suitable accommodation is below the national and regional averages, and also below the average of our statistical neighbours. As a result we have established an Approved Provider List and now have a good level of sufficiency which is increasing. Now sufficiency of 16+ accommodation and support has increased we need to work on the fact that 59% of Reading's care leavers were in education, training or employment compared to 61% across England and 64% across our statistical neighbours. Care leavers in Reading are more likely to be NEET than elsewhere in England.
- Reading is broadly in line with the South East and England for its use of different types of placements. Reading is above the South East and England in the number of children placed for

adoption, the Children's Commissioning need to understand the reasons for this and support the systems which make this the case.

- 84% of Reading's LAC (who are in an Ofsted registered placement) are placed with a provider that is Outstanding or Good. This reassurance of the quality of providers needs to be maintained through robust monitoring and recording.

4 - Strategic Direction

4.1 Strategic priorities

What we want to achieve and where we are now have been described in the Sections 2 and 3. This information has been used to develop 12 key requirements:

4.1.1 Key Requirements

1. One skilled, experienced and knowledgeable team who are a single point of contact during office hours for all LAC/SEND internal and external resource needs. The team will have a clear governance and accountability structure which will provide scrutiny and control.
2. Increased placement stability/permanence for children.
3. The majority of placements/services are within 20 miles of the pre LAC/home address achieved via excellent relationships and knowledge of the local market with opportunities for joint working and forums to develop provision.
4. Improved individual and service contract management increasing quality, reducing risk and ensuring value for money.
5. Greater choice of placement/options with placements agreed on the basis of need not availability.
6. More time for Social Workers to be carrying out work directly with families.
7. Reduced average cost for all types of placement/resource, optimum spread of placements across type to secure the best outcomes and spend for all LAC and the delivery of agreed savings identified across 2017-2020. These will be achieved via a savings/cost avoidance strategy which will address commissioning decisions such as spot, block or framework contract options, mechanisms to recover funding if outcomes have not been achieved, spend to save options such as the investment in prevention services, step down of LAC placement types and increased recruitment of in-house foster carers.
8. One system that provides an accurate and true record of placements, resources secured, spend and forecasted of spend and need for LAC and SEND children and young people.
9. Clearly recorded processes which are adhered to by all, available to all, state who is responsible for what and cover all key business of the ART.
10. All contractual arrangements to be compliant with the councils Contract Procedure Rules and Public Contracts Regulations 2015.
11. A strategy to implement a Young Commissioners programme in Reading which will ensure that children and young people have a voice, get involved and influence the commissioning and delivery the services available.
12. An annually updated suit of commissioning documents determining our priority outcomes to include a Market Position/Sufficiency Statement including strategy to develop the market to improve sufficiency in line with forecasted needs, Needs Analysis, Commissioning strategy, procurement strategy and Foster Carer Recruitment Strategy.

4.2 Access to Resources Team (ART)

The strategic priority for ensuring the 11 Commissioning Products are in place to achieve the 12 key requirements by March 2020, is to firstly realign all elements of the commissioning and business processes into a co-located, single team responsible for managing the existing disparity of processes and spend and providing an expert knowledge on local resources available to our LAC population. This will be

achieved via the introduction of an Access to Resources team (ART). The ART is expected to commence from the 1st of April 2017 and a Project Plan is included as appendix A.

The ART will be operating under a 'supermarket model'. Essentially on the shelves will be access to a wide range of services for example: child minding, domiciliary care, outreach, mentoring, foster care, residential services. It is not reasonable to expect lead professionals working with children to have up to date information regarding the range of provision available. As such the ART will maintain this in-depth knowledge of a range of services available in the local area and neighbouring authorities and maintain relationships with these services utilising various contractual arrangements where appropriate. This knowledge and strong (contractual) relationships with a range of services is essential for increasing sufficiency and driving down costs.

The ART will operate both strategically and on an individual basis. As well as leading on commissioning strategies and managing tenders for services, it will receive referrals from a range of lead professionals who require a service for an individual child.

Individually

In relation to placement finding, the ART will consider the referral, working closely with lead professionals to ensure that referral information is strength-based, accurate and useful with the voice of the child at its core. The ART will then be creative and resourceful in providing a choice of placements / services that will meet the child's individual needs. All referrals are unique and referrals will range from seeking a temporary placement for a child with relatively low needs to co-ordinating a multi-agency team to identify a specialist residential placement for a child with extremely complex needs within a critical timescale. The complexity of the child's needs and the time available are the key factors in finding the most appropriate placement. The most appropriate placement for a child will be based primarily on their presenting need underpinned by the requirement to place them as close to the borough as possible whilst achieving the best value for money. The decision regarding which is the most suitable placement for a child will rest with the Social Worker and their Team Manager and the authorisation of placements will be strictly overseen by those who have the delegated financial authority. The same process will be applied to all referrals and each referral will be 'project managed' by a member of the ART team.

Strategically

The ART will be responsible for leading on market management, co-ordinating and administering referrals, negotiating terms and conditions, invoicing and contract management, dispute resolution and general provider / purchaser enquiries. The ART will be monitored on the basis of achieving the key requirements set out above via the identified commissioning products.

Benefits

It is anticipated that the ART will free up capacity for Social Workers to concentrate on the Social Care part of the role therefore making a significant difference to their work and this has been evidenced elsewhere where an ART is in place.

In order to develop a knowledgeable, experienced, qualified and effective ART team, a number of existing posts will need to be transferred into the team, for example officers from: commissioning, finance, and business support. Some 'New' funding may be necessary to recruit additional team members in order to achieve the statutory outcomes expected of the ART. Any additional investment will be offset against savings that can be made by the functioning ART team and it is anticipated that the cost of the team will be more than covered by the savings that it will achieve.

Currently the Council faces challenges in relation to capturing information about the quality of placements for use in the management of contracts and service development activity. The ART will develop a robust, systematic performance and risk monitoring system that will ensure that they are aware of successes in achieving outcomes or otherwise and the stability of a placement which will ensure that additional services can be provided if necessary or funding negotiations can take place.

PART 2

Children and Young People's Interim

Commissioning Strategy April 2016 to March 2017

Outcomes Plan

This plan describes the outcomes to be achieved by the Access to Resources Team (ART) in order to achieve the Commissioning Products and Key Requirements identified in Strategy, maximising the potential of children, young people and families in Reading over the next three years, from 2017 to 2020.

The ART is a new team expected to commence from the 1st of April 2017. The team will be resourced through existing staff within Reading Borough Council. A SMART action plan to achieve the outcomes described in this plan will be developed and carried out by the new ART.

In May 2016 Ofsted carried out a full inspection of the Council's services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board. Ofsted found the Council's children's services to be inadequate and published their findings on the 5th of August 2016. As a result of the inspection an Independent Commissioner has been appointed to review the Council's ability to address their areas for development. The Council are currently working to an Improvement Plan with an ambition to have continually made substantial improvements so that the Council's children's services are no longer inadequate by the time that Ofsted return. This outcome plan is aligned with priorities set out in the Council's improvement plan which is based on the recommendations made by Ofsted.

Key Criteria	Outcomes	Completed by:
Structure	<ul style="list-style-type: none"> The ART functions are available at all times during office hours. There is a clear governance structure in place which assesses on a quarterly basis the performance and quality of the ART and its outcomes. There is a clear ART structure with defined roles and responsibilities with each member of the team aware of their own remit and taking accountability of the performance of their area. 	August 2017
Placements /Services for individuals	<ul style="list-style-type: none"> In 100% of placements/services, review dates and end dates are recorded. At these points all placements/services are reviewed for outcomes achieved and whether the placement type could be 'stepped down', brought closer to Reading or the cost negotiated down. In addition those reaching age 16 are identified for staying put or semi-independent arrangements. Less than 25% of placements or services are secured under 'emergency' procedures. In 75% of placement breakdowns, evidence can be provided as to how the breakdown was attempted to be avoided by ART and/or Social Care colleagues and the impact on the child/young person was minimised. 80% of Placements or services secured are within 20 miles of the YPs (pre-LAC) address. In 75% of complex needs cases the decision to place a YP and who to place them with has multi-agency input and decision making from SEN, YOS, Virtual Head, CAMHS and social care staff plus any other relevant professions. 75% of foster placements are made with the Council's in-house foster carers or with neighbouring authorities foster carers. 75% of External placements and services secured via the ART are via pre-made contractual arrangements such as frameworks or block contracts. 	April 2019
Relationships/ Joint working	<ul style="list-style-type: none"> 100% of referrals received by ART are quality checked prior to being sent to Providers from all sectors with regards to the accuracy of assessment, and that the criteria and specification is presented in a way that is meaningful with desired outcomes included. Evidence can be provided of the ART supporting and working to Council and directorate policy, procedure and processes. 90% of social care staff feel that they understand the remit of the ART, how they can secure the services of ART and their own role within the ART process. 100% of social worker inductions include training on the ART process. Evidence can be provided of exploring options of collaborative working with other LAs both in terms of contracting and best practice. Where the option exists a formal arrangement is drawn up. A programme of developing Young Commissioners has been developed which ensures that children and young people have a voice, get involved and influence the commissioning and delivery of services. 	September 2018
Cost /Savings	<ul style="list-style-type: none"> In 90% of placements or services for individuals initial given costs (not pre-agreed under contract) have been negotiated and brought down. 	December 2017

	<ul style="list-style-type: none"> • 100% of savings/cost avoidance achieved by ART are recorded on a shared database. • The ART have a clear, evidence based savings/cost avoidance strategy which is co-produced and written by all members of the ART. • ART have regular meetings with finance to ensure that both departments share the same data and have the same access to up to date financial information. • 100% of placements or services secured have been subject to review of whether health contributions should be made. • The ART is able to evidence an awareness of the budget(s) within which they are working and report on a monthly basis the spend and where appropriate the residual budget. • In 100% of cases where it is retrospectively found that partner contributions should have been made there is evidence of the recovery of funds being requested and management alerted if the funding is not forthcoming. 	
Business Processes	<ul style="list-style-type: none"> • Each month a report covering ART activity, outcomes, data and forecasting is provided to DMT • 80% of placements, services and providers are set up on Mosaic by the end of the following working day after the request has been received. • 100% of placement searches and sourcing of services for LAC/SEND individuals and family are conducted following recorded, clearly set-out best practice processes and procedures which are available to all. • 100% of Live spreadsheets used by the ART will be audited for completion and accuracy on a fortnightly basis. • 100% of LAC/16+ and SEND children and Young People are recorded on an ART spreadsheet which contains all information required in order to effectively report on ART activity undertaken on their behalf. • 80% of invoices are processed within 2 working days of receipt. • 80% of invoices are checked against the contract and ART can evidence that it only pays for actual services provided • A current, annually updated business continuity plan is in place for the ART with clear process maps for all critical business. 	March 2018
Quality monitoring /Risk Assessment	<ul style="list-style-type: none"> • 100% of Placements or services secured are subject to a quality monitoring and risk assessment process which provides a 'warning' when placements or stability of LAC is at risk leading to an Increase in planned placements and reduction of emergency or urgent placements. • 100% of placements or ongoing services secured are reviewed for quality and value for money no less than every three months in conjunction with social care staff and partners where appropriate. 	November 2017
Market relationships /development	<ul style="list-style-type: none"> • ART are aware of 100% of the LAC/16+ bed spaces available within 20 miles the borough and are aware when beds are available. • 100% of known (potential) providers in the LOCAL market for our LAC/16+/SEND children and YP are invited to a forum(s) to discuss current and forecasted need and field developments. • 100% of the services for LAC/16+/SEND YP within 20 miles of the borough have had positive contact initiated 	September 2017

	<p>by ART within the previous 3 months.</p> <ul style="list-style-type: none"> • Consultation and needs analysis are used to understand the types of services and placements required by LAC/SEND and the ART have a catalogue of providers able to deliver these services with pre-agreed costs and terms where possible. 	
Contract Management /Procurement	<ul style="list-style-type: none"> • 100% of contracts will have an agreed contract monitoring schedule that is adhered to and evidences service delivery and the achievement of outcomes • 100% of procurements are carried out in line with the Council’s Contract Procedure Rules and (inter)national statute. • 100% of procurements are carried out with value for money as a key criterion for qualification/award. • All new contracts and specifications have been standardised where possible with a focus on safeguarding and outcomes. • 0% of contracts are ‘rolled-over’ unless there is a solid business case decision to do so which has been agreed by the DCS and it can be done under the terms of the contract. 	April 2019
Needs analysis and strategy	<ul style="list-style-type: none"> • The ART understand the needs of LAC/16+ children and YP in the Borough via a comprehensive annually updated LAC/16+ needs assessment which is informed by the local JSNA. • The ART can demonstrate a good knowledge of the local market for SEND children and YP and their families based on a comprehensive annually updated SEND needs assessment which is informed by the local JSNA. • The ART will have an annually updated Market Position Statement which is a published document and will have an annually updated market failure response. • The ART can demonstrate that all of their work is carried out in line with an ART strategy and all activity can be directly linked to the achievement of ART outcomes, including those recommended by Ofsted. 	April 2018

Appendix A

ART Project Plan

1. Overview

The mandate for this project is a collective need for cost avoidance and improvements to the directorate as described and explored as follows:

- CMT paper written by Ann Marie Dodds and delivered on the 12th of November 2016
- Budget sub agreement on the 4th of November 2016
- Ofsted report August 2016 and resulting Children's Services Learning & Improvement Plan
- Commissioning Team Needs Analysis October 2016
- Budget Proposals 2017-2020 to Narrow the Budget Gap – Rachel Musson – Policy Committee 05/12/2016.
- Sufficiency and Commissioning Strategy for Looked after Children and Young People in Reading - March 2017.

The key features of the project are the creation of a single co-located Access to Resources Team realigning all elements of the commissioning and business processes into a co-located, single team responsible for managing this disparity of processes and spend and having an expert knowledge on local resources available to our LAC and SEND population.

The project will commence with immediate effect and conclude on the 31st of December 2017.

2. Objectives and key requirements

Objective:

The realignment of functions across Children's Services and Commissioning into a single team with a clear governance and accountability structure that addresses permanence for children within the financial constraint of the Local Authority whilst delivering value of spend across children's services.

Key requirements/Outcomes:

1. One team who are a single point of contact during office hours for all LAC/SEND internal and external resource needs.
2. Increased placement stability/permanence for children.
3. Reduced average cost for all types of placement/resource.
4. Optimum spread of placements across type to secure the best outcomes and spend for all LAC.
5. Majority of placements/services within 20 miles of pre LAC/home address.
6. Greater choice of placement/options with placements agreed on the basis of need not availability.
7. More time for Social Workers to be carrying out work directly with families.
8. The delivery of agreed savings identified across 2017-2020.

9. Improved individual and service contract management increasing quality, reducing risk and ensuring value for money.
10. One system that provides an accurate and true record of placements, resources secured, spend and forecasted of spend and need for LAC and SEND children and young people.
11. All contractual arrangements are compliant with the councils Contract Procedure Rules and Public Contracts Regulations 2015.
12. Children and young people have a voice, get involved and influence the commissioning and delivery the services available.

In May 2016 Ofsted inspected the Council's services for children in need of help and protection, children looked after and care leavers and subsequently published a report on the 5th of August 2016 which stated that they found these services to be inadequate. Following the Ofsted report a Children's Services Learning & Improvement Plan was developed to address the recommendations within the report. The ART project is expected to support the delivery of the following recommendations on achievement of the above key requirements/outcomes:

1. Reading Borough Council will secure a permanent and competent children's services workforce to deliver responsive and safe services. (Recommendation 1)
2. Good quality management oversight will ensure that children and their families are not subject to delay and achieve positive outcomes. (Recommendation 7)
3. There are sound arrangements to plan for and achieve permanency where the decision is that a child will not be able to return home. Looked-after children have access to high quality care planning, review and support. (Recommendation 12)
4. The Placement Sufficiency and Commissioning Strategy is effective in ensuring the local authority has sufficient breadth and quality of placements to meet the needs of children looked-after in Reading. (Recommendation 14)
5. All children and young referred to Reading Children services will receive a timely, appropriate, and consistent response that meets their individual needs. (Recommendation 2)
6. All children and young people living in private fostering arrangements are assessed by the local authority and are in receipt of appropriate levels of support. (Recommendation 11)
7. Care leavers have the skills and emotional resilience to move to independence, and are able to successfully access education, employment, training and safe housing. (Recommendation 16)
8. All children and young people who are in the care of the LA are provided with high quality care and support.

Reading Borough Council functions as an effective corporate parent.
(Recommendation 13)

3. Approach and schedule

The project will be broken down into 4 parts:

Step 1 – Storming 06/02/2017 - 31/03/2017

- Co-locate and integrate processes for fostering and residential placements so that there is one referral, search and recording process for all placements.
- Confirm roles and responsibilities of those involved with the project and provide a briefing to all.
- Identify the users and suppliers of the current Children's Services and Commissioning functions that will be used to set up the ART services for **LAC**. Collate their processes, the data they hold and current resources.
- Make proposals for immediate process changes to address efficiency and effectiveness of **LAC** spend within the current resources and locations of ART suppliers.
- Establish our baseline against the outcomes and products to be delivered so that the impact of the ART can be assessed.
- Map current resources to those needed to achieve ART outcomes.
- Workshops with senior suppliers and senior users to establish their ART requirements and outcomes.
 - Establish a process for co-locating an ART effectively resourced from all suppliers.
- Find suitable location for ART

Step 2 - Forming 01/04/2017 - 31/07/2017

- Co-locate ART team members
- Identify the users and suppliers of the current Children's Services and Commissioning functions that will be used to set up the ART services for **SEND**. Collate their processes, the data they hold and current resources.
- Make proposals for immediate process changes to address efficiency and effectiveness of **SEND** spend within the current resources and locations of ART suppliers.

- Workshop with ART to develop new processes/ establish leads for developing new (evidence-based) processes to build on the baselines identified for all **LAC** products with a particular emphasis on the savings/cost avoidance strategy.
- Workshop with ART to develop new processes/ establish leads for developing new (evidence-based) processes to build on the baselines identified for all **SEND** products with a particular emphasis on the savings/cost avoidance strategy.
- Consult with affected teams to produce new structure chart and commence recruitment/JD changes.
- Agree the ART accountability for spend/savings against targets given by DMT across the directorate.
- Brief ART users of new proposed processes and agree mutual expectations and dependencies in order to secure the successful delivery of the service.
- Ensure that ART processes and procedures are on Tri-X.
- Ensure any new resources/infrastructures needed in terms of mosaic/fusion/oracle and training etc are in place in order to provide performance dashboard.

Step 3 - Norming 01/08/2017 - 31/10/2017

- Business as usual with restructured, co-located team providing a regular performance dashboard for scrutiny by governance group.

Step 4 - Performing 01/11/2017 - 31/12/2017

- Review of ART.
- ART will produce evidence of products being in place.
- ART will provide evidence of outcomes increasing.
- The ART savings/cost avoidance and projections plan will be scrutinised.
- Challenges will be made by the governance board and a response time and action plan provided by ART within an agreed timeframe.
- Agree a programme of regular ART reviews.

4. Major Deliverables and key milestones

Major deliverables/Products:

1. One skilled, experienced and knowledgeable team with single line management and a clear governance and accountability structure which will provide scrutiny and control.

2. Tighter control of placement and resource budgets via a single recording process used for all internal and external spend and identifying or recovering funding from external sources.
3. A clear performance dashboard with analysis of all spend, placement data such as type and location and forecasting of need and spend.
4. A new single process for effectively sourcing, negotiating and recording all internal and external placements.
5. A new single process for effectively sourcing, negotiating and recording all internal and external additional resources such as short breaks or home care.
6. New processes for effectively providing administrative and business support such as invoice processing and managing the mosaic/ART interface.
7. A new single process for effective management of all placement and service contracts including monitoring of quality and risk and assessing value for money
8. A savings/cost avoidance strategy which will address commissioning decisions such as spot, block or framework contract options, mechanisms to recover funding if outcomes have not been achieved, spend to save options such as the investment in prevention services, step down of LAC placement types and increased recruitment of in-house foster carers.
9. An annually updated suit of commissioning documents determining our priority outcomes to include a Market Position/Sufficiency Statement including strategy to develop the market to improve sufficiency in line with forecasted needs, Needs Analysis, Commissioning strategy, procurement strategy and Foster Carer Recruitment Strategy.
10. Excellent relationships and knowledge of the local market with opportunities for joint working and forums to develop provision.
11. A strategy to implement a Young Commissioners programme in Reading.

5. Scope

The Project will be responsible for:

- ✓ Providing a clear brief of the project and what the ART team will be expected to deliver.
- ✓ Identifying a baseline from which efficiencies and savings are required to be made including data on internal and external LAC and SEND placements and services, resources, processes and spend.
- ✓ Identify immediate efficiencies and changes that are not dependent on the ART co-location.
- ✓ Establishing a co-located Access to Resources Team consisting of existing Council staff who are currently responsible for an element of the ART process but potentially sit in different teams.
- ✓ Establishing ART outcomes and ensuring that the resources available are sufficient for the outcomes to be achieved. Where it is unlikely that resources available will match those that are needed the project manager will ensure this has been clearly flagged to the project board.

- ✓ Ensuring the ART has developed processes that will effectively and accurately record and monitor spend, and value for money against outcomes for internal and external LAC and SEND placements and services.
- ✓ Ensuring the ART has the resources required to effectively conduct analysis of need and develop strategies to address those areas of need such as the sufficiency strategy or foster carer recruitment strategy.
- ✓ Acknowledging the savings that have been set against the creation of an ART team to be achieved incrementally until and including the 2019/20 financial year and provide an action plan covering how the savings are expected to be achieved.

The Project will not be responsible for:

- ✗ Developing a provision that can deliver out of hours placements.
- ✗ Making savings or achieving ART outcomes as a direct result of the set-up of an ART. The savings will be achieved through the outcomes efficiencies and best practice delivered by the ART.
- ✗ Performance of teams or individuals who work with or under the remit of the ART. This responsibility will remain as per current arrangements until consultation and restructuring has been completed at which time responsibility will change to reflect the new structure but again will not be the responsibility of the project.
- ✗ Setting budgets or agreeing to spend outside of the designation of the roles with the ART - decisions regarding spend will not be undertaken by the ART but proposals will be made as to how spend can be reduced or recovered against existing budgets and assurance will be given that value for money is being achieved against ongoing spend.

6. Organisation, roles and responsibilities

The following is a list of the major project roles, who will be undertaking them and the extent of their responsibilities.

- **Executive: Ann Marie Dodds** – Ultimately responsible for the project.
- **Project Board and Project Assurance: Directorate Management Team (including Finance and HR), Graham Wilkins** – Has the authority to direct the project, make decisions, allocate resources where necessary and be able to represent the wider organisation and is responsible for ensuring that communications are effective between stakeholders.
- **Project Manager: Michelle Tenreiro Perez**– Has the authority to run the project on a day-to-day basis on behalf of the project board within the constraints laid down by them.
- **Project Team: Michelle Tenreiro Perez, Jenny Quinn** – carries out day to day work on the project and coordinates communication.
- **Senior Users: Ali Matthews, Andrea Keddo-Powell, Karl Davis, Jean Ash, Martlie Swart, Grace Fagan, Siobhan Egan, Gina Carpenter, Deborah Hunter, Corrine Dishington, Lisa Wilkins, Sheila Reynolds, Clare**

Houlton, Dan Neal, Myles Milner, Gill Dunlop, Theresa Shortland – The senior users are responsible for specifying the needs of those who will use the projects products, for user liaison with the project management team and for monitoring that the solution will meet those needs within the constraints of the business case in terms of quality, functionality and ease of use.

- **Senior suppliers: Michelle Tenreiro Perez, Jenny Quinn, Paula Ward, Paula Gledhill, John Littlefair, Stephen Saunders, Sue O’Bradovich, Pauline Lennox, Maryam Makki** – Represent the interests of those designing, developing, facilitating, procuring and implementing the projects products. The senior suppliers are responsible for the quality of the products delivered and the technical integrity of the project.

7. Assumptions

The following is a list of the assumptions that have been used in preparing the project plan.

- The savings to be made and objectives to be achieved will remain the same.
- Teams will be able to extrapolate the time spent on ART activities and provide a resource.
- Key staff will remain within the organisation and will be available to the project.
- A location for the ART will be available.

8. Implementation strategy

The project deliverables will have a phased beginning with LAC processes, data and current resources being collated and assessed for efficiencies and effectiveness first. This assessment will inform the resources needed within the ART for effectively addressing LAC spend.

The project GANTT chart will further detail the implementation of the ART.

9. Risk and issue management

Initial risk considerations:

- This project is dependent on many different teams within the directorate understanding the aims of the project and sharing responsibility for its implementation and success. The project board have a strong role in this and need to be able to provide the backing needed to effect change. Similarly without regular scrutiny and support from DMT the project is at risk of slippage or scope creep which are likely to affect its outcomes.
- There is a risk of the scope changing as the project progresses. As those involved increase and workshops are held to establish what the ART can achieve for its users the opportunities an ART can provide may not be compatible with the resources available. There will be a number of estimates within the project in terms of time taken to complete tasks and volumes of future work and these represent a risk.

- The main deliverable of this project is change management. The Council work within a infrastructure of systems for example electronic systems and cultural systems as well as processes, both political and non-political. These can take some time to change and are subject to barriers which the project must take into consideration.
- Whilst this project is intended to put an ART in place at the Council, staffed by Council employees it is well understood that effective commissioning benefits from the consideration of joint working with other commissioning partners and is dependent on its relationship with the market. Whilst these stakeholders may not directly affect the set-up of the ART they will have a significant impact on its outcomes.
- There is a risk to the project that key project team members will leave. In addition there is potential that the ART team will need to acquire new skills and training which may affect the timeliness of ART outcomes.
- This project has a dependency on electronic system for project management purposes, data collection and analysis and ongoing processes of the ART. Electronic systems are fallible and represent a risk to the project.
- The delivery of this project is reliant on staff time and availability. It can be assumed that all Council staff are working to capacity and as such any time devoted to this project will have an knock-on effect on their day to day work. Staff disengagement in the processor taking longer to respond to requests is therefore a high risk to this project.
- Changes to process and procedure may pose a risk to the current way of working, for example a change in invoice processing may temporarily negatively affect the timeliness of the process.
- The feasibility of the project hasn't been tested and will be assessed on an on-going basis throughout the project. This represents a risk of making assumptions as part of the expected outcomes of the project. This is particularly the case with the savings expected to be made which were agreed prior to the business case or project plan being developed.
- There is a risk that significant changes within the Council may affect the ability of this project to achieve its objective. These changes may be due to the re-inspection by Ofsted and the DFE or the financial position that the Council are currently in.
- Although users of the ART will be heavily consulted as part of the project there is a risk that once in place they feel the ART cannot provide them with the processes or assurances that they need in order to delegate work. This presents the risk of duplication and increased spend.

10. Quality assurance and control strategy

An update will be presented to the Project Board fortnightly via DMT meetings. The update will include all sections within the project plan and GANTT chart.



Reading
Borough Council

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Appendix B

Looked After Children Sufficiency Needs Analysis

October 2016

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Section 1 - Introduction

1.1 Purpose and Structure of Needs Analysis

Children and young people who are looked after by their local authority rather than their parents are among the most vulnerable groups in our society. As corporate parents, it is Reading's responsibility to keep them safe, make sure their experiences in care are positive, and improve their ongoing life chances.

The purpose of this needs assessment is to bring together datasets to build a profile of Looked After Children (LAC) in Reading. The aim is to inform the Commissioning Team about the characteristics and needs of this client group in order to develop appropriate strategies, plans and commissioning arrangements to meet current and projected needs and to effectively target resources. The needs analysis will include information on services that Reading currently uses, provision in the local area and how the LAC budget is being spent. This needs analysis is structured across the following broad areas:

- **Demographics of Reading:** Analysis of a range of information that aims to provide background and insight into external factors impacting on the changing characteristics and profile of Looked After Children in Reading. This includes the demographic profile of the 0-19yrs olds in Reading and data on immigration and child poverty which may impact on the size and needs of this cohort.
- **Looked After Children Profiles:** Analysis of Looked After Children data which will indicate the size and needs of the LAC population and how Reading compares with other areas in England. This section will also look at those on the edge of care.
- **Services Commissioned by Reading:** Analysis of services currently provided, who they are provided to, how much they cost, where and in what volume. This information will be used to inform work on local market development and consider alternative commissioning arrangements where appropriate.
- **What young people tell us:** This section focuses on the feedback we receive from young people about what their needs and priorities are. This includes feedback from review meetings and the result of an Ofsted led national survey.

1.2 Comparator Local Authorities

For the purpose of making comparisons between Reading and other local authorities, data from a group of 10 demographically similar local authorities has been used. They have been selected using the LAIT benchmarking tool and all are defined as 'close' statistical neighbours, which is the middle one of five rankings of closeness. Our statistical neighbours are:

- Sutton
- Bristol
- Milton Keynes
- Bedford Borough
- Brighton & Hove
- Sheffield
- Barnet
- Southampton
- Derby

- Hillingdon

1.3 Executive Summary

Reading's population is growing, and the 0-19 year old population is increasing more rapidly than the town's general population. 24% of Reading's population is aged 0-19 years and the 0-4 years age group is the largest. 2011 Census data shows a 34% increase in the number of 0-4 year olds in Reading in the last ten years, the second highest rise in the South East. The number of 0-19 year olds is projected to increase significantly over the next 8 years.

Reading's ethnic diversity is increasing, particularly among the child population. The latest School Census records a 51% BME population and live births data shows 43% of babies born in Reading are to mothers born outside the UK. The number of children with English as a second language is over 60% in some schools, and 15% of the total Reading population has a main language that is not English. This diversity is not reflected in the Looked After Children (LAC) population, however, which indicates that there could be an unmet need among BME communities who are less likely to present to Social Services.

The number of LAC in Reading decreased between March 2012 and March 2016, however it has seen an unprecedented increase of around 19.5% in the last six months. The rate of LAC per 10,000 0-17 year olds at 31 March 2016 had decreased to be in line with England's average, though both have seen a small increase in the last two years. Given the projected increase in the 0-19 population, it is likely that we will see greater numbers of children becoming looked after and children on the edge of care who require support to prevent them from becoming looked after. Reading has seen a smaller number of new LAC entrants over the past 4 years than our statistical neighbours, but this number is beginning to rise. We are also likely to see an increase in the number of unaccompanied asylum seeking children (UASC) due to the national dispersal scheme and those arriving from Calais.

Most of Reading's LAC are between the ages of 10-15 years and there are slightly more males than females. 11% of LAC in Reading have a recorded disability, and the most prevalent of these is learning disability. Most are on a full care order, which has consistently been the most common legal status for a looked after child, however the number of children accommodated under Section 20 of the Children Act has seen an increase. UASC are accommodated under Section 20.

The primary reason for a child becoming looked after is abuse or neglect, and this proportion in Reading is higher than England's average. This is also the primary reason for children being assessed to be in need. Most children leave care to move into a family environment, and Reading's rate of adoption is higher than that of our statistical neighbours and the rest of Berkshire.

Children leaving care at age 18 are not always found suitable accommodation. Reading is performing below its comparators in this area. Reading is also performing below its comparators in the number of young people leaving care who are in education, employment or training at age 19.

Placement stability for Reading's LAC is good with 10% experiencing 3 or more placements in 2015/16. The majority of LAC are placed in foster care and most of these are with independent fostering agency (IFA) registered carers rather than in-house carers. IFA placements are more expensive than in-house placements and are less likely to be located

in Reading. Only 30% of LAC are placed within Reading's boundary, which is well below the national average. Reading is also performing below the national average in the number of placements within 20 miles of the child's home address.

In general, Reading pays above the national average rates for LAC placements. This is often due to the lack of availability of lower priced placements and the urgent need to place a child quickly. This is partly due to an under-developed local market and partly due to the fact that Reading is a small unitary authority surrounded by several others who are all competing for the same local placements. More robust contract monitoring of high cost placements could increase value for money and reduce spend. It has also been noted in an independent review of residential childcare in England that local authorities could do more collaborative commissioning work to negotiate better rates for residential placements.

We do not have adequate feedback from looked after children in Reading about their experiences of being in care and what is important to them when making placements. Feedback collected nationally by Ofsted highlights the main themes of what is important to young people within a placement, however this does not cover issues such as placement location, stability, local issues and the service they receive from Reading Borough Council, which would be relevant to commissioning services.

More work needs to be done in Reading to develop the local market and ensure that as many looked after children as possible are placed close to home, in appropriate placements and are assisted to leave care with suitable accommodation, adequate support and a meaningful activity.

Section 2 - Demographic Profile of Reading

This section provides an overview of the changing demographic profile in Reading, focusing on the population growth and population projections for 0-19 year olds, the ethnicity profile for this population group, migration data and information on the number of young people living in poverty.

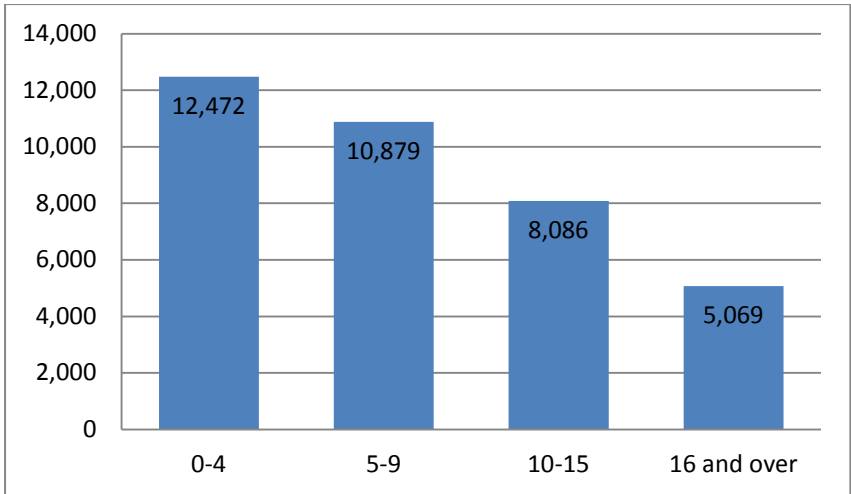
2.1 Population Profile 0-19 years

Population growth is a factor that impacts on potential demand for social services. Census data from 2001 and 2011 indicates that the population of 0-19 year olds has increased from 34,100 in 2001 to 38,300 in 2011, an increase of 12%. This is greater than the overall population increase in Reading. 0-19 year olds make up 24% of the population of Reading¹. During that time period annual estimates have indicated continued population growth.

Figure 1 below shows that the 0-19 population is highest in the 0-4 years age group and it tails off in the older age groups, the greatest drop coming between the 10-15 years age group and the 16+ years age group.

Figure 1: Number of 0-19 year olds in Reading by age group

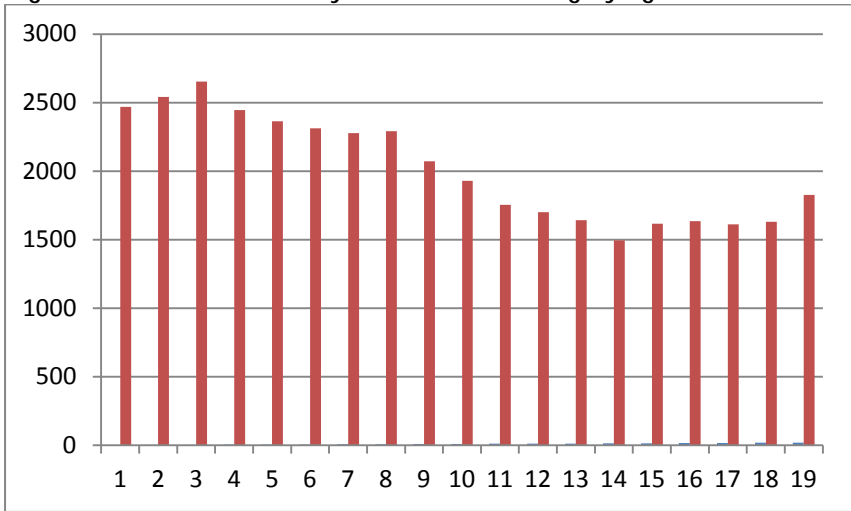
¹ <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Population#tab-data-tables>



Source: ONS mid-2015 estimates

This can be broken down further by year of age. Figure 2 tells us that the 0-19 population peaks in the pre-school years at the age of 4 and is at its lowest in the early teens at the age of 14.

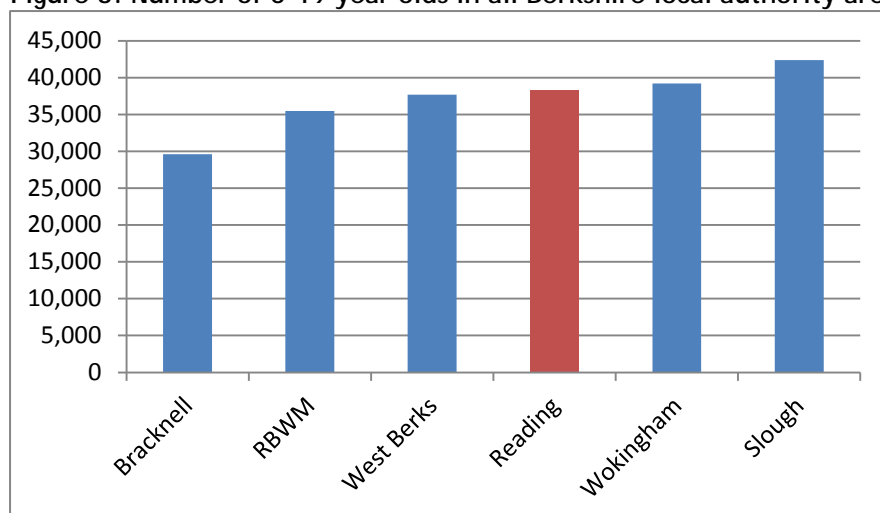
Figure 2: Number of 0-19 year olds in Reading by age



Source: ONS mid-2015 estimates

Figure 3 below compares the number of 0-19 year olds in Reading to the number in other Berkshire local authority areas:

Figure 3: Number of 0-19 year olds in all Berkshire local authority areas



Source: ONS mid-2015 estimates

It can be seen that Reading has the third highest number of 0-19 year olds, which is slightly above the average number of 0-19 year olds over the six Berkshire unitaries.

Table 1 below shows the percentage of each Berkshire local authority’s population that is made up of 0-19 year olds.

Table 1 - Percentage of population made up of 0-19 year olds

Local Authority	Percentage made up by 0-19 year olds
Slough	29%
Bracknell	25%
Reading	24%
West Berkshire	24%
Wokingham	24%
RBWM	24%

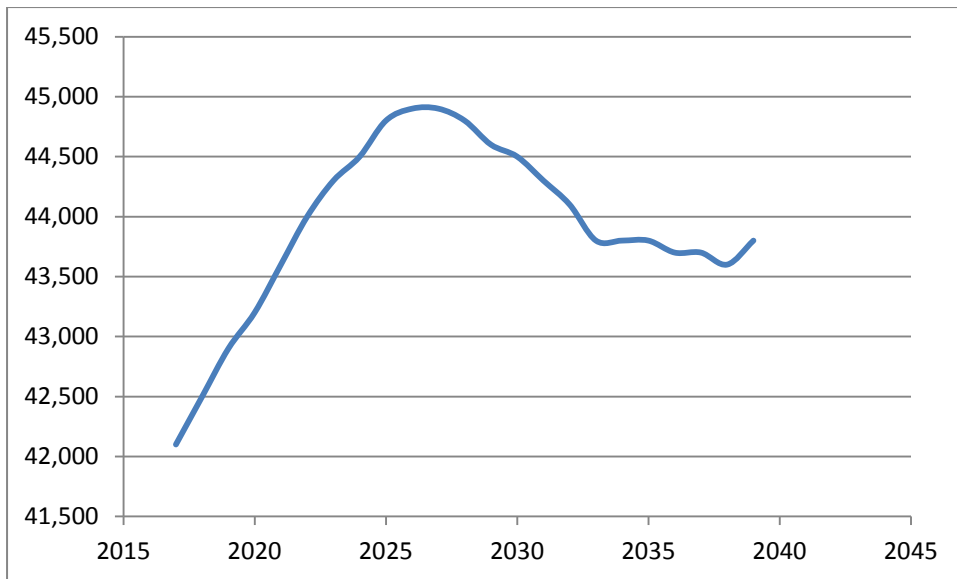
Source: ONS mid-2015 estimates

As can be seen, the percentage of 0-19 year olds in Reading’s population is very similar to that of the other Berkshire authorities, with the exception of Slough.

2.2 Population projections

The Office of National Statistics (ONS) produces Subnational Population Projections (SNPPs) which aim to support local authorities in developing future service provision which take account of increasing and/or changing demand. SNPPs are demographic, trend-based projections indicating the likely size and age structure of the future population. They are based on levels of births, deaths and migration observed over a 5-year reference period leading up to the base year. Figure 4 shows the population projections for 0-19 year olds in Reading from 2017-2039. Population growth is forecast for this cohort, reaching a peak in 2026 before levelling off and fluctuating at a lower rate from 2032 onwards.

Figure 4: 0-19 population projections 2017-2039



Source: Office of National Statistics

At its peak in 2025, the 0-19 population is projected to be 7.6% higher than at 2016, and by 2032 to be 5.7% higher than at 2016.

2.3 Ethnicity Profile 0-19 years

Understanding the ethnic profile of the 0-19 year old population in the borough supports service development and the commissioning of services that need to respond to the growing diversity and complexity of the local population.

Information from Reading's Joint Strategic Needs Assessment (JSNA) tells us that in 2011 the largest proportion of the population (66.9%) identified themselves as 'White British'. This proportion had decreased from 86.8% in the previous census and was considerably lower than the national figure of 80.9%, suggesting greater diversity in Reading in recent years and in comparison with other local authority areas.²

Changes to Reading's population have been largely driven by international migration. In the 2011 Census, the largest numbers of residents born outside of the UK were born in India, Poland and Pakistan, and these populations are clearly reflected in the ethnicity profile of the population described in Table 2 below.

Table 2: Ethnic profile of Reading

Ethnic Group	Reading 2001	Reading 2011	England 2011
White British	86.8%	66.9%	80.9%
Other White	4.2%	7.9%	4.6%
Mixed	2.4%	3.9%	2.2%
Indian	1.7%	4.2%	2.6%
Pakistani	2.7%	4.5%	2.1%
Other Asian	0.8%	3.9%	2.3%

² JSNA 2016-19

Black Caribbean	2.2%	2.1%	1.1%
Black African	1.6%	4.9%	1.8%
Black Other	0.4%	0.7%	0.5%
Chinese	0.7%	1.0%	0.7%
Other ethnic group	0.7%	0.9%	1.0%

Sources: ONS, 2001 Census KS06, SASPAC Version 6, 2011 Table KS201EW

Data from the 2011 Census enables analysis of data by age and ethnicity. Reading's younger population is more diverse than the older population. Table 3 below indicates that there is a higher proportion of residents aged 0-19 years from BME communities compared to residents classified as 'white' than in the general Reading population, and the largest proportion of residents classified as 'mixed ethnic group' is also aged between 0-19 years.

Table 3: Ethnic profile of 0-19 population in Reading

Ethnic Group	Number of 0-19 year olds	Percentage of 0-19 year olds
White British	22,519	53.8%
Other White	2,337	5.6%
Mixed	7,184	17.1%
Indian	1,634	3.9%
Pakistani	2,604	6.2%
Other Asian	1,753	4.2%
Black Caribbean	612	1.5%
Black African	2,029	4.8%
Black Other	465	1.1%
Chinese	344	0.8%
Other ethnic group	381	0.9%

Source: ONS, Census 2011

While 46.2% of the 0-19 population belongs to an ethnic group other than White British, this percentage increases to 50.6% for the school population, compared to 25% in England overall.

2.4 Immigration

International migration is a key driver of population growth in Reading, and the number of people coming to live in Reading is considerably higher than in neighbouring boroughs. Consequently, Reading has a higher proportion of residents born outside of the UK than the South East and the UK as a whole.

The JSNA tells us that a range of ONS indicators consistently point to considerably higher rates of net international migration, and people born outside of the UK who are resident in Reading than across the South East and the UK. Figure 5 demonstrates that these are established trends, with the estimated rate of non-British nationals in the population significantly higher in Reading than elsewhere in the South East since at least 2010. Both peaked in 2011 but, following a slight decrease in 2012 and 2013, increased again in 2014.

Figure 5: Estimates of Non-British Nationals per 1,000 Resident Population



Source: Office of National Statistics, Migration Indicators Tool (August 2015)

An estimated 40,000 people living in Reading in 2014 were born outside of the UK, representing 25.3% of the total population³. Table 4 below shows the number of individuals born in the EU, the rest of Europe and outside of Europe and as a percentage of the total population.

Table 4 - Reading Population by Place of Birth

Place of Birth	Number in Reading Population (Census 2011)	% of Reading Population (Census 2011)
UK	177,078	75.2%
Other EU	11,696	7.5%
Other Europe	1,274	0.8%
Other	25,650	16.5%

Source: RBC Census 2011 detailed factsheet, JSNA

Local authority level data for Reading suggests that recent population increases have been driven by international migration (49.5%) and natural change (50.5%). Net international migration into Reading in the year to mid-2014 (the latest published data) was 1,583. These additional people accounted for 0.98% of the total population in mid-2014. This compares to 0.38% in the South East and 0.4% in the UK.⁴

Net internal migration for the South East indicates that almost 20,000 additional people were living in areas of the South East in 2014, after moving from other areas of the UK, accounting for almost a quarter of the annual increase in total South East population. In the same period, Reading saw a net decrease in internal migration of 1,493 people, indicating that more people left Reading for other parts of the UK than came to Reading. However, Reading has seen an increase in the number of children in the population,

³ JSNA

⁴ ONS 2015

suggesting that those considering their children's social and environmental conditions may remain within the Borough.⁵

2.5 Deprivation and Poverty

For more information, see the Poverty Strategy and needs analysis here:

<http://www.reading.gov.uk/tacklingpoverty>

There is a substantial body of evidence of a strong association between family poverty and the likelihood of a child experiencing abuse or neglect. L.H. Pelton recently concluded in his review of more than 30 years of studies, 'There is overwhelming evidence that poverty and low income are strongly related to child abuse and neglect as well as to the severity of maltreatment.'⁶

The Child Poverty Act 2010 says 'A child is taken to be living in poverty if the child experiences socio-economic disadvantage'. By 'socio-economic disadvantage' the government means 'lacking parental resources and/or opportunities to participate in meaningful activities, services and relationships'. Child poverty can be summarised as a child living in a household that has less than 60% of the national median income.⁷

Reading has the second highest percentage of children from low income families in Berkshire, based on the number of children in families receiving working tax credit or child tax credit. However, at 17.8% this is slightly below the national average. This figure has remained relatively stable since 2012, ranging between 18.8% and 17.8% during this period.

Table 5: Numbers and Ages of Children in Low Income Families

Area	Children in families in receipt of WTC or CTC (<60% median income) or IS/JSA				% of Children in low-income families
	Age of child				
	0 - 4	5 - 10	11 - 15	16 - 19	All Children
England	689,470	680,415	484,125	243,000	18.0%
Slough	2,265	2,435	1,630	795	18.1%
Reading	2,200	2,075	1,375	585	17.8%
Bracknell Forest	885	910	565	235	10.0%
West Berkshire	1,095	1,010	720	365	9.2%
Windsor and Maidenhead	800	815	655	290	8.3%
Wokingham	660	690	495	250	5.9%

Source: Department for Work and Pensions, May 2015

The number of children in each age group shown Table 5 above is broadly in line with the proportion of children in each age group in the 0-19 population overall so, as we may expect, the highest number of children in families in receipt of these tax credits is in the 0-4 age group, as there are more children in this age group in Reading.

⁵ JSNA

⁶

https://www.researchgate.net/publication/265174382_The_continuing_role_of_material_factors_in_child_maltreatment_and_placement

⁷ Child Poverty Act 2010: a short guide, 2014

The Pupil Premium is the additional targeted funding for publicly funded schools in England to raise the attainment of disadvantaged pupils, closing the gap between them and their peers. Allocation of the Pupil Premium is also used as a proxy to indicate the number of children living in poverty in local authority areas and in schools. 28.4% of Reading pupils are eligible for the Pupil Premium, compared to 22.6% in the South-East and 29.5% for England.⁸

The data that we have on children living in poverty suggests that more children in Reading are at potential risk of abuse or neglect due to their socio-economic status than in many other areas of the South East and, due to the strong link between poverty and the risk of abuse or neglect, that we may experience higher numbers of children becoming looked after as a result.

Section 3 - Looked After Children Profile

The term 'Looked After Children' (LAC) is generally used to mean those looked after by the state and these children will not be living at home.

3.1 Number of Looked After Children

There were 220 looked after children in Reading at 31 March 2016. The number of LAC decreased between 2012 and 2015 and increased again in 2016. In April 2016 this number was still 6.4% lower than in 2012, showing an overall decrease in the last four years. It should, however, be noted that since April 2016 there has been a significant increase in the number of LAC in Reading, increasing to 263. It is unclear at this point whether this increase is replicated in other areas.

Table 6 - Numbers of LAC in Reading 2012-2016

LAC numbers in Reading at year end	2012	2013	2014	2015	2016	31 October 2016
Number of LAC at 31 March	235	225	205	205	220	263
Rate per 10,000 0-17 population	71	66	59	58	60	72*
Year on year change	+2.8%	-2.1%	-4.4%	0%	+4.8%	+19.5%

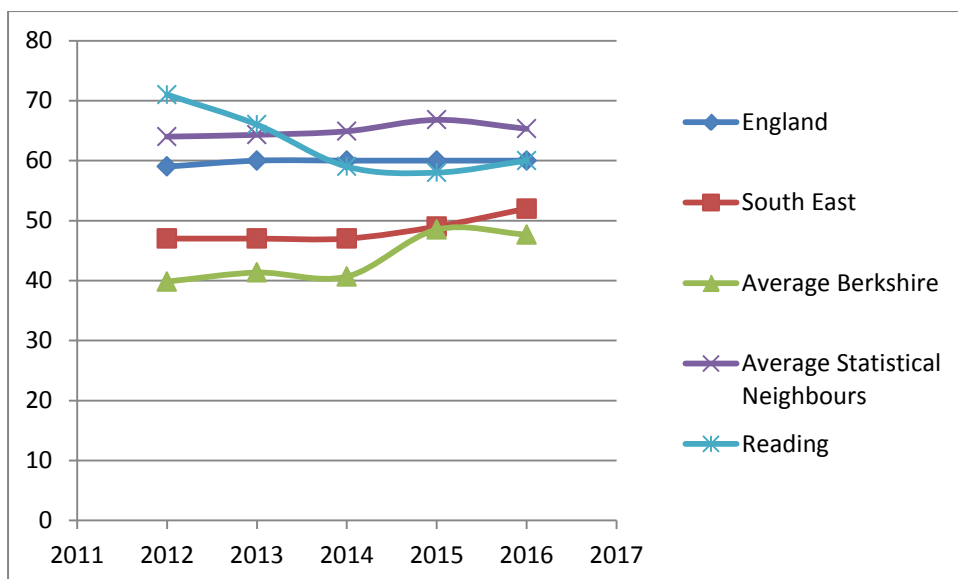
Source: Department for Education SFR41/2016, Table LAA1

*Population figure updated at November 2016 to calculate correct rate of LAC. Figure used is 36,400.

The rate of LAC in Reading per 10,000 young people under the age of 18 was 60 at March 2016, which is the same as the national average rate and lower than that of our statistical neighbours at 65. It is higher than the South East and Berkshire's average, but since 2013 has been lower than the average of our statistical neighbours. There is no mid-year data to compare Reading's current rate of LAC with other areas.

Figure 6 - Rate of LAC per 10,000 aged under 18 years (2012-2016)

⁸ JSNA



Source: Department for Education 2016, Table LAA1

The numbers above are snapshots at the end of March year by year. Reading has been less consistent in its rate of LAC than our statistical neighbours and the trend over the past few years is distinctly different from any of the comparator groups above.

Table 7 below indicates that there are higher numbers in total of children who are looked after during each year.

Table 7 - Total Number of Children Looked After By Year in Reading

	2012	2013	2014	2015	2016
Total number of children looked after (excluding children looked after in series of short term placements only)	335	320	290	290	335
Number of children looked after in series of short term placements only*	10	5	X	X	0
Total	345	325	290	290	335

Source: Department for Education statistics 2016, Table LAB1

*Not all local data is available to protect confidentiality

Since March 2016 we have seen around a 19.5% increase in the number of children becoming looked after. In addition there has been an increase in the number of unaccompanied asylum seeking children and we expect to see an increase in the LAC population due to the national dispersal scheme in the coming months. The increase is due to higher numbers of care proceedings having to be initiated for younger children, an increase in UASC, and older children who are at significant risk due to child sexual exploitation.⁹

⁹ RBC Performance Team analysis, July 2016

3.2 Unaccompanied Asylum Seeking Children (UASC)

UASC are children under the age of 18 who are seeking safety from countries where the state has caused them harm or has been unable to protect them. Table 8 below gives an indication of the numbers of UASC in Reading, Berkshire local authorities and our statistical neighbours, however it should be noted that the data is not available for all authorities in all years for data protection reasons so this information can be seen as a general indication only. It is relevant to note that almost all regions in England have seen a sharp rise in the number of UASC in 2016 compared to 2015. The overall number of UASC in England increased by 53.6% between March 2015 and March 2016 and the highest concentration of UASC is in the South East and London.

One of our statistical neighbours (Hillingdon) has an exceptionally high number of UASC compared to all of the others in this comparator group, which increases the average number significantly. For this reason Table 8 below shows the average for our statistical neighbours both including and excluding Hillingdon.

Table 8 - Numbers of UASC

UASC Numbers	2012	2013	2014	2015	2016
Reading	5	5	X	X	5*
Average Berkshire	9	8	5	10	8
Average Statistical Neighbours	22	19	21	23	33
Statistical neighbours excluding Hillingdon	11	6	9	14	24
England	2230	1950	2050	2740	4210
South East	430	410	450	680	1350
London	920	880	970	1230	1440
South West	60	60	40	40	80
East of England	190	150	190	290	450
West Midlands	270	190	130	170	370
East Midlands	160	120	140	190	280
Yorkshire & The Humber	90	60	50	70	110
North West	90	60	50	60	100
North East	20	20	20	10	20

Source: Department for Education statistics, Table LAA4

*Internal data for October 2016 indicates that there are 9 UASC in Reading, which is in line with the trend across the nation.

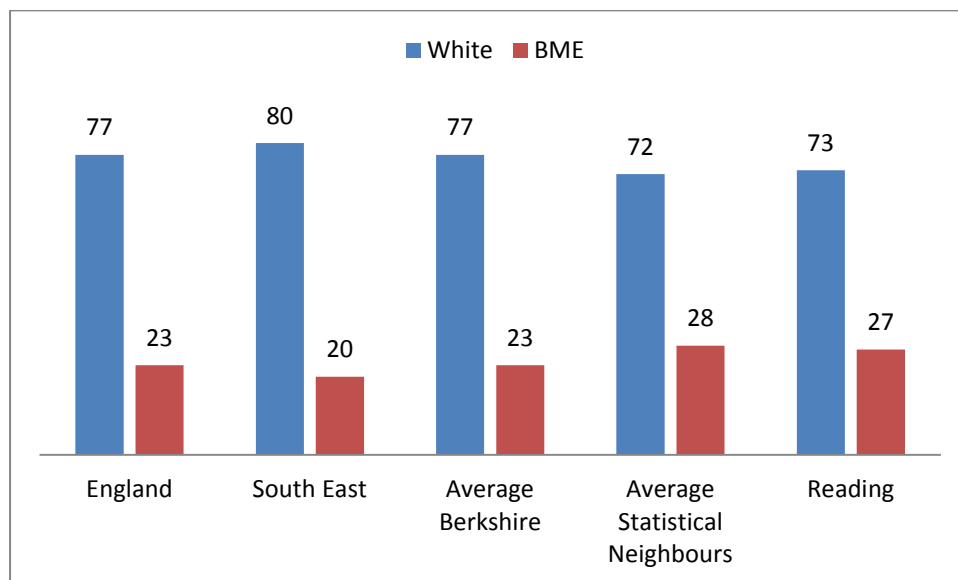
In Reading UASC make up 2% of the LAC population while in England they make up 6%. Reading seems to have a low number of UASC compared to other Berkshire areas and in particular compared to our statistical neighbours (although one area has extremely high levels which has brought the average up) and, contrary to the national and regional trends, Reading's numbers seem to have remained stable. However this information must be viewed with caution due to the unavailability of some local data, and the national and regional trend should be noted.

3.3 Ethnicity of LAC in Reading

Reading has a slightly higher proportion of LAC who identify as being BME compared to the Berkshire average, the South East and England, but a very similar percentage compared to our statistical neighbours (Figure 7). The percentage of BME LAC is not representative of the diversity of Reading's community. Reading's BME population is significantly greater than England's average so demographically these figures could be under-representative

locally as BME communities do not always present to children's services. It is possible that this shows an unmet need in terms of young people from BME communities who actually should be looked after locally.¹⁰

Figure 7 - Percentage of LAC who identify as White British and BME

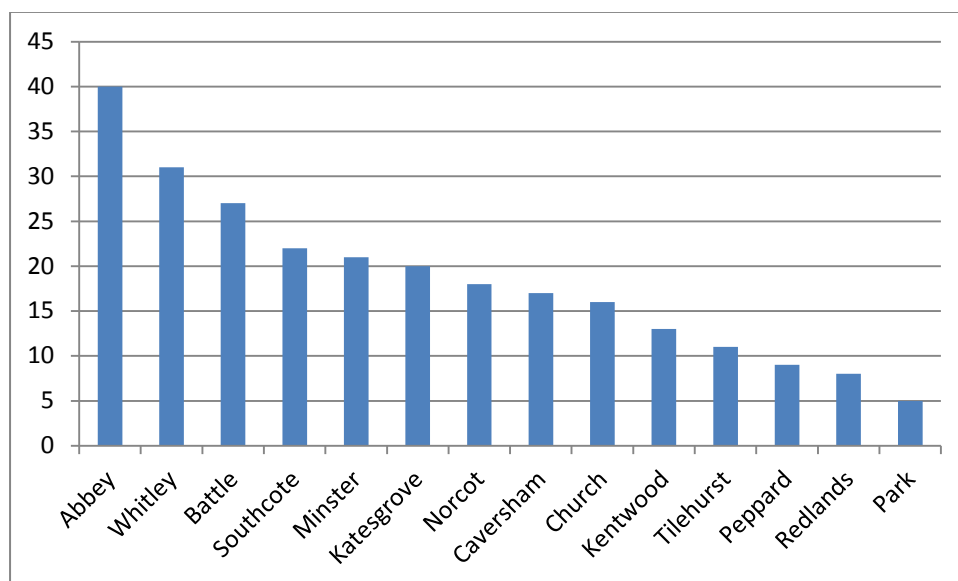


Source: Department for Education, SFR34/2015, Table LAA8

3.4 LAC by Ward

Analysis of looked after children's 'pre-LAC' addresses tells us that the highest number of Reading's LAC come from Abbey, Whitley and Battle wards, while the lowest number come from Park, Redlands and Peppard wards.

Figure 8 - Number of LAC by Ward



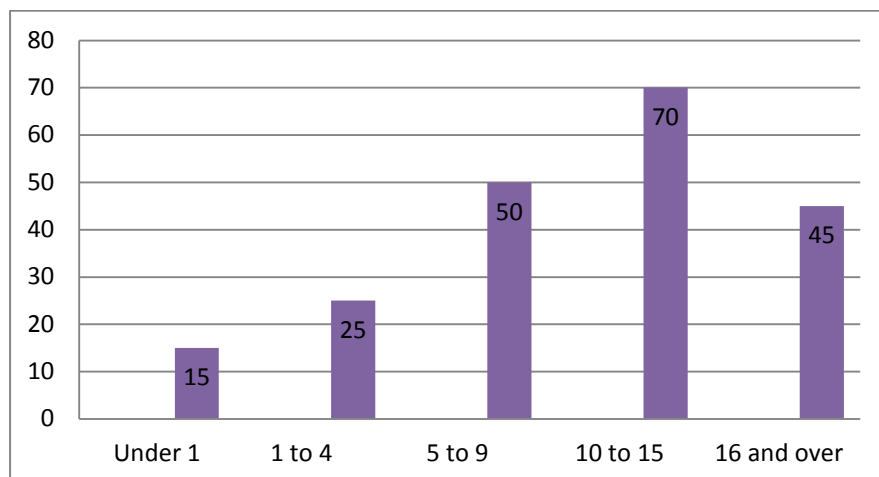
Source: Reading Borough Council Performance Team, October 2016

¹⁰ JSNA

3.5 LAC Age Profile

The age profile of children who are looked after at 31 March 2015 has been relatively stable since 2012. The largest age group is 10 to 15 year olds, which made up 34% of looked after children at 31 March 2015. There has been an increase in the percentage of those aged 16 and over, from 13% in 2012, to 22% in 2015. This is likely to be due to greater awareness of the Southwark Judgement which is a piece of case law, made by the Law Lords in 2009, which obliges children's services to provide accommodation and support to homeless 16 and 17 year olds.

Figure 9 - Number of LAC by Age Group



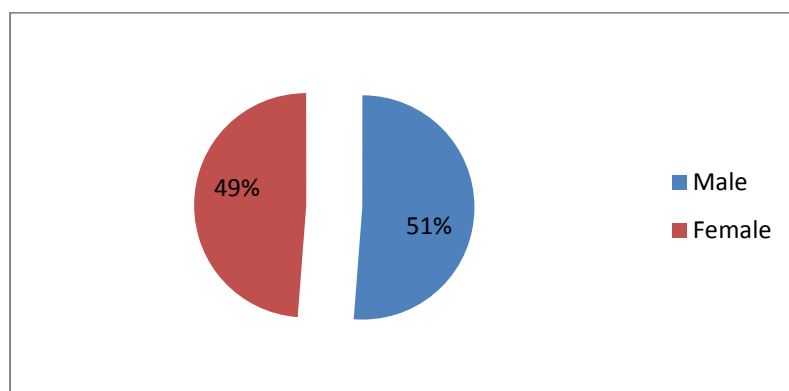
Source: Department for Education, SFR34/2015, Table LAA5

These trends differ from the age breakdown of the overall 0-19 population in Reading, where the highest number of children is aged 0-4 years and the lowest number is aged 10-15 years.

3.6 LAC Gender Profile

There is a fairly even split of male and female LAC in Reading, with 105 males (51%) and 100 females (49%) at 31 March 2015, and the same proportion at October 2016 (unpublished data). This is generally consistent with all other areas in England, although there is a slightly higher percentage of female LAC in Reading than in other areas. Across England, 56% of LAC are male and 44% are female¹¹.

Figure 10 - LAC by Gender (October 2016)



¹¹ Department for Education, SFR34/2015, Table LAA5

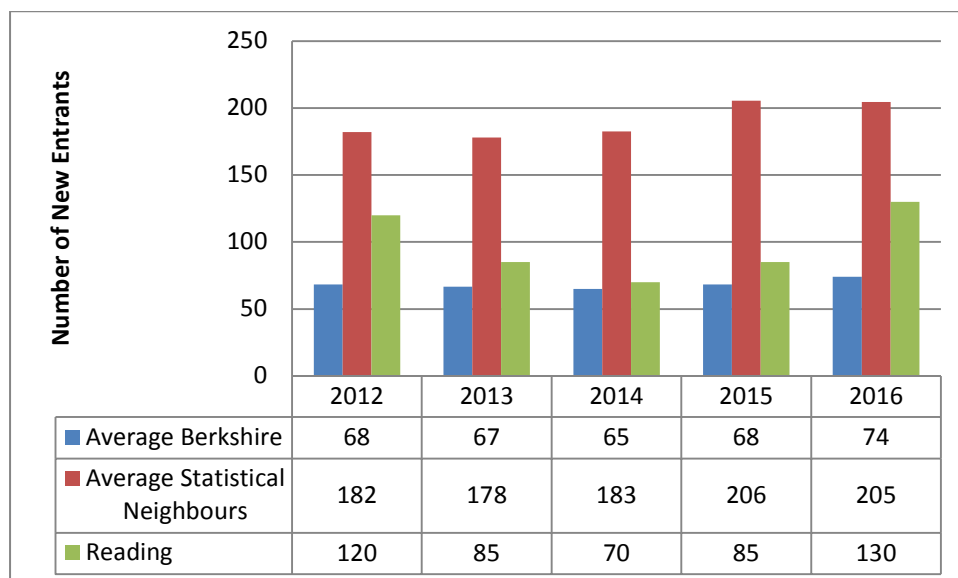
Source: Reading Borough Council Commissioning, October 2016

Since 2012 the proportion of male/female LAC in England has remained very consistent at 55% male and 45% female. Over the same period, Reading's proportions have fluctuated a little, the highest proportion of males being 58% in 2013 and the lowest being 51% in 2015. The proportion of male LAC has always been higher than the proportion of female LAC over this period but in general there has been a slightly higher proportion of female LAC than the England average.

3.7 Entrants into Care

Figure 11 below shows the number of LAC entrants per year between 2012 and 2016. It compares Reading to the Berkshire average and the average of our statistical neighbours. Reading's numbers are higher than the Berkshire average, however significantly lower than the average of our statistical neighbours. Reading's numbers dropped between 2012 and 2014 and have increased every year since then, while Berkshire's average has remained relatively stable (though has been slightly on the rise since 2014). The average of our statistical neighbours has generally risen, except for very small decreases in 2013 (4) and 2016 (1).

Figure 11 - LAC Entrants 2012-2016

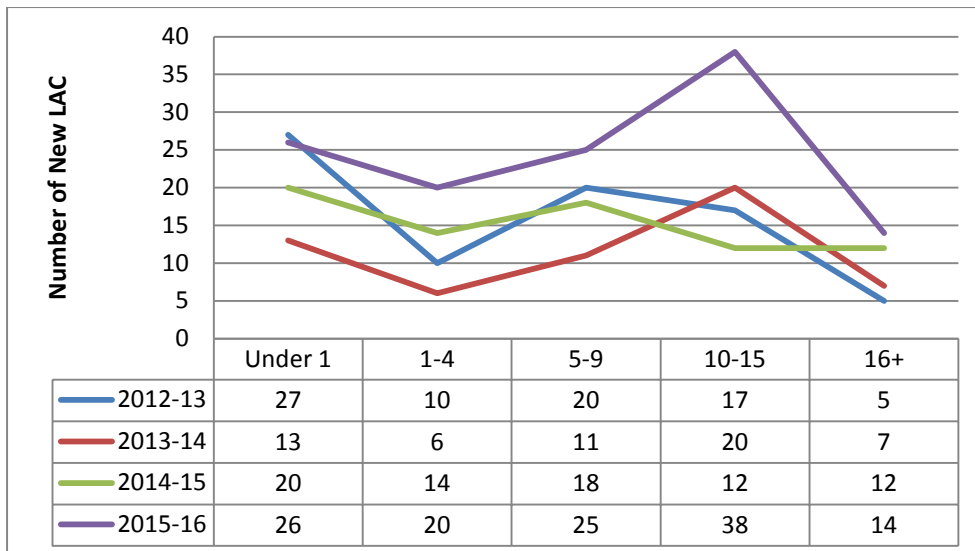


Source: Department for Education 2016, Table LAC1

3% who were looked after between October 2015 and October 2016 had been looked after previously and returned to care.¹²

Figure 12: LAC Entrants by Age 2012-2016

¹² Performance Team, October 2016



Source: Reading Borough Council Performance Team

There has been an increase in numbers for each age category in 2016 (with the exception of a very small decrease in under 1s (1) compared to 2012). The number of under 1s is often higher as this age range is removed from the home whilst the social worker is carrying out the assessment as they are usually too vulnerable to remain. The highest numbers of new LAC in general, however, is in the 10-15 age bracket, which is consistent with the high numbers of LAC overall in this age group. Greater awareness of the Southwark Judgement is likely to underpin the comparatively large number of 16+ young people entering care in 2016 since 2012.

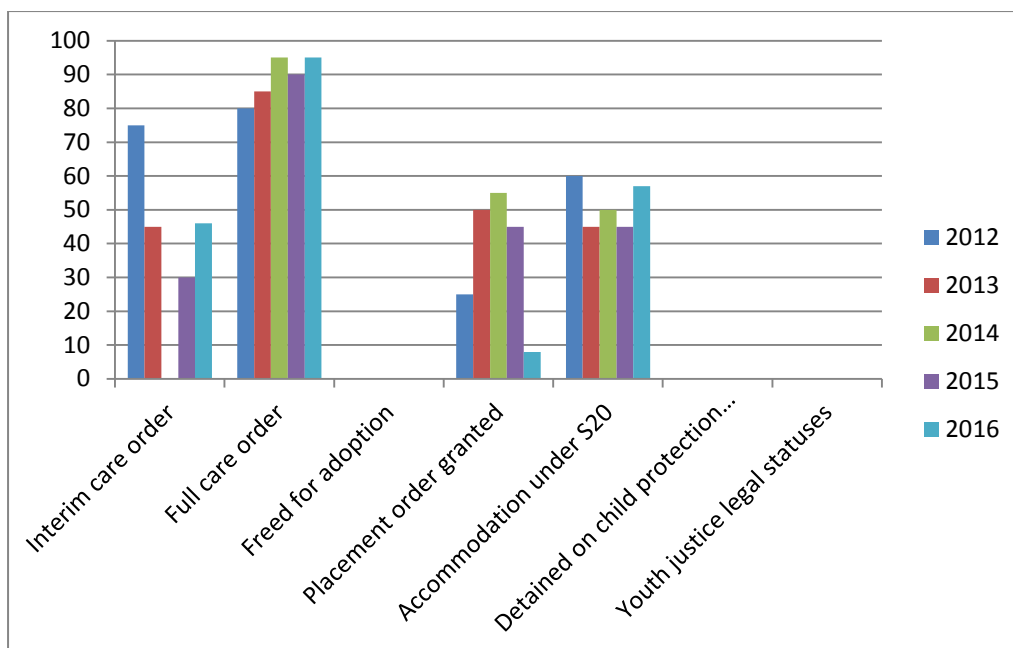
3.8 Legal status

A Care Order is an order made under Section 31 of the Children Act 1989 which grants parental responsibility to the Local Authority, who thereafter shares parental responsibility with the natural parent. A Care Order lasts until a child is 18 and a Placement Order discharges a Care Order. All children who are the subject of a Care Order come within the definition of being looked after and must have a Care Plan.

A Placement Order removes parental responsibility from the birth parents and gives it entirely to the Local Authority. The Local Authority can place a child with prospective adopters, but only where the child is the subject of a Care Order or where the threshold criteria for a Care Order apply. A Placement Order continues until revoked or replaced by an Adoption Order. An Adoption Order transfers all parental rights and responsibilities to the adopters.

Section 20 is the section of the Children Act 1989 which states that a local authority must provide accommodation for a child or young person if they have no one who has parental responsibility for them or if the person with parental responsibility is unable to provide suitable accommodation. The local authority may also provide accommodation for a child or young person under section 20 if they believe that doing so will safeguard the child or promote their welfare.

Figure 13 - Legal Status of Looked After Children 2012-2016



Source: Department for Education, Tables LAA2 2011-12, 2012-13, 2013-14, 2014-15, RBC Commissioning 2016

It should be noted that some data has not been published in order to protect confidentiality, however these numbers will be very small. It should also be noted that the data for 2016 has not yet been published and is from internal Reading Borough Council records at October 2016.

The number of looked after children on a full care order is consistently the highest legal category with those being freed for adoption being consistently the lowest. The number of children on an interim care order has reduced since 2012, although has fluctuated in between (this data is not available for 2014).

Children's legal status at October 2016 can be further broken down into age groups.

Table 9 - Looked After Children's Legal Status October 2016 by Age Group

Age	Interim care Order	Full Care Order	Freed for Adoption	Placement Order Granted	Accommodated under S20	Detained on CP grounds in LA accommodation	Youth Justice Legal Statuses
Under 1	11	0	0	0	2	0	0
1-4	17	3	0	5	5	0	0
5-9	9	20	0	9	4	0	0
10-15	15	55	0	2	23	0	0
16+	1	24	0	0	23	0	0
Total	53	102	0	16	57	0	0
Total %	23%	45%	0%	7%	25%	0%	0%

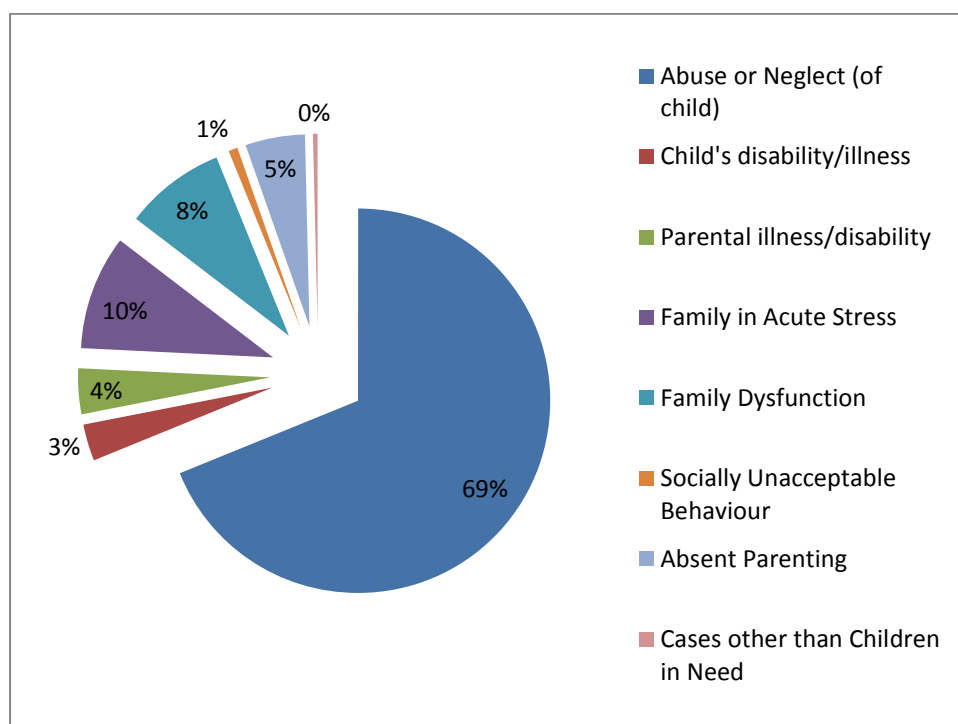
Source: Reading Borough Council Commissioning, October 2016

The highest number of full care orders is for 10-15 year olds, and this legal status also applies to 45% of LAC. Children accommodated under Section 20 are mostly between the age of 10 and 18. UASC are also accommodated under Section 20 and there are 9 in total at October 2016, all between the ages of 13 and 16. This legal status applies to 25% of LAC.

3.9 Reasons for Children Becoming Looked After

At October 2016, 69% of LAC in Reading were being provided with a service due to being abused or suffering neglect (see Figure 15 below). 10% were looked after due to their family being in acute stress and 8% due to family dysfunction.

Figure 14 - LAC by Category of Need, October 2016



Source: Mosaic

Abuse or neglect is consistently the most likely reason for a child in Reading to become looked after, which is also the case for England. The percentage of LAC in care due to abuse or neglect in Reading is consistently higher than England's average, however the percentage in care due to family dysfunction is consistently lower. Local data is not available for all categories of need, however the three categories in which the largest numbers of LAC fall are presented in Table 10 below. These figures represent the percentage of new LAC in these categories for each year.

Table 10 - Percentage of LAC by Category of Need for Reading and England, 2012-2015

Category of Need	2012		2013		2014		2015	
	Reading	England	Reading	England	Reading	England	Reading	England
Abuse or Neglect	69%	56%	65%	56%	67%	55%	74%	56%
Family	9%	18%	14%	18%	13%	19%	X	17%

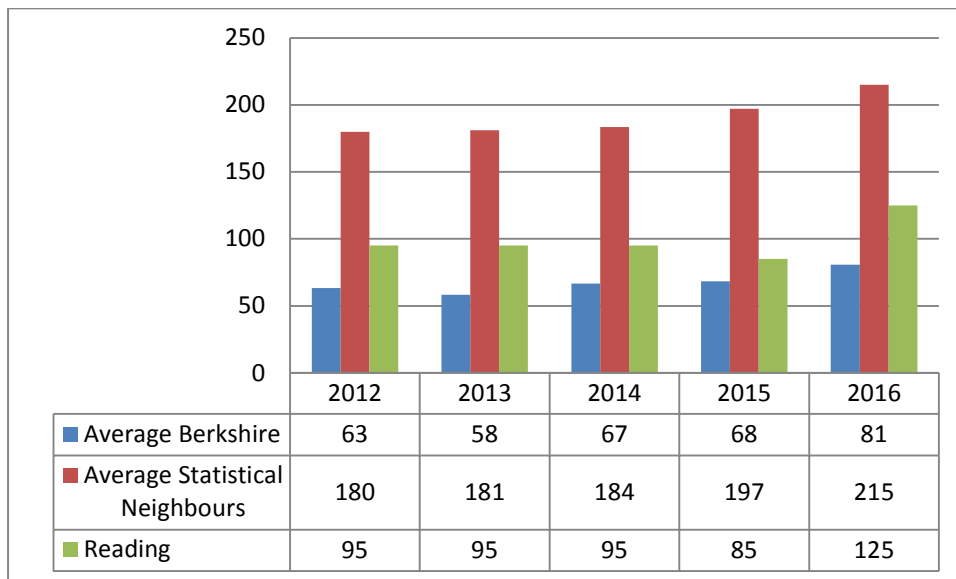
Dysfunction								
Family in Acute Stress	5%	10%	7%	10%	X	10%	10%	9%

Source: Department for Education, Tables LAC4 2012-2015

3.10 Children Ceasing to be Looked After

125 children ceased to be looked after during the financial year 2015-16, a significant increase on the previous year during which 85 children ceased to be looked after. However this is in line with the increase in children becoming looked after.

Figure 15 - Number of children who ceased to be looked after 2012-2016

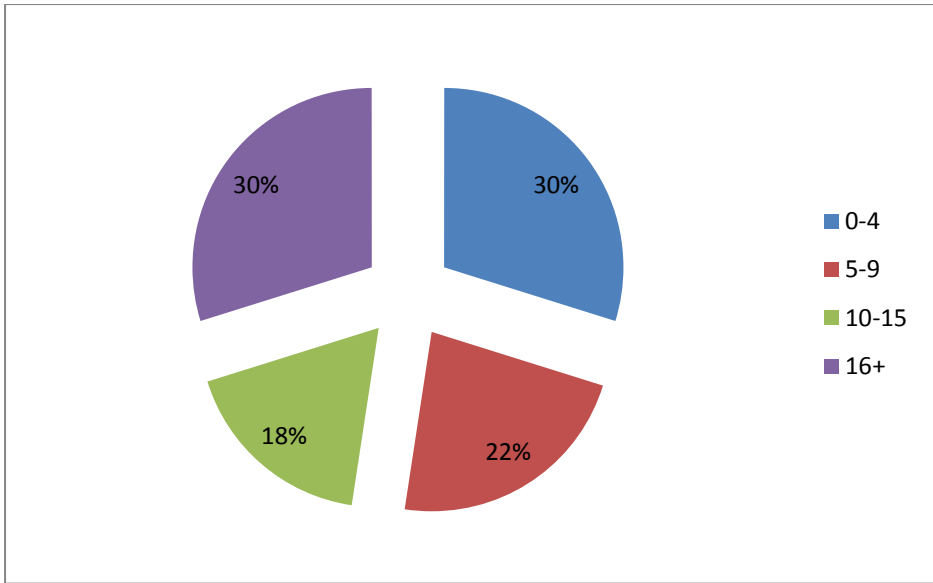


Source: Department for Education SFR41/2016, Table LAE1

On average, our statistical neighbours have greater numbers of LAC ceasing to be looked after, however they also have higher numbers of new LAC entrants (see Figure 11) so this is to be expected.

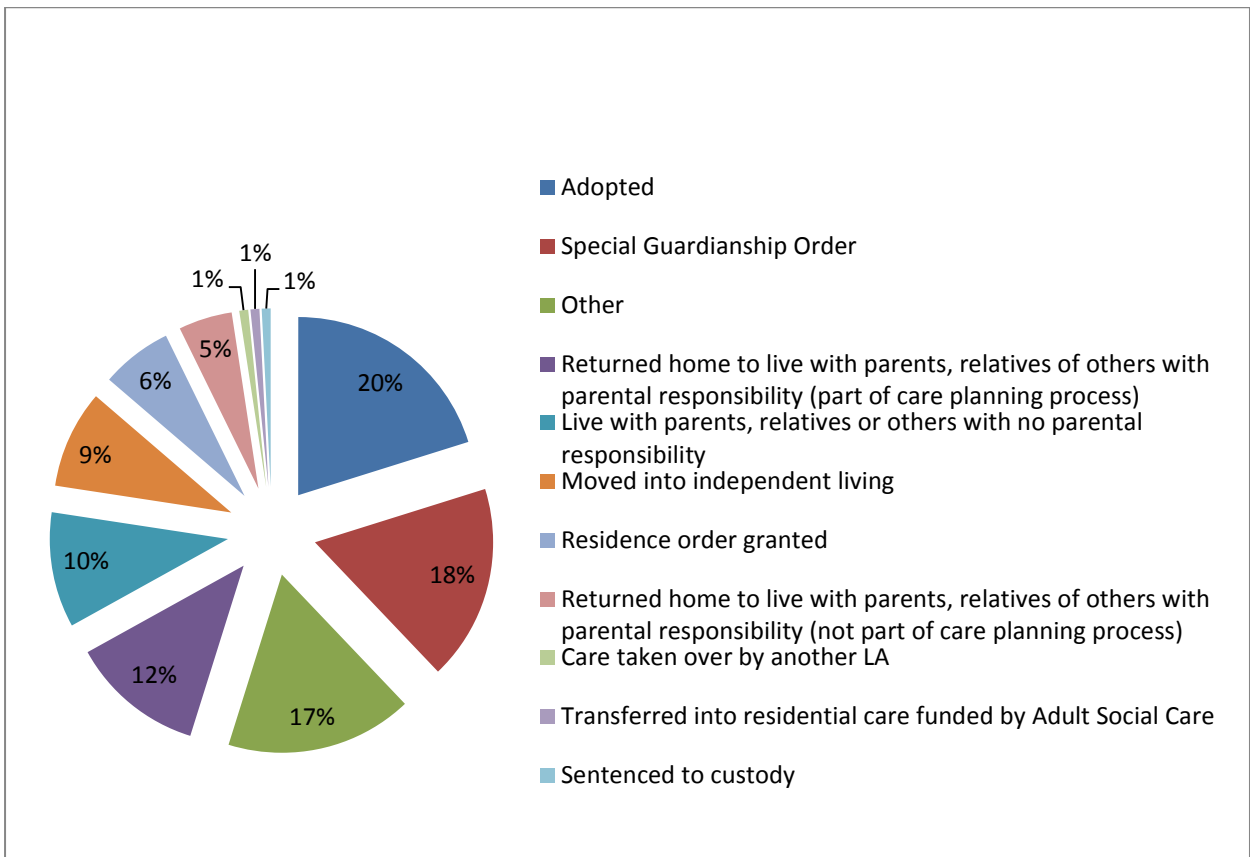
Of those leaving care in Reading, 30% were aged 0-4 and 30% were aged 16 or over (Figure 16).

Figure 16 - Children ceasing to be looked after by age group, 2015-16



Source: Reading Borough Council Performance Team, 2016

Figure 17 - Reasons for exiting care April 2015-March 2016

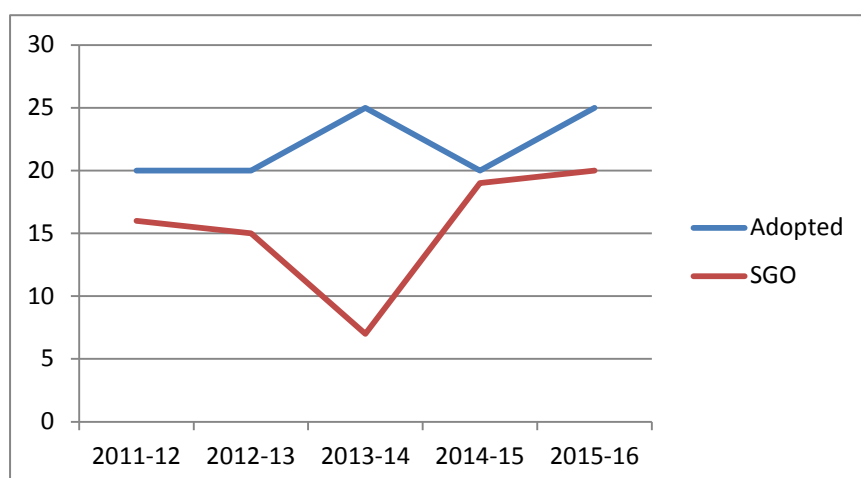


Source: Reading Borough Council Performance Team, 2016

Figure 17 above indicates that most children left care to live in a family environment. There is a relatively high percentage recorded as 'other' so without specific analysis of these individual records we do not know why they left care or where they went.

3.11 Adoption and Special Guardianship Orders

Figure 18 - Rate of Adoption and Special Guardianship Orders in Reading 2012-2016



Source: Department for Education, SFR41/2016, Table LAE1; Reading Borough Council Performance Team, 2016

The number of children being adopted has remained fairly stable over the last four years, remaining between 20 and 25 per year. The percentage has ranged between 19% and 27% over this period, which is better than the Berkshire average and the average of our statistical neighbours, which ranges between 12% and 19% over this time period. The number of special guardianship orders dipped during 2013-14, however this coincided with a rise in adoption orders. In 2015-16, 38% of children ceasing to be looked after left either to be adopted or with a special guardianship order.

3.12 Looked After Children with Disabilities

11% of LAC in Reading are recorded as having a disability. This includes children and young people who are looked after as a result of their disability.

Table 11 - Number of LAC with a recorded disability

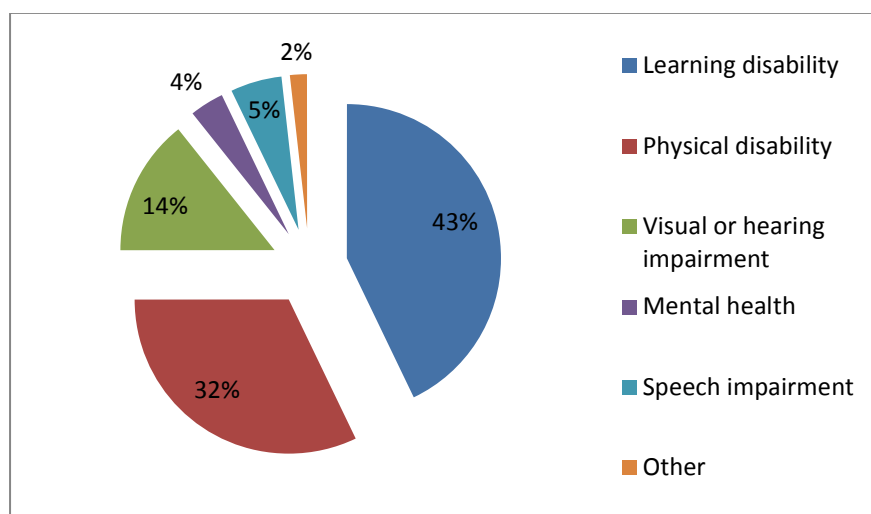
Age group	Disability	No disability	Total	Percentage with disability
Under 1	0	13	13	0%
1 - 4	3	27	30	10%
5 - 9	5	37	42	12%
10 - 15	11	84	95	12%
16 and over	5	43	48	10%
Total	24	204	228	11%

Source: Reading Borough Council Commissioning, October 2016

There are more male looked after children with a disability than female. 15 (63%) are male and 9 (37%) are female. 14% of all male LAC and 8% of all female LAC have a disability. The percentage of LAC with a disability is fairly consistent across all age groups with the exception of those under the age of 1 (when it is less likely that a disability will have been identified). Therefore as the highest number of LAC fall into the 10-15 years age group, this is also the case for children with a disability. 15 (63%) are white and 9 (37%) are from a BME background, the majority of which (7 (78%)) are from a mixed background.

The following chart shows the breakdown of the type of disability for these children and young people where this has been recorded. The highest proportion of LAC with a recorded disability had a learning disability (43%) followed by physical disability (32%).

Figure 19 - Types of disabilities in LAC

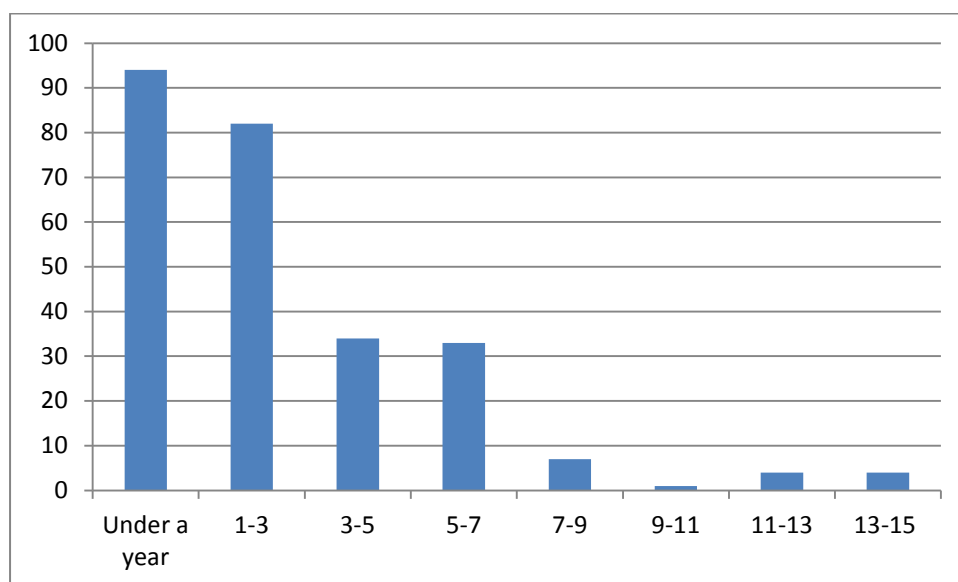


Source: Mosaic

3.13 Length of Time Spent in Care

Figure 20 below shows how long Reading’s LAC had been in care at October 2016. 68% of LAC at October 2016 had spent less than 3 years in care with 36% leaving care within a year. 6% spend more than 7 years in care.

Figure 20 - Length of time spent in care



Source: Reading Borough Council Performance Team, October 2016

3.14 Placement Stability

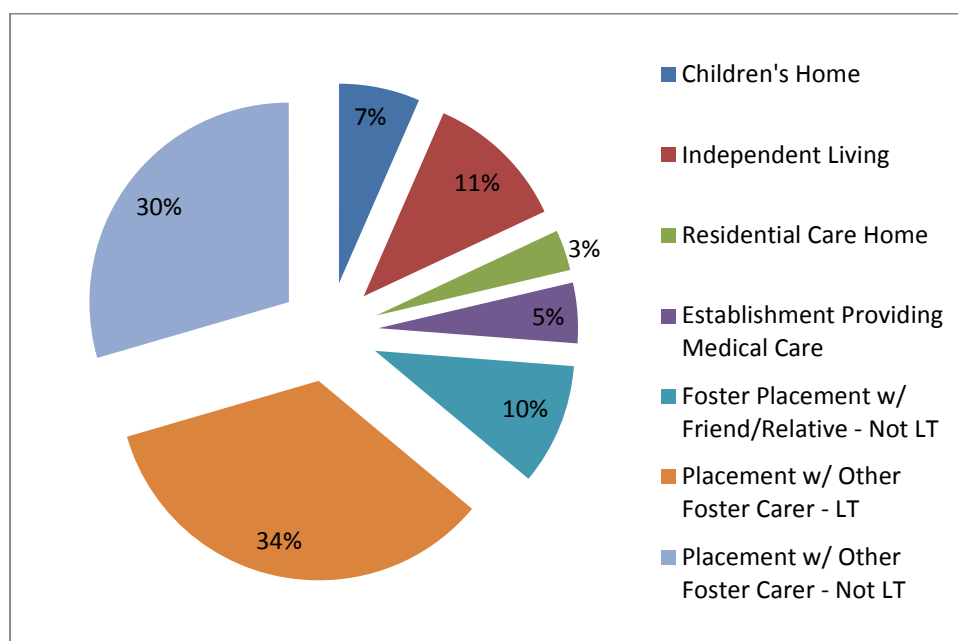
The stability of placements is measured across two indicators. The first of these indicators is the percentage of looked after children who have had 3 or more placements in one year. At October 2016, 10% of LAC in Reading had experienced 3 or more placements in 2015/16. This is good when compared nationally.

The second indicator of placement stability is the percentage of children in care who have been in care for 2.5 years or more who have been in the same placement for 2 or more years. At October 2016, 69% of LAC in Reading had experienced this level of stability with their placement¹³. Nationally, 68% of children experienced only one placement during 2015-16. While this is not a direct comparison to this indicator of placement stability, it does suggest that Reading is likely to be performing close to the national average in this area.

3.15 Looked After Children Aged 16 and over

21% (49) of LAC at March 2016 were aged 16 or over. Figure 22 below indicates the type of accommodation in which 16-18 year old LAC were living.

Figure 21 - LAC Aged 16-18 Accommodation



Source: Mosaic

As can be seen from the chart above, the majority (74%) of LAC aged 16 or over are in long-term or short-term foster placements.

3.16 Accommodation for Care Leavers Aged 18+

The council has a duty to ensure that all Looked After Children are found suitable accommodation when leaving care. Data shows that in 2015 79% of 19 year old and 83% of 21 year old care leavers were in suitable accommodation (see Table 12 below). There is no data available for Reading for 20 year old care leavers. The proportion of 19 year olds in suitable accommodation is below the national and regional averages, and also below the average of our statistical neighbours. The proportion of 21 year olds in suitable accommodation is higher than that of our comparators, however it should be noted that there was a relatively high proportion of 21 year old care leavers in England (38%) and the South East (20%) for whom there was no information so this could have affected the figures, as Reading had a very low percentage of care leavers with no information.

Table 12 - Percentage of Care Leavers in Suitable Accommodation 2015

	Age 19	Age 21

¹³ Mosaic

Reading	79%	83%
Statistical Neighbours	82%	76%
South East	81%	73%
England	83%	77%

Source: Department for Education SFR34/2015, Table LAF3

77% of 20 year olds and 48% of 21 year old care leavers in 2015 were in independent living¹⁴. Data has been withheld to protect confidentiality for all other accommodation types and no information is available for 19 year olds.

The information above is based on 19, 20 and 21 year old care leavers who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday.

3.17 Staying Put Arrangements for Care Leavers Aged 18+

At October 2016 there were 5 young people in Staying Put arrangements and another 5 who are likely to progress to Staying Put arrangements in 2017. The Children and Families Act 2014 stipulates that Local Authorities are required to make payments to ex-foster carers for Staying Put arrangements for young people up to the age of 21 years and up to the age of 25 years if they are in full time education.

If young people choose to Stay Put this will have implications for foster carer supply both in-house and with IFAs, increasing the number of foster carers that will be required. Although some of our young people will choose to move to independence earlier, there will also be additional young people becoming looked after between the ages of 14 and 18 who have not been included in current Staying Put projections.

Not all young people are offered a Staying Put arrangement from their foster carers. Some carers do not want to offer post-18 accommodation, preferring to continue to foster and for others, the financial requirements can be a barrier. There is a Staying Put policy and procedure in Reading.

3.18 Outcomes for Care Leavers

Overall, care leavers are less likely to be in education, employment or training than their peers. The NSPCC states that in 2014 34% of care leavers were not in education, employment or training (NEET) at age 19 compared to 15% of the general population.¹⁵

At October 2016, 59% of Reading's care leavers were in education, training or employment compared to 61% across England and 64% across our statistical neighbours. Care leavers in Reading are more likely to be NEET than elsewhere in England. However, 9% of Reading's care leavers were in higher education compared to 6% nationally and 7% across our statistical neighbours¹⁶.

3.19 Children in Need

A child in need (CiN) is defined under the Children Act 1989 as 'a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled'.

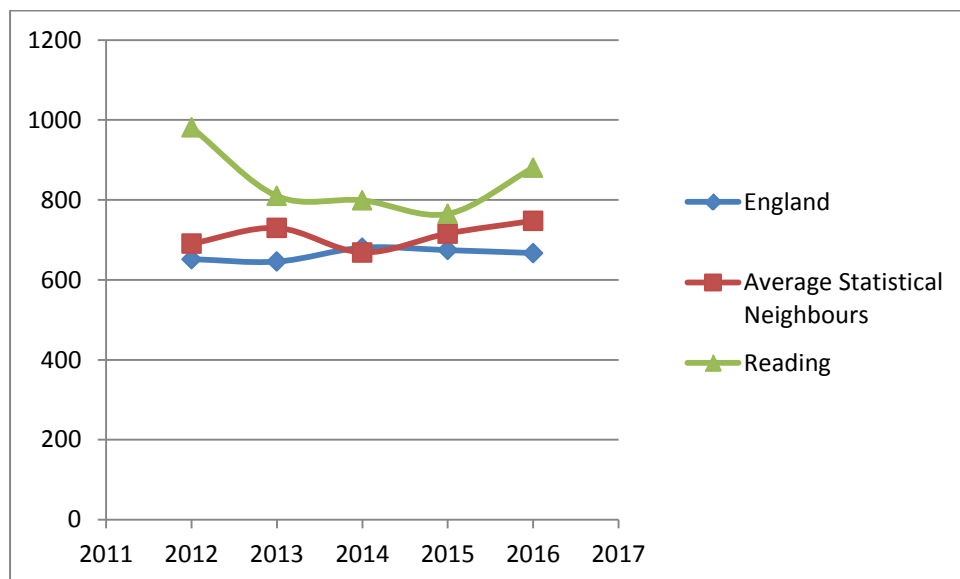
¹⁴ Department for Education, SFR34/2015, Tables LAF2b and LAF2c

¹⁵ <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/>

¹⁶ Mosaic LAC Summary, October 2016

The number of children in need who present to Social Services for child protection reasons can have an impact on the number of children who become looked after. Throughout 2015-16 the average rate of children in need per 10,000 children in Reading was 880.5. This is 32% higher than the national average of 674.4 and 17.6% higher than the average of our statistical neighbours.¹⁷ Figure 22 below indicates that Reading saw a sharp increase in the rate of CiN per 10,000 children between March 2015 and March 2016.

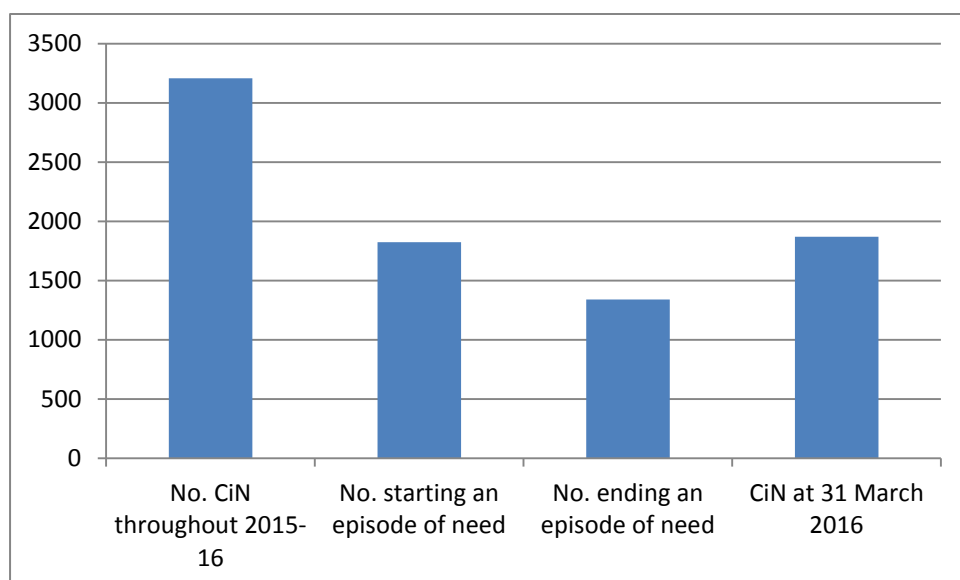
Figure 22 - Rate of Children in Need per 10,000 of population throughout years 2012-2015



Source: Department for Education 2012-2016, Table B1

Although Reading has a relatively high number of CiN, data tells us that in Reading we are effective at getting interventions to children and families to prevent them from going into mainstream child protection services. We are putting in place targeted support for a short period of time, i.e. open and close cases within a year.¹⁸

Figure 23 - Numbers of Children in Need - 2015-16



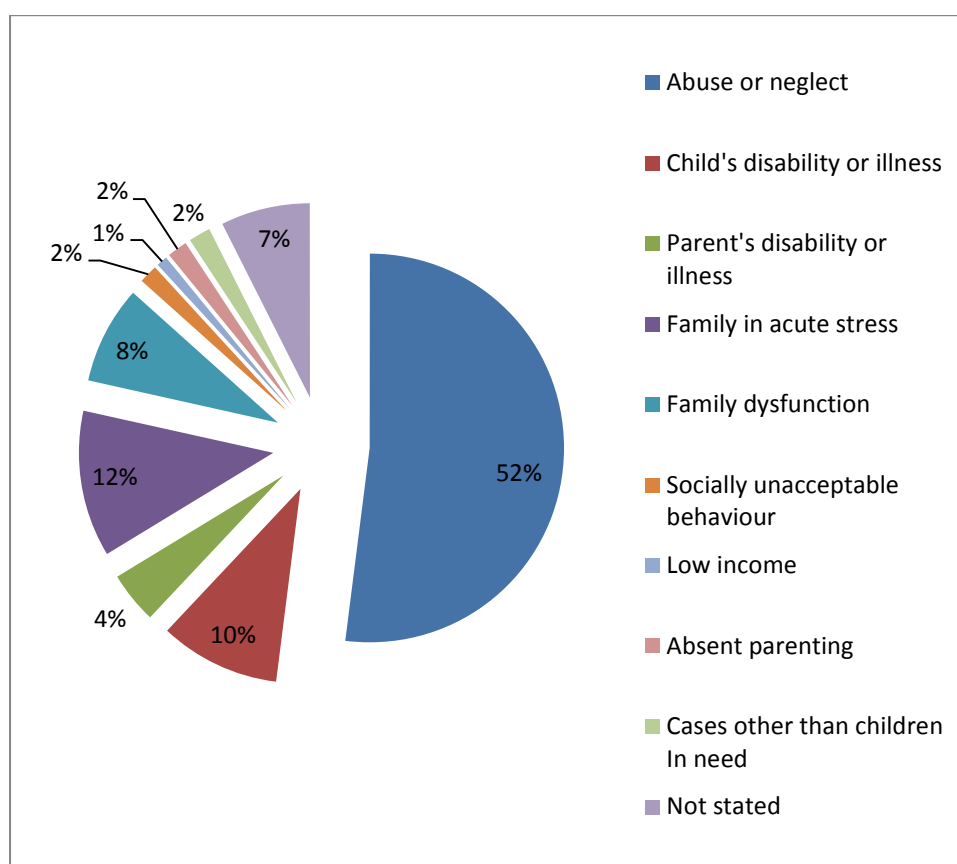
Source: Department for Education, SFR52/2016, Table B1

¹⁷ Department for Education, SFR52/2016, Table B1

¹⁸ JSNA

The primary needs for children assessed as being CiN are shown in Figure 24 below.

Figure 24 - Children in Need in Reading by Primary Need, 2015-16



Source: Department for Education, SFR52/2016, Table B3

Abuse or neglect is the principal single reason why a child may be in need, and is in line with England's average. Family dysfunction in Reading is lower than in England overall. This is also clear from the reasons that children become looked after (see Figure 14). 7% of reasons were not stated so we do not know why these children are CiN.

3.20 Children on the Edge of Care

For more information see the Edge of Care strategy here:

<http://www.reading.gov.uk/media/3114/Edge-of-Care-Strategy/pdf/EdgeofCareStrategy.pdf>

'Edge of care' refers to children and young people who are known to be vulnerable and at risk of becoming looked after. Reading has an Edge of Care service that works with vulnerable children and families to try and prevent children from coming into care.

Table 13 - Children on the Edge of Care

	April 2015-March 2016	April-October 2016
Number of children worked with (new referrals since April 2016)	202	185 (89)
Number of cases declined	23	16

Number of cases closed without becoming LAC	162	85
Number of children becoming looked after (of those referred since April 2016)	17	13 (4)
% children becoming looked after (of those referred since April 2016)	8.4%	7% (4.5%)

Source: Edge of Care Team, October 2016

It should be noted that data from April 2016 is unofficial and would not normally be counted until the end of March 2017.

Eight children were pending the processing of their referral at October 2016 and are not included in the numbers above.

Cases were declined due to:

- Procedural reasons - e.g. an inappropriate referral - did not meet criteria or Social Workers failed to follow up with extra info requested, or referrals were withdrawn;
- Issues with the families - e.g. had already been worked with and had been unable to make sustained improvements due to basic capabilities of parents, or due to the family not consenting to work with us.

Section 4 - Services

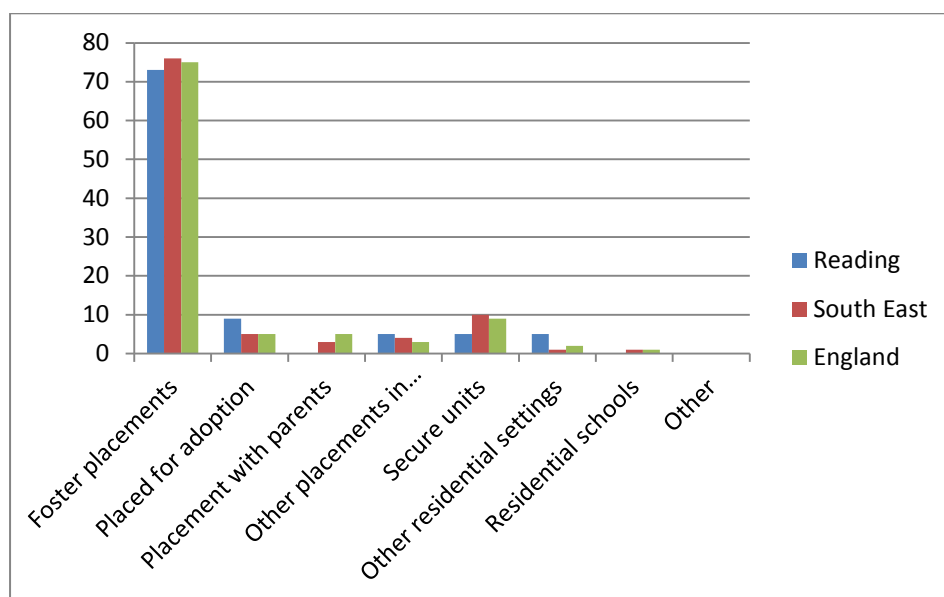
4.1 Types of Placements

A child looked after will usually be placed in one of the following types of placement:

- Family and Friends where a looked after child is placed with relatives who have been approved as being able to care for the young person, by a Viability Assessment and then a Regulation 24 (Risk Assessment). Once approved they will receive support from the Fostering Team.
- Fostering in-house where a looked after child is placed with foster carers who have been approved by Reading's Fostering Panel and receive support from Reading's Fostering Team.
- Fostering purchased where a looked after child is placed with foster carers who have been approved by an independent fostering agency (IFA) with whom Reading have a commissioning arrangement.
- Residential home where a looked after child is placed within a community home managed by an independent provider with whom Reading has a commissioning arrangement.
- Residential school where a looked after child is placed in a residential establishment which caters for their education as well as their general living needs.
- Placement with parents where a looked after child who is also the subject of a Care Order is placed at home with their parents prior to the order being discharged.
- Placed for adoption where a looked after child is placed with adoptive parents where the match has been approved by Reading's Adoption Panel.
- Other where looked after children are placed in other situations such as custody, remand or Independent Living.

It can be seen from Figure 23 below that Reading is broadly in line with the South East and England for its use of different types of placements.

Figure 23 - % LAC Placement Types, March 2015

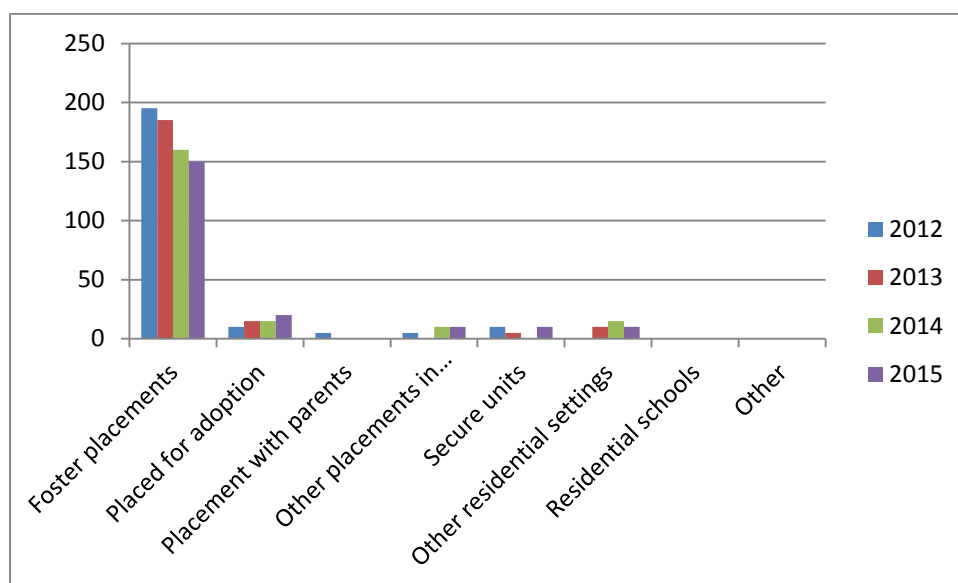


Source: Department for Education, SFR34/2015, Table LAA7

Reading is above the South East and England in the number of children placed for adoption and those in other residential settings, and below in the number that are placed in secure units.

Figure 24 below shows the number of LAC placed in the different placement types at the end of March between 2012 and 2015.

Figure 24 - Number of LAC in Types of Placements, 2012-2015



Source: Department for Education 2012-2015, Tables LAA3

It can be seen that the number of foster placements has dropped between 2012 and 2015 and the rate of adoption has risen.

Table 14 below shows the breakdown of LAC in different placement types at October 2016.

Table 14 - LAC by Placement Type, October 2016

Placement Type	Number of LAC	Percentage
Fostering - family and friends	33	13%
Fostering with no provider	18	7%
Fostering - Independent Fostering Agency	101	38%
Fostering - Local Authority fostering (including other authorities)	58	22%
Children's home	15	6%
Placed with parents or other person with parental responsibility	3	1%
Independent living	9	3%
Placed for adoption	12	5%
Residential care home	6	2%
Establishment providing medical or nursing care	3	1%
Family centre or mother & baby unit	1	0.3%
Young offender institution or prison	1	0.3%
Residential school (not including those also registered as residential homes)	1	0.3%
Temporary accommodation	2	0.7%

Source: Mosaic, October 2016

4.2 Location of LAC Placements

At March 2016, 30% of LAC were placed within the Reading boundary. As can be seen from Table 15 below, the numbers have been similar since 2012, with a large proportion of placements being made outside of Reading's boundary.

Table 15 - LAC Placed Inside and Outside Reading 2012-2016

Year	No. LAC placed	No. LAC placed	No. LAC	% LAC placed
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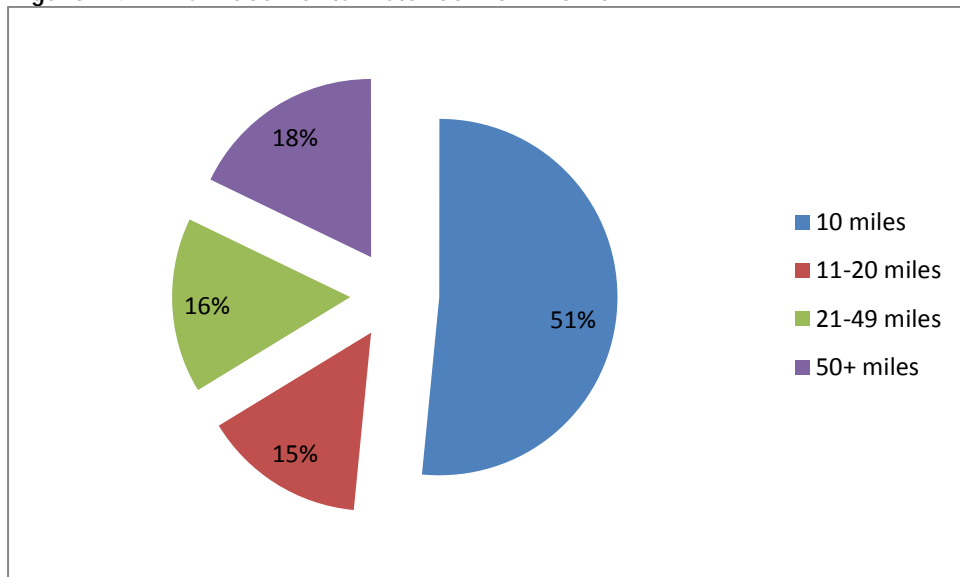
	within Reading boundary	outside Reading boundary	Placement Area Unknown	within Reading boundary
2016	63	152	5	30%
2015	64	140	5	31%
2014	65	130	15	31%
2013	70	145	15	31%
2012	90	135	10	38%

Source: Department for Education 2012-14, Table LAA9, Reading Borough Council Performance Team 2015-16

A number of Reading’s placements are being used by LAC from other local authorities. In 2012 this 17%, in 2013 this was 28% and in 2014 (most recent published data) this was 35%¹⁹ so these numbers saw an increase between 2012 and 2014. Data is not yet available after 2014, however Table 15 above tells us that only 30% of Reading’s LAC were placed in the area, which is a similar (slightly smaller) percentage than in previous years, so it seems likely that the trend has continued. The national figure for LAC placed within their local authority area in 2014 (the most recent published data) was 58%.²⁰

It is usually in the interest of looked after children to be placed as close to home as possible, although there are exceptions. Figure 25 below shows that over half of Reading’s LAC are placed within 10 miles of their home address, and 66% are placed within 20 miles of their home address. 18% are placed more than 50 miles away.

Figure 24 - LAC Placements Distance from Home



Source: Mosaic, October 2016

¹⁹ Department for Education 2012-2015, Tables LAA9

²⁰ Department for Education 2014, Table LAA6

The most recent published data (March 2014) indicates that nationally the average percentage of LAC placed within 20 miles of their home address was 77%, so Reading is performing below the national average in this area.

Table 16 shows in which local authority area Reading's LAC were placed at October 2016.

Table 16 - LAC Placements by Local Authority Area

Local Authority Area	No. of LAC Placements
Reading	78
West Berkshire	34
Hampshire	20
Wokingham	18
Kent	17
Bracknell Forest	8
Surrey	8
Oxfordshire	6
Slough	6
Buckinghamshire	4
Northamptonshire	4
Croydon	3
Dorset	3
Southampton	3
West Sussex	3
Cambridgeshire	2
Cornwall	2
East Riding of Yorkshire	2
Milton Keynes	2
South Oxfordshire	2
Stoke-on-Trent	2
Wiltshire	2
Bedford	1
Bournemouth	1
Brent	1
Brighton and Hove	1
Bristol, City of	1
County Durham	1
Darlington	1
Devon	1
East Sussex	1
Enfield	1
Essex	1
Haringey	1
Hertfordshire	1
Lambeth	1

Leicestershire	1
Lewisham	1
Medway	1
Newham	1
Newport	1
Norfolk	1
Nottinghamshire	1
Poole	1
Portsmouth	1
Salford	1
Southend-on-Sea	1
Southwark	1
Staffordshire	1
Sutton	1
Windsor and Maidenhead	1

Source: Reading Borough Council Performance Team, October 2016

Reading currently places in 51 different local authority areas and 29 (57%) of these areas accommodate only one of Reading's looked after children. Only 30% are placed in Reading, although 56% are placed within Berkshire.

Reading is over dependent on placements outside of Reading. This is partially to be expected, as Reading is a small unitary covering a main town. It is one of 6 unitary authorities which make up Berkshire. Under the definitions used by the Government any placement outside Reading and not in an adjoining authority (Wokingham, West Berkshire or Oxfordshire) is considered to be a 'distant placement'. Reading is competing with 7 other authorities for placements within a 20 mile radius. This is not consistent with the situations of some of our statistical neighbours, who may be competing with a single larger county authority on their boundary.

In Reading a distant placement can easily be within 20 miles of the child's home. 48% of placements were distant placements at October 2016 but only 34% were more than 20 miles away.

4.3 Average Costs and what we Spend on external services

What we know about Reading's spend per week at October 2016 is set out in Table 17 below.

Table 17 - Weekly Spend by Provider Type

Provider Type	Weekly total spend	Average weekly spend per placement	National average weekly cost per placement	Difference between Reading and national average
Independent Fostering Agency	£100,658	£923	£826*	+12%
Residential home	£54,038	£3,221	£3,000 ²¹	+7%
Residential LDD	£11,944	£3,981	unavailable	unavailable

²¹ Children's Home Data Pack (Department for Education 2014)

Source: Mosaic, October 2016

*Average cost for a placement on the South Central Framework

Residential care for children with learning difficulties and disabilities (LDD) is generally more expensive than other residential placements; for this reason the categories have been separated in Table 17 above.

Reading is paying, on average, around 12% more than the South Central Framework average rate for foster placements through IFAs. This amounts to approximately £551,200 per year based on the current number of IFA placements. Our greatest spend is with IFAs. 60% of Reading’s LAC are living in either in-house or independent foster care, and 64% of those are with IFA registered foster carers. It costs significantly less to place children with in-house foster carers. At October 2016 Reading had 82 sets of in-house foster carers with a total of 9 vacancies. Reading is implementing a Foster Carer Recruitment & Retention Plan to increase our number of in-house foster carers.

Reading is paying, on average, around 7% more than the national average rate for residential homes, which amounts to approximately £183,872 per year based on the current number of residential home placements. However, as £3,000 is stated to be the average cost nationally for a residential placement, including LDD placements, it appears that Reading is paying, on average, significantly more than other local authorities. If LDD placements are included in the total, Reading is paying around 11% more than the national average cost per placement. Reading pays significantly more than the average cost for some placements and less for others. The cost of a child’s residential placement depends on the needs of the child; however these high cost placements should be reviewed regularly to ensure value for money.

Sir Martin Narey, in his independent review of children’s homes published July 2016, made the statement that in many local authorities *“knowledge and intelligence about the needs of individual children - dependent on good quality care planning - is often not aggregated to inform commissioning. Certainly, too much of what I saw and heard was really about buying places in children’s homes, not about commissioning them”*. He also said that there is a *“frequent failure of local authorities to save money by obtaining discounts related to occupancy...I also found that prices obtained through framework agreements were often only marginally better than spot purchase prices (and were occasionally higher)...I believe there is scope for local authorities to obtain significantly greater savings. At the moment they do too little to exploit their combined position as a sole purchaser of beds, and they incur a heavy financial penalty as a consequence”*.²²

4.4 Quality of placements/providers

All Independent Fostering Agencies, residential homes and residential schools are registered with Ofsted and are subject to regular inspections. There are four Ofsted judgements - Outstanding, Good, Requires Improvement and Inadequate.

Table 18 - Ofsted Ratings for Providers

	IFA	Residential home	Residential school	Total No.	Total No. Providers

²² Residential Care in England - Report of Sir Martin Narey’s independent review of children’s residential care, July 2016

Ofsted Rating	No. LAC	No. providers	No. LAC	No. providers	No. LAC	No. providers	LAC	
Outstanding	44	10	2	2	1	1	47	13
Good	42	16	13	11	1	1	56	28
Requires Improvement	11	4	3	3	2	1	16	8
Inadequate	0	0	0	0	0	0	0	0
Unknown	4	2	0	0	0	0	4	2
Total	101	32	18	16	4	3	123	51

Source: Ofsted, Mosaic

80% of the providers we are using are rated Outstanding or Good, and none are rated Inadequate. 84% of Reading's LAC (who are in an Ofsted registered placement) are placed with a provider that is Outstanding or Good. There are two IFA providers which have not yet been inspected and a total of 4 LAC are placed with them.

Semi-independent and supported living providers for young people aged 16 and over are not regulated by Ofsted.

Section 5 - What Young People Are Telling Us

Statutory guidance from the Department for Children, Schools and Families and the Department of Health says that local authorities should make sure that the voices of children and young people are at the heart of informing the commissioning, planning, delivery and evaluation of services for looked after children and young people.

5.1 What is Important to Looked After Children

During 2015, Ofsted used online questionnaires to gather views about children's homes, secure children's homes, adoption service, fostering services and residential family centres. 27,715 individuals responded. Five key themes emerged about what children and young people feel is important:²³

1. Feeling safe and looked after:
 - Most children and young people feel safe inside their home. Children living in children's homes are less likely to feel safe than children living in foster care
 - Children feel less safe outside their home
 - Children feel safe when they can depend on those caring for them
 - Children sometimes do not feel safe because of other children in their home or because of the local area
2. Having staff who put them first. Children say that what makes a good member of staff in a children's home is someone who:
 - Spends time with them
 - Is caring, supportive and respectful
 - Listens and talks to them about their feels or any problems or worries they have

²³ <https://www.gov.uk/government/publications/social-care-questionnaires-2015-what-children-young-people-and-adults-told-ofsted>

- Understands why they behave in a certain way and helps them to deal with their behaviour or anger
- Children also say that it is important to have enough staff in the home, including enough male and female staff.
3. Feeling like part of a foster family. It is important to children and young people that they:
 - Are welcomed into the family, feeling safe, loved, supported and respected
 - Know that their foster carers are always there for them
 - Feel that they are treated like a member of the family
 - Are able to talk to their foster carers about any problems they have and being helped through difficult times
 - Are helped to make good decisions in life
 4. Having fun things to do and good food to eat. Children and young people like:
 - A choice of fun and varied activities and the opportunity to try out new things
 - Making friends and being able to spend time with friends
 - Having their own bedroom and a nice bedroom
 - Having a pet
 - Having a good choice of food that they like, and plenty of it
 - Being able to help themselves to food
 - Reliable vehicles so that they can be taken on trips and activities (for children in children's homes)
 5. Independence, responsibility and having a say. This includes:
 - Being able to personalise their bedrooms
 - Being treated like a young adult
 - Being given opportunities to put their own ideas forward
 - Being prepared for when they have to move on and supported to develop helpful skills
 - Being allowed to spend time outside their home and visit friends
 - Being given choices
 - Being involved in decisions
 - Having pocket money and learning how to budget

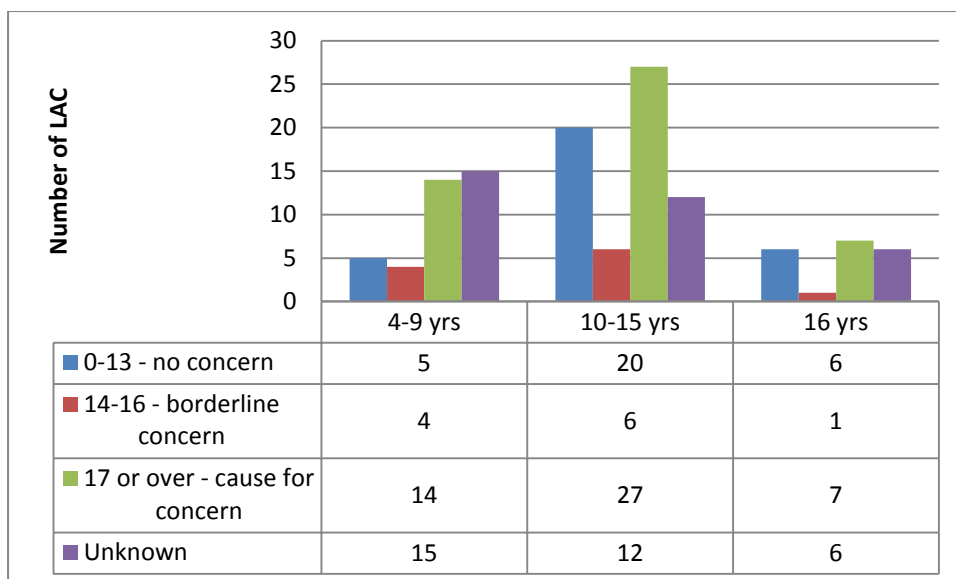
5.2 The Voice of the Child

The wishes of children and young people are taken into consideration before making placements. This is discussed at Panel meetings and also captured on the referral form. Children's views on issues such as distance from home and placement stability and their experience of being allocated a placement have not been captured in a way that enables this information to inform the commissioning of services.

5.3 Strengths and Difficulties Questionnaire

Local authorities are required to assess the emotional and behavioural health of all Looked After Children between the ages of 4 and 16 who have been in care for over a year. This is done through the strengths and difficulties questionnaire (SDQ). A score under 14 is considered normal, scores between 14 and 16 are a borderline cause for concern and scores of 17 or over are considered a cause for concern.

Figure 25 - SDQ Results by Age Group



Source: Reading Borough Council Performance Team, October 2016

53% of children who have completed an SDQ have a score that is a cause for concern. The highest score was 36. 12% have a score that is a borderline cause for concern and 34% have a score which is considered normal. The highest proportion of young people with a score of 17 or more is those aged 10-15 years. 27% of LAC aged 4-16 do not have and SDQ score. It should also be noted that 78 (63%) of SDQ in Reading are overdue. The proportions are similar to the national average, where 50% of children have a normal score, 13% have a borderline score and 37% have a score that is a cause for concern. These proportions have remained generally consistent in England since 2013.²⁴

The results tell us that children who are looked after are more likely to struggle with day to day life challenges and experience poor mental health than other children. Achieving stability and permanency for these children as quickly as possible is crucial to their wellbeing.

Section 6 - How Reading Compares to 'Good' Statistical Neighbours

This section compares Reading's rate of LAC, number of LAC per age group and category of need with some of our statistical neighbours who have been rated 'Good' by Ofsted. It should be noted that none of these local authorities have been inspected recently and some are rated under the old grading system, for which a Grade 3 is 'Adequate' rather than 'Requires Improvement'. For this reason comparisons have been made with the average for all of the 'Good' and 'Adequate' statistical neighbours and separately for the average of only the 'Good' ones. Table 19 below indicates which local authorities have been used, their Ofsted grading and when the most recent inspection took place.

Table 19 - Good and Adequate Statistical Neighbours

Local Authority	Ofsted Rating	Date of Inspection
Sutton	Adequate	May 2013
Bedford	Adequate	January 2013
Barnet	Good	January 2012
Derby	Good	December 2012
Milton Keynes	Adequate	July 2012

Source: Ofsted

²⁴ Department for Education 2015, Table I5b

It should also be noted that there is a vast discrepancy in the numbers of the two ‘Good’ local authorities so comparisons against the average numbers should be made with caution.

6.1 Comparisons

Table 20 compares the rate of LAC per 10,000 of the 0-17 population between Reading and the statistical neighbours listed above.

Table 20 - Rate of LAC per 10k of 0-17 population

Area	Rate of LAC per 10k
Reading	60
Average all good/adequate statistical neighbours	56
Average good statistical neighbours	55.5

Source: Department for Education, SFR41/2016, Table LAA1

Reading’s rate of LAC is higher than that of our Good/Adequate statistical neighbours by 4/4.5 per 10k of the 0-17 population.

Table 21 indicates the LAC population breakdown by age group of Reading and our good/adequate statistical neighbours.

Table 21 - LAC population breakdown by age group

	Under 1	1-4	5-9	10-15	16+
Reading	15 (7%)	25 (12%)	50 (24%)	70 (34%)	45 (22%)
Average all good/adequate statistical neighbours	16 (5%)	44 (14%)	65 (21%)	117 (37%)	75 (24%)
Average good statistical neighbours	23 (6%)	58 (15%)	70 (18%)	148 (38%)	90 (23%)

Source: Department for Education, SFR34/2015, Table LAA5

The number of LAC in Reading is smaller on average than the number in our good/adequate statistical neighbours, however the percentages of each age group are similar. Reading has a slightly higher proportion of 5-9 year olds and a slightly lower number of 10-15 year olds but this could change year on year.

In Table 22 below it can be seen that the single main reason for children entering care is abuse or neglect. It is difficult to draw further conclusions due to the unavailability of some local data. The average numbers for our statistical neighbours is not based on a full complement of data from each local authority so the figures should be viewed with caution. The data in Table 22 relates only to new entrants into care during 2014-15 as this is all that is available.

Table 22 - LAC by reason for entry into care during 2014-15

	Abuse or neglect	Child's disability	Parent illness or disability	Family in acute stress	Family dysfunction	Socially unacceptable behaviour	Low income	Absent parenting

Reading	60 (75%)	x	x	10 (13%)	x	x	0 (0%)	x
Average all good/adequate statistical neighbours	76 (48%)	10 (6%)	10 (6%)	24 (15%)	25 (16%)	8 (5%)	0 (0%)	21
Average good statistical neighbours	100 (55%)	x	10 (5%)	12.5 (7%)	45 (25%)	10 (5%)	0 (0%)	20

Source: Department for Education, SFR34/2015, Table LAC4

It appears that Reading has a much higher rate of children becoming looked after due to abuse or neglect than our statistical neighbours. This is also the case when compared to the national rate (see Table 10). It follows, therefore, that Reading has a lower proportion of children becoming looked after for the other reasons listed above.

Section 7 - Looked After Children Forecasts

Based on the findings within this needs analysis it is reasonable to assume that simply based on population growth, the number of looked after children is likely to increase over the coming years. This section looks at four projection models based on different possible trends, including numbers of LAC, age and reason for entry into care. The following should be noted:

- The rate of LAC is usually counted per 10,000 of the 0-17 years population. As projected population data is not available for this age range alone, the rate of LAC has been calculated per 10,000 of the 0-19 years population
- The data used for 2016 is unofficial data from Mosaic at 31 October 2016. This is due to the unprecedented rise in numbers of LAC in the first 6 months of the financial year 2016-17
- Projections by age group are based on the current proportion of LAC in each age group within Reading's population
- Projections by reason for entry into care are based on current proportion of LAC for each category of need

Cost projections are not included due to inaccessibility of the required financial data

7.1 Projection Scenarios

There are 4 projection scenarios in this section which include numbers of LAC and the estimated cost to Reading Borough Council.

Scenario 1

This scenario is an extrapolation based on the number of LAC per 10,000 of the 0-19 years population (63).

Table 23 - Continue at current rate of LAC per 10k of 0-19 population

	Oct-16	2017	2018	2019	2020
0-19 population estimate	41,700	42,100	42,500	42,900	43,200
Number of LAC	263	265	268	270	272

Rate of LAC per 10,000 0-19 population estimate	63	63	63	63	63
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Scenario 2

This scenario is an extrapolation based on the average rate of LAC per 10,000 of the 0-19 years population over the last four years (60).

Table 24 - Continue at average rate of LAC per 10k of 0-19 population over last 4 years

	Oct-16	2017	2018	2019	2020
0-19 population estimate	41,700	42,100	42,500	42,900	43,200
Number of LAC estimate	263	253	255	257	262
Rate of LAC per 10,000 0-19 population estimate	63	60	60	60	60

Scenario 3

This scenario assumes that year on year we will see growth in the LAC population equivalent to that which we have seen so far since April 2016 (19.5%).

Table 25 - Continue at recent rate of growth in LAC population

	Oct-16	2017	2018	2019	2020
0-19 population estimate	41,700	42,100	42,500	42,900	43,200
Number of LAC estimate	263	314	376	448	536
Rate of LAC per 10,000 0-19 population estimate	63	75	88	104	124

Scenario 4

This scenario assumes that we will continue to see the same proportion of LAC within each age group of the population in Reading as we have at October 2016.

Table 26 - Numbers based on percentage of each age group in the 0-19 population that is LAC

Age group	Oct-16	2017	2018	2019	2020
0-4 (0.44%)	55	54	53	53	52
5-9 (0.39%)	44	44	45	45	44
10-14 (1%)	85	90	95	99	100
15-19 (0.82%)	79	78	78	78	79
Total LAC	263	266	271	275	275

Table 27 - Comparison of Scenarios (numbers of LAC)

	2016	2017	2018	2019	2020
Scenario 1	263	265	268	270	272

Scenario 2	263	253	255	257	262
Scenario 3	263	314	376	448	536
Scenario 4	263	266	271	275	275

Table 28 - Comparison of Scenarios (cost)

	2016	2017	2018	2019	2020
Scenario 1					
Scenario 2					
Scenario 3					
Scenario 4					

7.2 Projections by Reason for Entry into Care

Estimated numbers of looked after children by reason for entry into care have been projected for highest three categories of need individually and for all others together. This is due to the unavailability of individual data for all categories of need as the numbers are too small. These projections are based on the average percentage of LAC for each category of need between 2012-2015. Numbers have been projected for each of the scenarios in Section 7.1.

Table 29 - LAC Projections by Reason for Entry

	Reason	2016	2017	2018	2019	2020
Scenario 1	Abuse or neglect (69%)	181	183	185	186	188
	Family in acute stress (12%)	32	32	32	32	32
	Family dysfunction (7%)	18	18	19	20	20
	Other (12%)	32	32	32	32	32
Scenario 2	Abuse or neglect (69%)	181	175	176	177	181
	Family in acute stress (12%)	32	30	31	31	31
	Family dysfunction (7%)	18	18	18	18	18
	Other (12%)	32	30	31	31	31

Scenario 3	Abuse or neglect (69%)	181	217	259	309	370
	Family in acute stress (12%)	32	38	45	54	64
	Family dysfunction (7%)	18	22	26	31	38
	Other (12%)	32	38	45	54	64
Scenario 4	Abuse or neglect (69%)	181	184	187	190	190
	Family in acute stress (12%)	32	32	33	33	33
	Family dysfunction (7%)	18	19	19	19	19
	Other (12%)	32	32	33	33	33

Section 8 - Key Areas for Development

This section looks at the key areas for development based on the key findings in this needs analysis and that have been highlighted during the completion of this work.

1. Information Management

- We use Mosaic to manage our social care information, however the data that is extracted is unreliable. This is evident simply by looking at the costs attributed to various placements which, in some cases, are clearly incorrect (e.g. £0 per week for a residential placement).
- Recording on Mosaic is unreliable, elements are sometimes coded inaccurately and not all the required information is provided, which should be used to inform the commissioning of services.
- The Commissioning Team does not have easy access to information on what we spend and where.

2. Local Market Development

- We do not currently have strong working relationships with our local children's providers. As a consequence, we do not know much about local capacity. We are lacking commissioning arrangements with local providers, which could contribute to the higher than average costs that we pay.

- We do not know how many placements in Reading are being used by other local authorities (and with which providers) and therefore the scope for more local placements to be made.
- There may be scope for work to be done with other local authorities around residential home placements in order to reduce rates.

3. Voice of the Child in Commissioning

- There is currently a lack of collated information on children's views regarding their placement experience and their views on the service they have received from the Council. More could be done to use children's views to influence the way we commission services. Work is being done, however, to capture children's views on their LAC reviews and to encourage an active forum of looked after young people.



West of Berkshire Safeguarding Adults Board

Annual Report 2015-16

If you would like this document in a different format or require any of the appendices as a word document, contact natalie.madden@reading.gov.uk

West of Berkshire Safeguarding Adults Board Annual Report 2015-16

1. Message from the Independent Chair

I have welcomed the opportunity to take over as interim Independent Chair for the Board and have enjoyed working across three Councils and partner organisations to ensure that safeguarding adults is embedded across the West of Berkshire. I have been impressed by the excellent attendance of Partners and the full participation at Board meetings. The agenda items have been varied and challenging, including learning from Safeguarding Adults Reviews and ensuring that such learning is embedded into practice and not "one off events," as well as taking a more thematic approach to Board agendas to reflect the four strategic priorities that underpin the work of the Board.

The Board is very mindful that all efforts going into making adults safe need to reflect on the experience of adults who may be subject of a safeguarding enquiry. Making Safeguarding Personal, an initiative led by the Directors of Adults Social Services, has proven to be a helpful reminder to us all to take stock of all documents, literature and services available to the public to highlight the importance of adult safeguarding and where to go to seek further information.

Closer links with the Local Safeguarding Children's Boards remain a priority, recognising that adult safeguarding will often involve working with families and we need to ensure that, given the challenges all organisations face in respect of finance, we learn from each other, share good practice and avoid duplication.

The Board is working well but we are not complacent and know there is much more to do. We have streamlined the Annual Report in an attempt to explain more simply what the Board has been set up to achieve as well as progress made over the last year. I would welcome your views as to whether we have managed to achieve this aim. The Partner organisations will be seeking to appoint a permanent Chair over the forthcoming year and I welcome the opportunity to work with the new Chair to ensure that a smooth and effective handover of responsibilities takes place.

I would like to extend my thanks to all Partners who have attended Board meetings and have invested time, energy, and professional commitment to adult safeguarding across the West of Berkshire and look forward to a continued excellent working relationship.

Brian M Walsh

Interim Independent Chair West of Berkshire Safeguarding Adults Board

1. Our vision for safeguarding adults

People are able to live independently and are able to manage risks and protect themselves; they are treated with dignity and respect and are properly supported when they need protection.

2. Who we are

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. The Board is made up of local organisations which work together to protect adults at risk of abuse or neglect. From April 2015 mandatory partners on the Board are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the Board, such as health, fire and rescue, ambulance service, HealthWatch, probation and the voluntary sector.

A full list of Partners is given in Appendix A.

3. Who we help

Any person 18 or over at risk of abuse or neglect because of their needs for care and support and as a result of those care and support needs is unable to protect themselves.

4. What we do

Safeguarding means looking out for and trying to protect others in our community who are vulnerable, or may be at risk of harm. We work together to ensure there are systems in place to keep vulnerable people in the West of Berkshire safe; we hold partner agencies to account to ensure they are safeguarding vulnerable people; we work to ensure agencies and organisations are focused on outcomes, performance, learning and engagement. There are many different forms of abuse:

Physical
Domestic
Sexual
Psychological
Financial / material
Modern slavery
Discriminatory
Organisational
Neglect or acts of omission
Self-neglect

For more information, go to the Board's website: <http://www.sabberkshirewest.co.uk/>
or click on the links: [What is abuse?](#) [Signs of abuse](#) [Concerned about an adult?](#)

How to get help and advice:

In an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101.

If you are concerned about yourself or another adult who may be being abused or neglected, contact Adult Social Care in the area in which the person lives, on the numbers below:

Reading 0118 937 3747

West Berkshire 01635 519056

Wokingham 0118 974 6800

Out of normal working hours, contact the Emergency Duty Team 01344 786 543

5. Trends across the area

The number of safeguarding concerns continues to increase year on year.

Over half the concerns are raised by social care and health staff.

As in previous years, the majority of enquiries relate to older people over 65 years.

More women were the subject of a safeguarding enquiry than males, as in previous years,

Individuals with a White ethnicity are more likely to be referred to safeguarding and the proportion is higher than for the whole population.

The most common types of abuse were for Neglect and Acts of Omission followed by Physical Abuse and Psychological Abuse.

For the majority of cases the primary support reason was physical support.

The most common locations where the alleged abuse took place were a person's own home and a care home.

The majority of concluded enquiries involved a source of risk known to the individual in Reading and West Berkshire but the source of risk in Wokingham was social care support.

Further details are presented in the Safeguarding Performance Annual Reports by partner agencies, [Appendix E](#).

6. How we have made a difference by working together

The *Berkshire Multi-Agency Safeguarding Adults Policy and Procedures 2016* were launched and support staff to respond appropriately to all concerns of abuse or neglect they may encounter, providing a consistent response across the county.

The annual joint conference was held on 9 October 2015, based on the theme of *Challenging Cultural Assumptions in Safeguarding*. Topics included: cultural sensitivity in safeguarding, radicalisation, forced marriage, working with interpreters, witchcraft and possession, supporting traveller communities, anti-trafficking, and providing culturally sensitive care.

Stronger links between health, adult safeguarding teams and local authority Care Governance teams has enabled the timely access to information and expertise, such as the Berkshire West Federation of CCGs pharmacy and infection control involvement in section 42 enquires.

Partnership working through the Integrated Care Home Project Board promotes integration in the commissioning of care homes, best practice and the recognition of patients' rights, choices, needs and safety.

A joint health and social care conference, *Embedding the MCA in Practice*, was held in September 2015; positive feedback included carers' perspectives and evidenced direct impact on front line practice.

A joint Training in Practice (TIPS) event for primary care included LA and voluntary sector representatives as speakers or stall holders.

Peer review of safeguarding services in local authorities, to which all partner agencies contributed.

Development of a Care Governance Framework to promote Care Act accountabilities and joint responses to organisational safeguarding concerns. Health agencies supported LAs and CCGs with the management of concerns in care homes.

Raising awareness of adult safeguarding by community groups and people who use services by means of *experts by experience* delivering talks and designing easy read literature.

Engagement in the development of female genital mutilation (FGM) multiagency protocol and pathway; raised awareness of FGM through a new RBH intranet webpage; an RBH midwife who had undergone FGM supports victims.

Through the Independent Trauma Adviser Steering Group, partners work with Rahab to support victims of modern day slavery, particularly in relation to Brothel warrants. This gives specialist support to the victims who are potentially trafficked, and support officers with addressing the welfare needs.

Partnership working between Police and Mental Health Nurse in response to mental health calls has led to a reduction in detentions and provision of more appropriate mental health support for the individual.

Multi-agency partnerships (Sex Workers Action Group and Street Population) identify health, housing and financial support to meet the needs of vulnerable people.

World Cafe Planning with partners to obtain community views and ideas in relation to vulnerable and exploited individuals.

Joined Up Front Line Action (JUFA) initiated in March 2016 and piloted in Whitley, is a partnership between Police, Fire Service, Health, Voluntary Sector agencies and others to make better use of visits by professionals. Other partners are informed of an individual's needs, for example a Police visit may identify the need for a smoke alarm.

Problems in Practice meetings are held monthly to discuss issues in relation to partnership working across health, mental health and the Police. Discussions enhance knowledge of other organisations' processes and procedures and allow a platform to improve practice.

How we have embedded Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Locally, steps have been taken to develop person centred, outcome-focused practice, including:

- Partners implemented a standard audit template reflective of MSP requirements, with an aim to provide consistent measures of safeguarding quality assurance reporting to the Board.
- Promotion of MSP in safeguarding training; training has been reviewed to ensure that obtaining consent and desired outcome is central to safeguarding practice; joint commissioning of specific MSP training for frontline workers and managers.
- Safeguarding newsletters promoted MSP and the importance of asking service users what their desired outcomes are.
- Computer systems, templates and practice guidance for staff and service users have been amended to reflect MSP; safeguarding forms have a requirement to include service users' desired outcomes and whether they were achieved.
- Quality Assurance measures incorporate MSP.
- MSP is promoted through coaching and conversations with the workforce and wider stakeholders.
- Incident reporting processes have been refocused to give prominence to the adult's voice.

Case study 1: The Involvement of the individual at a safeguarding meeting with her family and staff from the police, mental health, social care, her GP

and an external provider was a positive way of getting everyone to appreciate each other's involvement and identify a plan to support the individual. The meeting provided a forum for open discussion and prevented any miscommunication between both professionals and the services user. Early multi-agency planning and discussion between the safeguarding leads from both health and adult social care provided the leadership and direction to move the case forward.

Case study 2: Multi-agency approach to a significant safeguarding situation led to client being supported to continue leisure pursuits that had previously been a source of high risk.

Further achievements by partner agencies are presented in Appendix B.

7. Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died and abuse or neglect is suspected to be a factor in their death. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The West of Berkshire Safeguarding Adults Board has a Safeguarding Adults Review Panel that oversees this work.

During the reporting year, the Board commissioned two Safeguarding Adults Reviews both of which involved practitioners. We cannot publish information about one of the cases as there is a criminal investigation underway. An executive summary about the second case and the full report can be found on the Board's website at <http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

8. Key priorities for next year

Develop our oversight of the quality of safeguarding performance through the Board's Quality Assurance Framework and the annual self-assessment audit completed by partner agencies.

Develop a Performance and Quality Assurance framework to support and promote Making Safeguarding Personal.

Promote the new Berkshire Multi-agency Safeguarding Adults Policy and Procedures, ensuring agencies are compliant through case audits and multi-agency thematic reviews.

Continue to learn from Serious Adults reviews and embed lessons learnt across all organisations which can be monitored and reviewed at regular intervals.

Raise awareness of the Board's function and of local safeguarding processes.

Continue to ensure staff receive an appropriate level of safeguarding adults training.

Develop mechanisms to measure outcomes for individuals who have been through the safeguarding process and ensure service user feedback is collected and understood.

Ensure person centred responses are promoted through the involvement of advocates and Independent Mental Capacity Assessors.

Ensure successful recruitment to permanent Chair and effective handover of responsibilities.

Continue closer working with three Local Children's Safeguarding Boards to identify joint priorities, learning and effective communication.

Review the infrastructure that supports the Board, streamline subgroups where possible to avoid duplication and utilise more effectively the use of Partners' time.

Learn from other Safeguarding Adults Boards and share, more widely, examples of good practice from the West of Berkshire Board on a local, regional and national level.

Appendices

Appendix A [Board member organisations](#)

Appendix B [Achievements by partner agencies](#)

Appendix C [Completed Business Plan 2015-16](#)

Appendix D [Business Plan 2016-17.](#)

Appendix E Safeguarding Performance Annual Reports from partners agencies:

[Berkshire Healthcare Foundation Trust,](#)

[Reading Borough Council,](#)

[Royal Berkshire Foundation Trust,](#)

[West Berkshire Council,](#)

[Wokingham Borough Council](#)

Appendix F [Training activity](#)

Appendix A

Board Membership

Under the Care Act, the Board has the following statutory Partners:

Berkshire West Clinical Commissioning Group
Reading Borough Council
Thames Valley Police
West Berkshire Council
Wokingham Borough Council.

Other agencies are also represented on the Board:

Berkshire Healthcare Foundation Trust
Community Rehabilitation Service for Thames Valley
Emergency Duty Service, National Probation Service
Royal Berkshire Fire and Rescue Service
Royal Berkshire NHS Foundation Trust
South Central Ambulance Trust
HealthWatch Reading
The voluntary sector is represented by Reading Voluntary Action, Involve Wokingham and Empowering West Berkshire.

Achievements by Partner Agencies

Berkshire Healthcare Foundation NHS Trust

- Achieved training targets.
- Established Safeguarding Forums for updating on policy, legislation and lessons learnt from SARs.
- Received positive feedback from CQC about safeguarding practices and knowledge.
- Strengthened reporting of inpatient incidents.
- Achieved greater clarity on how CMHT support the management of safeguarding concerns.

Berkshire West Federation of CCGs.

- Increased safeguarding training for primary care in level 1 and 2 and commissioned training in the Mental Capacity Act.
- Supported the fire safety check awareness campaign on twitter.
- Improved links between Continued Health Care and LA Care Governance teams by sharing expertise and undertaking joint reviews in nursing homes.
- Raised the profile and pathway of Female Genital Mutilation across primary care.

National Probation Service

- Launch of a Safeguarding Adults partnership framework which sets out a commitment to engaging in adult safeguarding.
- Made safeguarding referrals to the local authority when NPS staff have concerns.
- Attendance of NPS representative at Safeguarding Adults Board meetings.

Reading Borough Council

- Established a new safeguarding team.
- Increased the learning lunches and safeguarding workshops for staff and increased the amount of safeguarding training available.
- Reduced the amount of outstanding DoLS and created a pathway for community DoLS.

Royal Berkshire Fire and Rescue Service

- RBFRS is committed to adopting the principles of Making Safeguarding Personal.
- Provided awareness and duty to report training to staff on types of abuse.
- Completed a range of actions following audit recommendations including robust reporting and recording procedures.

Royal Berkshire NHS Foundation Trust

- Safeguarding training figures consistently compliant; quality of training evaluated. Enhanced Mental Capacity Act and DoLS training (0 - 63% compliance in a year.) Bespoke training programme for investigating safeguarding concerns and allegations for senior managers – a skilled cohort of investigators who listen, are non-judgemental, adapt their communication style and are responsive when investigating service users concerns.
- Safeguarding adult medical leads appointed and Safeguarding Adult Governance meetings established.
- From NHS choices; *“I came to A&E Tuesday evening which was mental health related and I was treated like any other physically unwell patient. I can’t appreciate it enough of how well the professionals treated me”* December 2015.

South Central Ambulance Service NHS Foundation Trust (SCAS)

- SCAS safeguarding referrals are now completed electronically from electronic patient records (EPR) system.
- All patient facing staff undertook safeguarding level two training.
- SCAS integrated the Care Act 2014 into policies and working procedures.
- We started a process to complete internal and multi-agency reviews of safeguarding referrals completed by SCAS.
- SCAS undertook a large number of information requests with regard to safeguarding adults from partner agencies, feeding directly into case conferences when required.

Thames Valley Police

- SAVE training – online training provided through the Protecting Vulnerable People Directorate aimed at increasing officer knowledge and practice around vulnerability and exploitation.
- Female Genital Mutilation / Honour Based Abuse classroom based training.
- Problem solving weekly meetings to oversee identification of vulnerable people and support around them, in particular Operation Eraser to support vulnerable people subject of “cuckooing” (a crime which involves a drug dealer befriending a vulnerable individual who lives on their own and taking over their property).

West Berkshire Council


- Set up a Safeguarding Service User Forum.
- Established a learning log for all Partners to share learning from SARs.
- Delivered presentations at Provider Forums and Neighbourhood Watch meetings to increase awareness of adult safeguarding.
- Maintained performance in managing the DoLS authorisation process, the demand on which increased by over 140% during the last reporting year.

Wokingham Borough Council

- Framework and practice developments to provided preventative support to services in circumstance of organisational abuse and quality assurance concerns.
- Designed and implemented a Quality Assurance and triage framework for operational services with measurable outcomes process.
- Co-production work on the safeguarding agenda with people who use services and advocacy groups.

BUSINESS PLAN 2015-16

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards.					
Objective	Action	Lead	Timescale	Outcome	Progress
1.1 Develop oversight of the quality of safeguarding performance	a) Programme of internal spot audits to be undertaken on randomly selected safeguarding cases managed within the operational teams in West Berkshire.	Sue Brain West Berks Council	December 2015	Planned programme of spot checks will provide an overview of quality across the range of disciplines and enable more targeted training to be developed.	Compete, utilising Wokingham's audit tool approved for use. Green
	b) Document templates for S42 Enquiries to be developed for use both internally and for provider services in West Berkshire. Programme of dissemination and implementation to be planned and executed.	Sue Brain West Berks Council	May 2015	Approved templates to use where appropriate and relevant will provide some consistency across S42 enquiries.	Completed and shared at the provider forum in May 2015. We also use some of those templates in our level 2 training to demonstrate the practical application of some of those templates. They are optional only. Green
	c) Utilise the recently agreed Quality Assurance Audit for a large cohort of cases selected proportionately across the social care teams who carry out safeguarding investigations.	Jo Wilkins, Reading BC	April 2015	Assure officers, members and the community that all investigations are carried out to a high standard and comply with legislation in terms of quality and timeliness.	Audits were started in April with fewer complete than we have aimed for. The local framework has been reviewed and work has begun to a new and revised timetable with a target of 10% of all cases to be audited. This work is now on track. Green
	d) Utilise the Reading	Debra Cole	June 2015	Staff feel confident in	Forum took place 16.6.15 and attended by cross

	Safeguarding Working Group and Forum to encourage group conversation and reflective practice.	Reading BC		their practice and explore issues of concern / share best practice in a safe environment. The Safeguarding Team will have an overview of where training is needed.	<p>section of PVI sector and a service user.</p> <p>Workshop type meeting to discuss –</p> <ul style="list-style-type: none"> • The purpose or function of the forum • Running of the forum • Membership • Engaging service users • Making safeguarding personal <p>Regular forums booked and work to develop the above themes is on-going.</p> <p>Information and topics for future discussion suggested.</p> <p style="text-align: right;"><i>Green</i></p>
	<p>e) Establish a RBFT multidisciplinary adult safeguarding clinical governance committee with responsibility for oversight clinical performance:</p> <ul style="list-style-type: none"> • KPIs • Audit • Analysis of themes from safeguarding referrals out of and concerning the organisation • Clinical incidents, partnership reviews, SCR – lessons learnt • Complaints • Allegations where appropriate • Case feedback, celebrating success, promoting best practice 	Senior Nurse for Children and Safeguarding, RBFT	September 2015	Improved clinical governance, assurance and accountability ward to board for adult safeguarding in the RBFT.	<p>Adult Safeguarding clinical governance committee has been set up. Terms of reference have been agreed and the committee will meet quarterly. This committee is to be chaired by a Trust consultant (Currently an ICU consultant).</p> <div style="text-align: center;">  <p>Adult Safeguarding Clinical Governance C</p> </div> <p style="text-align: right;"><i>Green</i></p>
	f) Review adult safeguarding KPIs and audit programme to ensure it reflects internal, SAB and national policy.	UCG Director of Nursing and Corporate Lead for	April 2015	Improved clinical governance, assurance and accountability ward to board for adult	<p>Completed.</p> <p>Adult Safeguarding KPIs are included in the RBFT /Berkshire West CCG contracted Quality Schedule 15/16 are reported monthly to the Board and as</p>

		Safeguarding, RBFT		safeguarding in the RBFT.	<p>scheduled to the CCG and include:</p> <ul style="list-style-type: none"> MH minimum data set for all detained and informal patients; > 90% of staff to receive Adult Safeguarding Training which includes introduction to DoLS & MCA; All A&E staff to have conflict resolution training including restraint; Identified staff will receive Prevent training from a Prevent trainer; DoLS applications, granted/not granted reported; MCA policy to be written; Audit of MCA assessments; <p>Processes in place to safeguard vulnerable adults: Key responsibilities:</p> <ul style="list-style-type: none"> • Evidence of implementation of SAB policy and guidelines; • Ensure the local Safeguarding Adults Policy and Procedures are adhered to at all times; • Ensure participation at a senior level in the Local Safeguarding Adults Board; • Ensure patients and visitors are made aware of how to report harm. <p style="text-align: right;">Green</p>
	g) Review the capacity and capability of the RBFT Safeguarding Team including adult safeguarding medical input and administrative support against the requirements of the Care Act 2014 and the Jimmy Saville NHS investigations: lessons learnt Report Feb 2015.	<p>UCG Director of Nursing and Corporate Lead for Safeguarding,</p> <p>Senior Nurse for Children and Safeguarding, RBFT</p>	June 2015	A multidisciplinary Safeguarding Team with the capacity and capability to deliver the safeguarding duties agreed by the Trust and detailed in its policies, procedures and process.	<p>Cross cover for the safeguarding team has been assured. A review of safeguarding administration is underway. Three Consultants have identified time in their job plans for safeguarding including delivery of MCA training. They are members of the Adult safeguarding clinical governance committee. The consultant's specialities are Intensive care, Anaesthetics, Elderly care/surgery. An external benchmarking exercise has been undertaken.</p> <p style="text-align: right;">Green</p>
	h) Safeguarding to be included on	UCG Director of	April 2015	Appropriate management	Completed.

	all care group clinical governance agendas.	Nursing and Corporate Lead for Safeguarding RBFT		lines of accountability.	The monthly Safeguarding Board report is sent to and considered at each Care Group Clinical Governance Board meeting and at the Trust Quality and Learning Committee that reports directly to the Trust Clinical Governance Board. <i>Green</i>
	i)Safeguarding group in place to monitor compliance. Review requirements for the Trust post Care Act and Jimmy Savile.	BHFT Deputy Director of Nursing	May 2015	Robust safeguarding processes in place.	TORs for the group have been reviewed. Policies and procedures being reviewed in light of Care Act. Savile Actions now complete. All agency staff recruited through NHSP <i>Green</i>
	J) Consider outcomes of safeguarding audit and implement agreed recommendations.	D Phillips with Safeguarding Working Group (SWG), and Organisation's policy groups	September 2015	Improved oversight of the quality of safeguarding performance.	Actions implemented and audit superseded by pan Berkshire audit where assurance was provided in all areas – there will be on going actions as part of further development work. <i>Green</i>
	k) A quality assurance framework is in place with provider health services to enable oversight of serious incidents requiring investigation (SIRI). Review SIRI report documentation include written section on form to include consideration of safeguarding children and adults and potential referral for SCR or SAR.	Jenny Selim, CCG	June 2015	Evidence of consideration of safeguarding is documented in all SIRI reports.	The CCG Serious Incident Panel, is part of the Quality team within the CSU and is the platform for discussion and closure of Serious Incidents (SIs) logged by provider health services. The SI Panel is chaired by the CCG Director of Nursing (who has CCG executive lead responsibility for safeguarding) and is attended by Directors from the relevant provider health service. Since July 2015 confirmation was received that safeguarding and complex case consideration has been a standard agenda item for the panel. Confirmation sent to the SAB in July 2015. <i>Green</i>
	l) Site visits are made by the Nurse Director in the CCGs to all health service providers.	Debbie Daly Nurse Director & CCG Federation Executive Lead for Safeguarding	Ongoing	List of site visits and outcome can be provided	These visits are essentially quality assurance visits to eg. Hospital wards and departments made by the CCG Nurse Director and a member of the CCG Quality Team. Patient care and interaction is observed. <i>Green</i>

	m) All contracted health service providers complete an annual safeguarding self-assessment tool which is monitored by the Safeguarding Team in the CCGs.	Jenny Selim, CCG	July 2015	Completed self-assessment returned via contracts with accompanying action plan. CCGs assured of safeguarding compliance of commissioned health services	All contracted health service providers have returned their completed safeguarding self-assessment tool to the CCG safeguarding team. These have been reviewed and feedback given to providers and any action plan is being monitored between the provider and CCG. Overall average compliance calculation from CCG providers indicated compliant. <i>Green</i>
	n) From 2015 there will be exception reporting to the CCGs Safeguarding Committee and a written report provided to the Quality Committee of the CCG Federation	Jenny Selim, CCG	August-September 2015	Exception reporting to Berkshire West CCG Federation Safeguarding Committee quarterly.	A report from the safeguarding committee has been provided for each Quality Committee meeting. <i>Green</i>
	o) Quality performance measures being developed by PVP Senior Managers	D/Supt Kidman, Thames Valley Police	Summer 2015	To review size of current investigations, workloads and themes	TVP have introduced a quarterly Vulnerabilities Steering Group and monthly thematic Risk Meetings across a range of adult and child vulnerabilities, chaired by a Chief Officer. Local Police Area Commander and specialists are held to account against multiple performance indicators. This process has already led to the development of self-service performance tools (e.g. DAIMS) and to the design & delivery of additional tailored training (e.g. Karma Nirvana to PVP specialist officers for HBA, Broken Rainbow for DA staff dealing with LGBT). <i>Green</i>
	p) Internal QA framework is established and gives direct feedback to staff and managers both qualitative and quantitative feedback.10% monthly audit across all services.	Sarah O'Connor, Wokingham BC	On-going	Informs on-going training and development needs. Improves practice around standards in line with Berkshire safeguarding policy. Improves staff recording	Complete. <i>Green</i>
1.2 Have in place	a) Social Care policies and	Sue Brain	May 2015	Local policies and	Safeguarding procedure updated and implemented

an effective framework of policies, procedures and processes for safeguarding adults.	procedures in West Berkshire Council to be reviewed and amended to accommodate changes imposed by the Care Act	West Berks Council		procedures will reflect the changes to safeguarding Adults as required by the Care Act	through team talks by the safeguarding team. The procedure and implementation remains under review and other procedures are being managed through the appropriate teams. Green
	b) As part of the new operational process for: <ul style="list-style-type: none"> Individual safeguarding Investigations Organisational Investigations Safeguarding team duties new processes and procedures have been designed. These will need to be reviewed following the go live date which is the beginning of March.	Service Manager Reading BC	June 2015	Following the start date of the new procedures a review of the overarching processes and procedures will allow amendments to be made based on real issues that have occurred as opposed to an assumption of the way that it will work. This should offer reassurance that all policies, procedures and processes are robust.	Pan Berks Policy and Procedures reviewed and replaced with a new process. Local Reading process has been reviewed and replaced following local independent review and is now compliant with pending Pan Berks P&P. Green
	c) As part of the Quality Assurance Audit, the safeguarding team will be reviewing compliance with mandatory Care Act processes and with the Berkshire Safeguarding Adults Boards policy and good practice guidance.	Jo Wilkins Reading BC	April 2015	The outcome of this action will be that RBC will be able to assure officers, members and the community that RBC safeguarding is compliant with the Care Act and if audited would be able to evidence that we follow our overarching policy and good practice guidance.	Audit process has been revised; latest audits evidence a much improved compliance with Care Act principles: <ul style="list-style-type: none"> Empowerment –largely good or outstanding Partnership –largely good Protection – largely adequate with the key issue being timescale/ process Proportionality- largely good or outstanding Green
	d) Review Adult Safeguarding Policy, procedures and processes and Restraint Policy against the Care Act 2014 (gap analysis)	Lead Nurse for Adult Safeguarding Lead Consultant	June 2015	Assurance that the RBFT is compliant and working effectively with partners to implement the Care	Completed. Please see RBFT Annual Report 2014/15.

		for Adult Safeguarding RBFT		Act 2014	Green
	e) Draft a Trust Mental Capacity Act Policy for approval by the Executive	Lead Nurse for Adult Safeguarding Head of Legal Affairs RBFT	June 2015	Clarity concerning the MCA including training to support knowledge, audit of practice and interdependency with other policies.	New deadline agreed with CCG for a combined MCA and Consent Policy, Jan 15. MCA is discussed in restraint and safeguarding adult's policy. Green
	f) Report on Jimmy Saville NHS investigations: lessons learnt, Feb 2015, review current practice, gap analysis report and action plan to the Trust Board, CCG and for partner agencies.	Executive Director of Nursing RBFT	June 2015	Additional assurance and clear lines of accountability concerning the lessons learnt in other organisations.	Completed. Response sent to Monitor with a prioritised and affordable action plan on June. Green
	g) Review Adult Safeguarding Policy in response to Care Act 2014	Deputy Director of Nursing BHFT	May 2015	Compliant policy in place	Revised policy issued April 2015 Green
	h) Since the inception of the four CCGs in April 2013 each CCG has had in place a Safeguarding adults and children policy. Reference is made in the policies to the Berkshire Safeguarding Adults procedures and Child Protection Procedures. The policies will be reviewed in response to the Care Act 2014	JS/Kathy Kelly, Named Professional Safeguarding Adults for the CCGs (KK)	Safeguarding Policy review by May 2015	Revised policy will include changes from Care Act 2014	Policy has been reviewed and is on the CCG website. Green
	i) All CCG employed staff and GPs have contact details for Named and Designated Safeguarding Professionals for advice and support in all matters relating to safeguarding children and adults	Kathy Kelly, CCG	June 2015	Include in Safeguarding Policy	This is included in the CCG's Safeguarding Policy and is shared with all GP Practices via the intranet, newsletters and face to face meetings with GP Practice leads for safeguarding, across Berkshire West. Green
	J) External review of safeguarding practice. WBC have	Stuart Rowbotham,	April/May 2015	To have a safeguarding process fit for purpose in	Complete.

	commissioned an external review of safeguarding process across teams to highlight handoffs in service/risk and inform reorganisation of duty services and staffing.	Lynne McFetridge. Sarah O'Connor, Wokingham BC		light of the Care Act , social care and health integration agenda	Green
Priority 2 – Making safeguarding personal					
2.1 The views of adults at risk, their family/carers are specifically taken into account concerning both individual decisions and the provision of services.	a)Documentation to be amended to ensure the focus on the individual is at the forefront of S42 enquiries in West Berkshire	Sue Brain West Berks Council	April 2015	Amended documentation with mandatory requirement for completion will ensure the inquiry officer will be prompted at appropriate intervals to focus on the wishes of the individual.	S42 inquiry documentation updated to include outcomes consistent with the making safeguarding personal initiative. The effectiveness of outcomes is being measured and reported on at Corporate Board in readiness for statutory reporting during 2016/17 Green
	b)Programme of external information and support planned for providers and service users in West Berkshire to ensure the MSP agenda is central to their understanding when raising safeguarding concerns.	Sue Brain West Berks Council	March 2016	Appropriate understanding across all sectors will ensure MSP is central to both referrals and enquiries	MSP has been included within all levels of safeguarding training from April 2015. Talks to provider forum and teams which highlights the focus of MSP being undertaken. Specific MSP training delivered throughout Q3 and 4. Reporting focus in West Berks established to capture clients' wishes. Green
	c)The views of adults at risk and their family/carers will be reviewed as part of the Quality Assurance Audit. Any non-compliance will be discussed with the case investigator and their line manager and any patterns of non-compliance will be addressed with all staff via training.	Service Manager and Jo Wilkins Reading BC	July 2015	Adults who have been subject to an individual or part of an organisation investigation will feel safer on their own terms and that no presumption will be made around what is in their best interests.	Outcomes met. Audit evidences improvement in adult's voice being central to enquiry (see 1.2, c). MSP training complete. System for feeding back audit outcomes to Team Manager. Green
	d)The Council has signed up to the Making Safeguarding Personal programme overseen by	Service Manager and Jo Wilkins	July 2015	Nationally we will be able to state that we have achieved a certain level of	Complete. Green

	Local Government Association and will work with them to ensure at least Bronze level compliance with the programme.	Reading BC		making Safeguarding Personal which will be ratified.	Green
	e)Ensure that representatives of service users and/or their families/carers are invited to each Safeguarding Forum and feel safe to express their experience and feelings there.	Debra Cole Reading BC	June 2015	This will ensure that our work is service user lead and that we can learn from the experience of those service users and/or their families/carers.	This action is monitored via the audit action above. Feedback is offered to workers via line management. In Q1, practice gave rise to concern in relation to this action which is not embedded in practice. Training is necessary to advance this vital action and is being planned as above with local partner authorities. Service users and carers are now attending safeguarding forums – latest subject covered was “Hoarding and Neglect” with contributions from Environmental Health and the Lead AMHP. Green
	f)MCA and DoLS review and audit at least 2 patient individual journeys to include patient and family experience and views.	Lead Nurse for Adult Safeguarding & Learning Disability Coordinator RBFT	September 2015	Identify good practice and gaps, improve learning, patient focused actions, celebrate good practice	MCA and DoLS Training is on going. Awareness training forms part of staff induction and core mandatory training day. Enhanced training is offered to identified staff – senior clinical staff. Compliance is reported via the quality schedule to the CCG. The safeguarding team continue to apply for DoLS, with the ward areas identifying patients who require a DoLS. Gathering of patient stories is on-going. 2 MCA audits completed through review of patient notes. Green
	g)Review and audit patient at least 2 patient individual journeys MHA to include patient and family experience and views.	Mental Health Coordinator & Named Nurse for Child Protection RBFT	September 2015	Identify good practice and gaps, improve learning, patient focused actions, celebrate good practice	Patient stories are collected and discussed at the safeguarding team meeting. Green

h) Review adult safeguarding information leaflets with a Patient Leader	Senior Nurse for Children and Safeguarding RBFT	September 2015	Review adult safeguarding information leaflets with a Patient Leader	Patient leaflets have been reviewed by patient leaders / patient reviewers. This was undertaken by the patient information manager to ensure that all information is to an appropriate standard and uses suitable language. There is a planned scheduled review for all patient information. Green
i) Ensure Duty of Candour is applied to safeguarding investigations	Deputy Director of Nursing BHFT	September 2015	Duty of Candour appropriately applied	Duty of candour applied and register in place. To audit by end of year.
j) Consider feedback as a result of the implementation of the fire safety guide for adults	D Phillips with Safeguarding Working Group (SWG), and Organisation's policy groups. RBFRS	Dec 2015	Identify good practice and gaps	Excellent feedback – task and finish groups being formed to co-ordinate training of front line staff and to enable referrals. The guide is being linked to GP practices across Berkshire West. A report will be provided to the Board as a recommended 6 monthly period to report on – agencies trained, referrals received and safeguarding alerts raised. The guide is being well received in all SABs and the approach is being used as an example of good prevention / safeguarding work adding value to the work of sub groups. Green
k) Peer review with SE ADASS	Sarah O'Connor Wokingham BC	September 2015	To provide benchmarking and review of Making Safeguarding Personal agenda	Complete. Green
l) Documentation to be amended to ensure the focus is on the individual's wishes and outcomes. MSP implemented into level 1,2 and 3 safeguarding training	Sarah O'Connor Wokingham BC	April 2015		Complete. Green
m) Programme of workshops arranged for providers and staff of the council to ensure MSP is central to their understanding when raising safeguarding concerns	Sarah O'Connor Wokingham BC	Autumn 2015		Complete. Green

	n) Cases will be randomly selected for detailed review and feedback from the safeguarding team to ensure the change in process is being adhered to and understood by staff and providers	Sarah O'Connor Wokingham BC	Autumn 2015	As above	Initiated via 10% audit and practice consultation. Complete and ongoing.
Priority 3 - Raise awareness of safeguarding adults, the work of the SAPB and improve engagement with a wider range of stakeholders					
3.1 Raise awareness of safeguarding adults and the work of the Board within all organisations.	a) Redeveloped safeguarding adults forum in West Berkshire with renewed focus on membership and action planning to reflect the priorities of the SAPB	Sue Brain West Berks Council	June 2015	Re-crafting the membership and focus of the Forum will ensure it aligns with the business plan of the Board increasing awareness and understanding across the professional sector.	Updated safeguarding training to include information on the SAB. ToR and action plan developed and approved by the local safeguarding forum which aligns with strategic direction of the SAB. Actions within the plan include plans for awareness raising. Regular reviews of the action plan take place within the forum setting. This is now a well-established forum and set up as the operational arm of the SA Board in West Berkshire. <i>Green</i>
	b) RBC will attend all board and sub group meetings and provide good links to the board and the Berkshire Safeguarding Adults Boards policy and good practice guidance on our website. We will also ensure that safeguarding retains a presence within the Care Junction newsletter which goes to Council employees and local health and social care providers.	Service Manager Reading BC	June 2015	This will ensure that safeguarding remains visible and at the forefront of organisations and communities minds. It will also provide information about what we do and how well we have done in order to offer reassurance of a safe and effective service.	All actions complete. RBC is well represented on all sub groups with a record of good attendance. Care Junction newsletter has just received the latest update outlining MSP, FGM and Modern Slavery and publicity updates. <i>Green</i>
	c) Review Trust intranet Safeguarding page to include link to SAB website when available	Senior Nurse for Children and Safeguarding RBFT	When SAB website available	Improved awareness of the role of SAPB amongst RBFT staff	Communication team asked to add link to internet Oct 15. <i>Green</i>

	D) Link to SAB website from Trust intranet	Deputy Director of Nursing BHFT	When website available	BHFT staff more aware of SAB	Link added to intranet Green
	e) Consider publicising RBFRS work in relation to safeguarding adults externally and internally	D Phillips with SWG and Corporate Communications	June 2015	Staff and public are more aware of RBFRS safeguarding work and the work of the SAB.	RBFRS has been carrying out a safeguarding audit and is in the process of providing further internal training / awareness. RBFRS has been promoting its prevention work with vulnerable adults. Green
	f) Team meetings to have quarterly invitation to safeguarding team to update and raise awareness improve learning and practice	Lorna Willis Mechelle Adams Ron Brown Christine Dale, Wokingham BC	Summer 2015 onwards	Raise awareness and improve communications across the organisation	Ongoing. Green
	g) Review feedback systems within adult social care and joint health and social care teams	Lynne McFetridge Sarah O'Connor Wokingham BC	Summer 2015 onwards	Review feedback systems within adult social care and joint health and social care teams	Ongoing. Green
3.2 Increase public awareness of safeguarding adults and the work of the Board.	a) Develop a service user safeguarding adults forum in West Berkshire	Jennifer Symons West Berks Council	October 2015	Development of this forum will enable the dissemination of information and exploration of safeguarding issues and solutions with various service user groups	Two meetings have taken place since the Autumn, with a third booked for early March 2016. Focus to date has been on raising awareness in the local community. Green
	b) Review literature and promotional material to ensure its details and message are still correct and change its appearance so that it is not overlooked through familiarity.	Jo Wilkins Reading BC	September 2015	The outcome of this action should be that more referrals are made to safeguarding as new material will raise the profile of safeguarding.	Complete – updated publicity material due for dissemination by end August. Green
	c) Review Trust internet (public) Safeguarding page to include a statement about the importance of partnership working through	Senior Nurse for Children and Safeguarding	When SAPB website available	Improved awareness of the role of SAPB amongst RBFT patients, families and visitors	Links to the website and the policies and procedures are on RBFT's internal site. Statement about the importance of partnership working through SAB and link to SAB website is expected to

	SAB and link to SAB website when available	RBFT			be published early 2017. Green
	d) Support the SAB in raising awareness of safeguarding adults and the work of the Board	D Phillips with SWG and Corporate Communications. RBFRS	June 2015	Staff and public are more aware of RBFRS safeguarding work and the work of the SAB.	RBFRS has been carrying out a safeguarding audit and is in the process of providing further internal training / awareness. RBFRS has been promoting its prevention work with vulnerable adults. Green
Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.					
4.1 Continue to ensure staff receive appropriate and effective level of safeguarding and other relevant training.	a) West Berkshire to continue to contribute to the Learning and Development subgroup of the SAB and support the peer observations and reviews of training across the SAB patch	Neil Dewdney West Berks Council	April 2015	Contribution to the L&D subgroup will ensure that safeguarding training in West Berkshire meets agreed standards and supports the development of future training options	Level 2 safeguarding training redrafted and brought back in house. In line with the L&D sub group training standards. Completed by 1 st June Level 3 due to be brought back in house by end of this financial year. Level 3 dates agreed and planned for 2016/17, delivered by WBC safeguarding staff in line with the SAB L&D subgroup standards. Green
	b) West Berkshire will contribute to and facilitate learning events across the District from SAR's, as agreed within the Partnership subgroups (either L&D or Partnership and Best Practice)	Sue Brain West Berks Council	September 2015	Support for a variety of learning opportunities will ensure that staff across West Berkshire will have the opportunities to access learning events outside of the formal training programme	Workshops for safeguarding case law review, including learning from SAR's across the country, delivered in September 2015. New workshops commissioned for April/May 2016 with an option for another one in September/October 2016. Final agreement on format of learning log for forum approved and in use from December 2015. Green
	c) Continue to attend and feed into the Learning and Development Subgroup.	Jo Wilkins Reading BC	April 2015	The outcome will be that Reading can feed into identified training needs and ensure that staff are skilled and knowledgeable in	Complete –continued attendance. Green

				carrying out and identifying safeguarding cases.	
	d) Continue with our rolling programme of training offered.	Jo Wilkins Reading BC	April 2015	Again this will ensure that staff and external organisations are skilled and knowledgeable in carrying out or identifying safeguarding cases.	Complete – Training continues as planned. Green
	e) Review all safeguarding training and have a written strategy and training plan for 2015/16 which will include Adult Safeguarding Awareness, Adult Safeguarding Level 2, MCA, DoLS, Prevent and MHA and allegations management	Senior Nurse for Children and Safeguarding RBFT	June 2015	Continue to improve the level of safeguarding knowledge, competence and confidence in RBFT workforce	Completed – please see RBFT Annual Report 14/15 and action plan 15/16 for details. Green
	f) Review training requirements in light of the Care Act	BHFT	July 2015	Maintenance of training targets	Training reviewed in light of Act. Compliance targets maintained. Green
	g) Communicate and train internally and externally on the content and intentions of 'Adult At Risk and Associated MoU' documents	DP with SWG	Mar 2016		Excellent progress being made with providers being identified and training taking place. Reading BC are providing a good practice model of a task and finish group which is ensuring RBFRS are connecting to all the service providers and the group is ensuring records are kept. RBFRS would recommend this approach in all local authority areas. RBFRS will provide a report to the Board on training carried out, referrals received as a result as well as safeguarding concerns raised – this to ensure that the training and approach is sustained and can identify on-going training needs. Green
	h) Safeguarding lead to undertake Lead review training Learning Together -SCIE	Sarah O'Connor Wokingham BC	Autumn 2015	Resource within the service to undertake lead review work	Complete. Green

				able to explore issues of concern or to share best practice.	presented/discussed at the forums as requested by members, the Safeguarding Board, service users and managers. Green
	e) Evaluation of safeguarding training, ensure good and bad practice is used to inform training and included as scenarios.	Senior Nurse for Children and Safeguarding Lead Nurse for Adult Safeguarding RBFT	June 2015	Training will be more relevant and practitioners will contribute to improvement	Completed at Safeguarding Team Away day June 2015. Green
	f) Safeguarding practice to be included in trust CQC peer review of wards/units	UCG Director of Nursing and Corporate Lead for Safeguarding RBFT	Started Oct 2014	Testing of knowledge and practice and targeted improvement	Completed. Pertinent questions including knowledge of MCA and DoLS included in several rounds CQC peer review have demonstrated improvement in knowledge and allowed for targeted improvement. This approach is on-going. Green
	g) Review process for sharing learning from SCRs	Head of Adult Safeguarding BHFT	July 2015	Improved learning from SCRs	Published on intranet. Learning from SCRs incorporated into training Green
	h) Embed a 'fatal fires and near misses' process and associated communications (internal and external)	DP with RBFRS critical event management team	Dec 2015	Improved learning from incidents and identification of poor practice.	Very good progress being made with reviews taking place in Reading providing reports with clear direction and actions that are taking place to implement learning. The coroner has provided good feedback on RBFRS' approach. It is strongly recommended that the approach taken in Reading with an effective partnership review and task and finish group is implemented following fire fatalities to ensure learning is identified and actioned. Green
Priority 5 – Coordinate and ensure the effectiveness of what each agency does					
5.1 Challenge staff and organisations where poor	a) Improve information sharing processes between Care Quality, Safeguarding Adults and	Service Managers West Berks	March 2016	Improvements to intelligence sharing and agreed co-ordinated	One CQ officer has been designated as the safeguarding link and works as an integrated member of safeguarding in relation to

practice is identified.	Commissioning and Contracts teams in West Berkshire to co-ordinate opportunities to challenge poor practice in a variety of forums	Council		action across departments increases the opportunities and forums in which poor practice can be challenged at the earliest opportunity and in a variety of settings with a variety of responses.	investigations and subsequent action plans. Care Quality Intelligence Group and Care Quality Board now well attended. Contracts and Commissioning are well represented in all settings. Green
	b) Continue to support the development of the Care Quality Intelligence partnership group (operational) and Care Quality Board (strategic)	Maria Shepherd West Berks Council	April 2015	The operational and strategic groups support the process of identifying poor practice and have the mechanisms to challenge those individuals through their strategic and operational links with commissioning and CQC	Safeguarding is a key integral member of both the CQ intelligence and strategic board. Matrix of risk has been developed via care quality in relation to providers we commission drawing information from safeguarding, deficiencies and complaints and delivers information critical to planned interventions. Green
	c) Provide PI information as required by the Board.	Service Managers Reading, West Berkshire and Wokingham	Sept 2015	LA's will be held accountable and can be challenged on poor performance.	Agreed PI set developed. Q1 data collated and presented to the Board. Mechanisms in place for quarterly recording and submission of data. Green
	d) Work with Contracts and Commissioning to review practice in organisations.	Service Manager and Jo Wilkins Reading BC	April 2015	The outcome of this will be that Reading will be able to confirm the appropriate and timely identification of potential organisational abuse and take the appropriate action.	Update – August 2015. Safeguarding Roles and Responsibilities was approved by DMT in March 2015. The document and associated guidance have been comprehensively reviewed and amendments are due to go back to DMT by end September. Further perspective has been provided by an on-going independent review of safeguarding process and practice which has begun to provide very useful feedback including on RBC's processes compliance with SAB agreed processes. Green
	e) Review the pathway and processes: oversight of the Safeguarding decision and	Sarah O'Connor Lynne McFetridge	Summer 2015	Local Authority has oversight of the processes within Optalis	Complete.

	ensuring appropriate action is taken remains the duty of the LA although work can be delegated to the LATC.	Mette Le Jakobsen Wokingham BC		its LATC, to ensure pathways and responsibilities are clear, understood and agreed by all parties.	Green
	f) The independent external review recommendations will be taken into account by the leadership team and inform discussions around pathway change and system design.	Sarah O'Connor Lynne McFetridge Wokingham BC	Summer 2015	Evidence from the external review used to improve service design	Complete. Green
5.2 Develop the role of the Forums to provide feedback on the effectiveness of what each agency does.	a) Redeveloped safeguarding adults forum in West Berkshire with renewed focus on membership and action planning to reflect the priorities of the SAB	Sue Brain West Berks Council	June 2015	Re-crafting the membership and focus of the Forum will ensure it aligns with the business plan of the Board increasing awareness and understanding across the professional sector.	ToR and action plan developed and approved by the local safeguarding forum which aligns with strategic direction of the SAB. Actions within the plan include plans for awareness raising. Regular reviews of the action plan take place within the forum setting. New working group to develop action plan for 2016/17 set to be convened after the SAB planning workshop in Feb 2016. Green
	b) Develop a service user safeguarding adults forum in West Berkshire	Jennifer Symons West Berks Council	October 2015	Development of a well facilitated forum creates a safe space for feedback on local safeguarding practice and suggestions for improvement or sharing new ideas	First meeting planned for 9 th September 2015. First meeting has taken place and was reasonably well attended for a first meeting. Next meeting due 10 th December 2015. Green
	c) Re-launch the forum in Reading and provide opportunity for feedback in a structured way by organisations and service users	Debra Cole Reading BC	June 2015	The outcome will be that Reading can ensure that their practice is aligned to what works best for partners and service users and this forum can be used to explore new initiatives.	Forum re-launched in June. Green
	d) Share forum details in the	Nancy Barber,	July 2015	Improved attendance	BHFT representative attended the launch of

	Trust	BHFT		from BHFT	Reading's Forum. Forum now included on BHFT training schedule Multi-agency input for forum speakers Green
	e) Re-establish staff engagement with the Wokingham Safeguarding Forum through team meetings	Sarah O'Connor Johan Baker Wokingham BC	Summer 2015 onwards	Improve attendance and representation	Complete. Green

West of Berkshire Safeguarding Adults Board Business Plan 2016-17

PRIORITY 1				
ESTABLISH EFFECTIVE GOVERNANCE STRUCTURES, IMPROVE ACCOUNTABILITY AND ENSURE THE SAFEGUARDING ADULTS AGENDA IS EMBEDDED WITHIN RELEVANT ORGANISATIONS, FORUMS AND BOARDS.				
Outcome	Action	Lead	Timescale	Success criteria
1.1 Develop oversight of the quality of safeguarding performance.	a) Review and implement the Board's Quality Assurance Framework.	Governance Subgroup	Sept 2016	The QA Framework is reviewed and published. Identified actions are implemented.
	b) Annual self-assessment audit to be completed by partner agencies, results received and action plans monitored.	Governance Subgroup	Dec 2016	Results of self-assessment audit evidences improvements on previous completion.
	c) Develop a Performance and Quality Assurance framework to support and promote MSP.	Performance and Quality Subgroup	Oct 2016	Outcome information has a focus on wellbeing as well as safety, and reflects the six safeguarding principles.
1.2 Have in place an effective framework of policies, procedures and processes for safeguarding adults.	a) Approve amendments to the Pan Berkshire Multi-Agency Policy and Procedures twice yearly.	Governance Subgroup	July 2016 and ongoing	The Berkshire Multi-Agency Policy and Procedures are accurate and up to date.
	b) Implement a Tracker to monitor how learning from local reviews and national developments is embedded across the partnership.	Governance Subgroup	Sept 2016	Board is assured that learning from reviews and national developments is shared across partner agencies.

1.3 Raise awareness of the work of the Board within partner organisations	Present Board's Annual Report to Health and Wellbeing Boards and other committees.	Independent Chair and Board members	January 2017	Evidence that the Annual Report is presented to the HWBs and other committees.
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PRIORITY 2				
RAISE AWARENESS OF SAFEGUARDING ADULTS, THE WORK OF THE SAFEGUARDING ADULTS BOARD AND IMPROVE ENGAGEMENT WITH A WIDER RANGE OF STAKEHOLDERS				
Outcome	Action	Lead	Timescale	Success criteria
2.1 The Board is confident that professionals are accessing the online Berkshire Policy and Procedures	a) Publish and promote new Berkshire Policy and Procedures.	Communication Subgroup	April 2016 publication, with review scheduled for July.	Audit trail of emails promoting Policy and Procedures from Board members to teams.
	b) Evaluate awareness of and use of Policy and Procedures through survey and website analytics.	Communication Subgroup	Findings from survey and website analytics reviewed in December.	Survey monkey reveals 75% of respondents are familiar with Procedures. Website analytics evidence improved no. of hits on the relevant page.
2.2 All partner agencies have agreed and implemented the Board's revised Communication Strategy.	Review and promote the Board's Communication Strategy.	Communication Subgroup	June 2016	Board endorsement of the Communication Strategy. Clear communication processes and joint working in the event of a significant safeguarding incident.
2.3 All Board members	Review and promote the Board's Induction Pack.	Communication	Sept 2016	Evidence that members have

understand their role.		Subgroup		received the Induction Pack and understand their role as Board members.
2.4 Managers and staff are aware of the learning from SARs in order to keep people safe.	Publish and disseminate learning from Safeguarding Adults Reviews and other partnership reviews.	Communication Subgroup	Sept 2016 and ongoing	Executive summaries and briefing papers published and disseminated upon completion of review.
2.5 Practitioners are aware of the Board's function and local safeguarding processes.	Conduct survey and make recommendations to help the Board raise awareness of its function and local safeguarding processes.	Communication Subgroup	Dec 2016	Survey completed by 200 practitioners. Recommendations endorsed by Board and actions to implement recommendations in place.
2.6 Printed information is available to guide people through the safeguarding process.	a) Provide clear explanations for people about what is meant by safeguarding and outcomes.	Communication Subgroup	March 2017	People are involved more effectively in the safeguarding process.
	b) Promote the principles of Making Safeguarding Personal.	Communication Subgroup	January 2017	Information on MSP published and disseminated via website, briefing notes and publicity material.

PRIORITY 3: ENSURE EFFECTIVE LEARNING FROM GOOD AND BAD PRACTICE IS SHARED IN ORDER TO IMPROVE THE SAFEGUARDING EXPERIENCE AND ULTIMATE OUTCOMES FOR SERVICE USERS.

Outcome	Action	Lead	Timescale	Success criteria
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3.1 Continue to ensure staff receive appropriate level of safeguarding adults training.	a) Review Levels 2 and 3 safeguarding training standards to ensure alignment with Pan-Berkshire Policy and Procedures.	Learning and Development Subgroup	December 2016	Updated training standards agreed and used in developing training programmes
	b) Refresh Workforce Development Strategy to map to revised social care competence framework and to intercollegiate document.	Learning and Development Subgroup	March 2017	Refreshed Strategy (including updated training standards) produced & published on SAB website
	c) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC.)	Learning and Development Subgroup	April 2016 (achieved)	Course delivered by Wokingham BC and offered across west of Berkshire
	d) In conjunction with the LSCBs, support development and delivery of the Joint Children's and Adults Safeguarding Conference on 23 September.	Learning and Development Subgroup	23 September 2016	Conference held with attendance from adult sector
	e) Deliver Making Safeguarding Personal awareness training for private, voluntary and independent sector.	Learning and Development Subgroup	December 2016	Awareness workshops delivered to the local PVI sector
	f) Trading standards tailored training.	Learning and Development Subgroup	20 June 2016	Tailored training developed and delivered
	g) Deliver core training programmes at all levels to support the sector. Report on training activity for 2015-16 for SAB annual report.	Learning and Development Subgroup	Ongoing June 2016	Training programmes delivered and evaluated. Training data collated
3.2 Improve mechanisms to share learning from	Support the development of workshops and network meetings to share learning from SARs and	Learning and Development	March 2017	Information sharing sessions coordinated to respond to SARs to

good and bad practice more widely.	other partnership reviews.	Subgroup		support Effectiveness Subgroup
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PRIORITY 4				
COORDINATE AND ENSURE THE EFFECTIVENESS OF WHAT EACH AGENCY DOES				
Outcome	Action	Lead	Timescale	Success criteria
4.1 Agencies are implementing, and are compliant with, the new Berkshire Policy and Procedures and areas for learning and development across agencies and standards of best practice are identified.	a) Twice yearly case audit on S42 enquiries are undertaken. Themes and areas for development from S42 audits reported to the Board in June and December. Board to take required actions to address areas of identified concerns across partner agencies. Audit sample of cases against the MCA code of practice.	Effectiveness Subgroup	May and November 2016	Baseline established in May and areas for improvement identified; second audit in November evidences improvements in results of S42 case file audits outcomes.
	b) Undertake and publish multi-agency thematic reviews.	Effectiveness Subgroup	February 2017	Results of thematic reviews are published and areas for development are identified for the Board to take appropriate action.
4.2 Service user feedback indicates that clients' desired outcomes are met, in line with MSP and the well-being principle.	a) Develop processes to ensure service user feedback is collected and understood.	Effectiveness Subgroup	September 2016	Robust, practical processes are in place across partner agencies.
	b) Develop mechanisms for measuring outcomes for individuals who have been through the safeguarding process.	Effectiveness Subgroup	March 2017	Increase in number of individuals whose desired outcomes have been met as a result of the safeguarding

				process.
4.3 Involvement of advocates and IMCAs ensure person centred responses are promoted.	Identify where there is a shortfall in the use of advocates and raise staff awareness as to how and when to involve advocates.	Effectiveness Subgroup	September 2016	New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.
4.4 The Board is assured that learning from SARs has been responded to appropriately by agencies.	The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs.	Effectiveness Subgroup	October 2016 and ongoing	The SAR Learning Monitoring Tool is completed and presented to the Board quarterly showing that learning from SARs is embedded within partner agencies.
	Subgroup to receive action plan developed by the SAR Panel, monitor completion by partner agencies and provide assurance to the Board that actions have been met.	Effectiveness Subgroup	October 2016 and ongoing	Learning from SARs is embedded within partner agencies. Actions are completed within identified timescales.

Safeguarding Adults Annual Report 2015/16

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Purpose

This paper provides assurance to the Trust that all issues related to safeguarding adults, like those of children and young people are being satisfactorily managed within Berkshire Healthcare Foundation Trust (BHFT).

Document Control

Version	Date	Author	Comments
2	July 2015	Suzannah Johnston	
		Kate Harte	

This document is considered to be Commercial in Confidence and is therefore not to be disclosed outside of the Trust without the prior consent of the Author or a Director of the Trust.

Distribution:

All Trust Directors

All relevant staff

Document References

Document Title	Date	Published By
Lampard report on Saville enquiry	2015	TSO
Care Act	2014	TSO
Care and Statutory Guidance	2014	Department of Health
Making Safeguarding Personal	2014	LGA
The Cheshire West and Chester Council V P(2014) UKSC19, (2014) MHLO16	2014	Mental Health on Line (MHOL)
Mid Staffordshire Foundation Enquiry- <i>Francis Report</i>	2013	TSO
Mental Capacity Act	2005	Department of Health
No Secrets	2000	Department of Health
Building Partnerships, Staying Safe	2011	Department of Health
Mental Capacity Act 2005 Deprivation of Liberty Safeguards	2007	Department of Health

Safeguarding Adults - Annual Report 2015/16

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1. Introduction

Adult Safeguarding practice has come into sharp focus for all NHS organisations in the wake of large scale enquiries such as the Mid Staffordshire Foundation Enquiry, the *Francis Report (2013)* and the Lampard report on Saville enquiry (*Lampard K & Marsden 2015*)

With the introduction and implementation of the Care Act (2014) on 1st April 2015 this has been the first year that Safeguarding Adults has operated with the benefit of a legal framework.

The Care Act identifies an Adult at risk as:

- *someone who is aged 18 and over, who has needs for care and support (whether or not the local authority is meeting any of those needs); and*
- *is experiencing, or is at risk of abuse or neglect; and*
- *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*

The Care Act 2014 enshrines the six principles of safeguarding practice.

1. Empowerment –presumption of person led decisions and informed consent.
2. Prevention- it is better to take action before harm occurs.
3. Proportionality – proportionate and least intrusive response appropriate to the risk presented.
4. Protection- support and representation for those in greatest need.
5. Partnership- local solutions through services working with their communities.
6. Accountability – accountability and transparency in delivering safeguarding

The Act places a duty on local Authorities to establish Safeguarding Adult Boards (SABs). All Berkshire Local Authorities already had established boards, the Act means they are now statutory, bringing Adult Safeguarding more in-line with Children’s Safeguarding.

The Act places a legal duty on local authorities to make enquiries or ensure others do so, if it suspects an adult is subject to, or at risk of abuse or neglect. It places a legal duty on organisations including BHFT to comply with requests to supply information to support the SAB exercise its functions.

2. Safeguarding Vulnerable Adults in Berkshire

2.1 Safeguarding Adult Boards

There are four SABs serving Berkshire: West of Berkshire SAB serving Reading, West Berkshire (Newbury) and Wokingham, Bracknell SAB, Royal Borough of Windsor and Maidenhead SAB and Slough SAB.

Section 44 of the Care Act puts a duty upon the Safeguarding Adults Board (SAB) to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

- I. There is reasonable cause for concern about how the SAB, its members or other persons with relevant functions worked together to safeguard the adult, and
 - II. The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
- Or
- III. If the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

BHFT are represented at all Boards with, the Deputy Director of Nursing sitting on the West Board and the relevant Locality Directors for each of the East Boards.

2.2 Safeguarding Adult Review's

During 2015/16 there have been 2 new Safeguarding Adults Reviews (previously referred to as Serious Case Reviews). Both reviews were undertaken by West of Berkshire SAB. It is anticipated that the final report for Mr I will be published around September 2016. There is an ongoing criminal investigation in the case of Mrs H, so no date for publication has been agreed.

One case in Slough EE has concluded and the findings and actions are detailed below. Another Slough case known as Mr F was initially considered for SAR but on review it was agreed that it would meet the Criteria for a Domestic Homicide Review. The report has been completed and is awaiting sign off from the Department of Health prior to publication.

Slough SAR

Summary:

At the time of her death Mrs. EE was a 93yr old woman living with her son aged 58 in a Council flat with very limited contact with statutory services and in receipt of no services. Mrs EE had been a tenant of Slough Borough Council for many years and prior to that her husband was the tenant. There was a long running dispute between the household and their upstairs neighbour which revolved around noise, usually at night. Most contact between Mrs EE/EE's son and the Housing Department was via letter and these were usually about complaints by EE or EE's son about noisy neighbours. This was escalated on a number of occasions to Councillors and also to their MP. However both parties refused any attempts at mediation. There had been intermittent Anti-Social Behaviour complaints by her neighbour upstairs over a long period of time about Mrs EE about noise nuisance (along with other complaints by the neighbour against other tenants in the building). In 2009 Housing served notice on Mrs EE as a means of improving Mrs. EE's engagement with the alleged noise issues. Mrs EE and her son strongly denied the allegation and spent some time trying to clear their name. The household was known to the Antisocial Behaviour Service for at least 9 years because of this. Mrs EE never visited her GP surgery after 2007 and was rarely seen by anyone from the practice. Mrs EE continued repeat prescriptions for minor ailments via letter. Mrs EE refused any services offered by Adult Social Care on two occasions. In June 2014 her son called an ambulance and the crew found Mrs EE in a poor state allegedly having lived in her chair for 4 years. She subsequently died in hospital of sepsis the next day.

Findings:

Finding 1: The assumption from professionals is that other services will 'keep an eye' on people even after their case is closed due to non-engagement and will refer back if risks escalate, but as there are no formal systems for monitoring people who disengage from services, in reality risks remain unknown.

Finding 2: The specific remits of the various panels for discussing cases means that there is no clear route for escalation to consider alternative options for people who do not fit a defined category of need leading to no safety net for professionals

Finding 3: In Slough there is no public health promotion of common health problems affecting older people (e.g. continence, lack of mobility), leaving family carers and professionals with limited understanding of the risks involved in managing them effectively

Finding 4: In initial contact, professionals are focused on what they can provide, so they tend not to prioritise issues that are outside their role, even if they are very important to the service user, resulting in disengagement by the service user.

Finding 5: There is a lack of clarity about the relationship between safeguarding adult and domestic abuse procedures, particularly in non-stereotypical domestic abuse cases, leading to risks not being investigated thoroughly.

Actions:

As well as engaging in a number of multi-agency actions including the development of information leaflet for patients and carers and a mapping exercise of the various multi-agency panels and meetings in Slough. The main actions are around communication with partners, particularly in relation to the risk of non-engagement. A BHFT action plan was developed and is monitored through the BHFT Safeguarding Group.

West of Berkshire SAR

1. Summary:

Mrs H was living in an annexe of her son's home. She had a private carer who visited four times daily to provide meals, housework and to take her shopping. It was understood that Mrs H son was not actively involved in her care; he worked long hours and left the responsibility for his mother's care with her private carer who was also a family friend.

Over the course of a two and a half year period Mrs H was seen periodically by a range of health and social care professionals starting in May 2012 when she was referred to Reading Social Services for an assessment for day services by the consultant at the Hazelwood Memory Clinic.

In August 2012 a day service was offered and declined by Mrs H's son; there was no further recorded involvement until late in 2013 when Circuit Lane surgery received an urgent referral for pressure sores. The surgery was involved in treating the sores and prescribing a course of pro shots, Reading Social Services OTs supported with the provision of a chair and mattress.

There was no further recorded involvement apart from a blood test between end of January 2014 and November 2014 at which time Mrs H was admitted to Royal Berkshire Hospital from home by the GP. Safeguarding alerts at the time said that Mrs H had been hospitalised. She was described as being severely

malnourished, needing blood fluids and feeding. Mrs H passed away in hospital on 29 November 2014. It is not possible to include the findings in the report as they are yet to be published.

2. Summary:

Mr I had suffered a brain injury and had a lower leg amputation. He was prone to depression and developed an increasingly severe dependence on alcohol. He resented contact from the services and was aggressive to visitors including the regular care staff who had been commissioned by the Local Authority to provide daily support and monitoring. His case was transferred from the Local Authority Long Term Team (LTT) to the Mental Health Review and Reablement (R&R) Team in June 2013, but despite their best efforts the new keyworkers struggled to develop a working relationship with him. Mr I was assessed as having the mental capacity to make decisions about his health and welfare. The keyworkers took his case to the Risk Enablement Panel (REP) in April 2014 hoping that the case would be transferred, however the REP instead encouraged them to continue with their work to try to engage Mr I. No active work was possible due to Mr I's use of alcohol and reluctance to engage, and so it proved very difficult to reduce the risks involved.

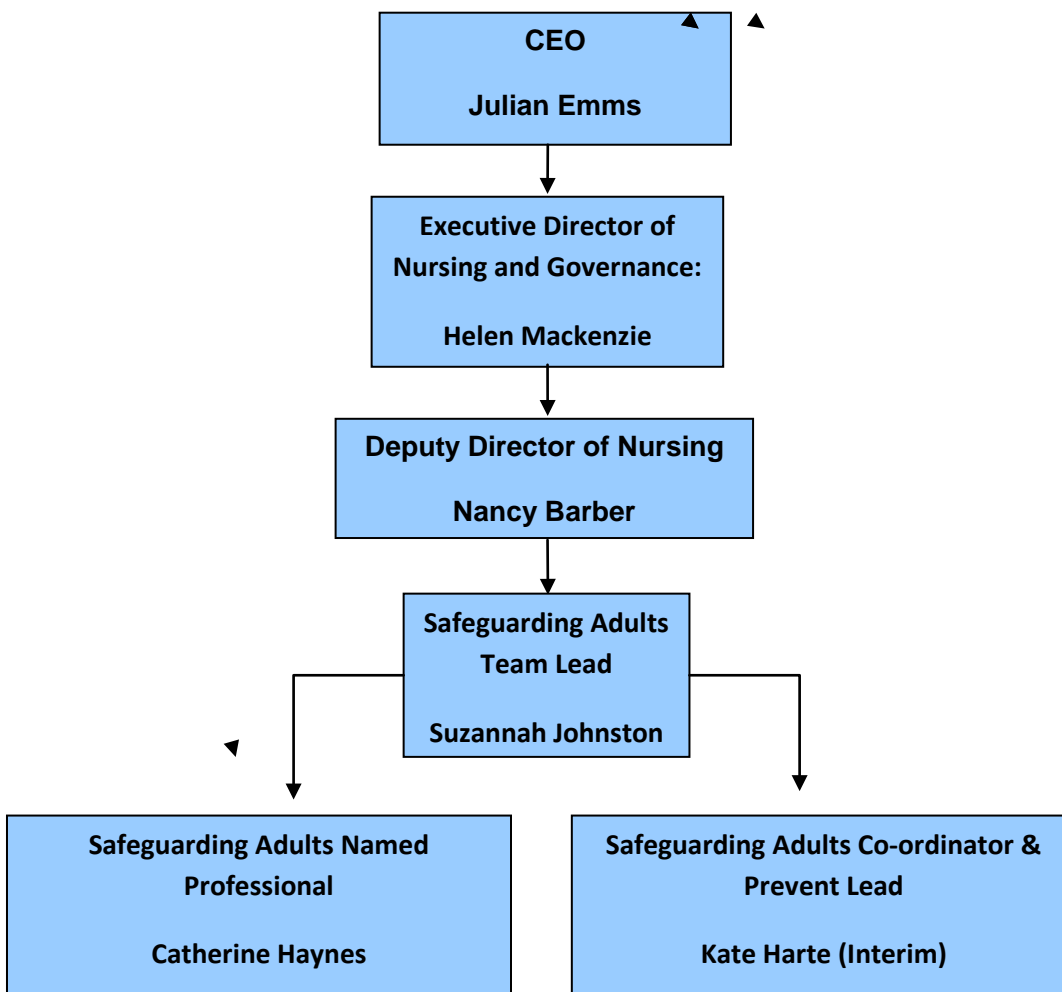
The daily carers continued to call but often did not manage to see Mr I, so the police would occasionally undertake welfare checks. In July 2014 it was agreed by the workers and managers of both teams that the case should be transferred back to the LTT and held on duty (as opposed to being allocated), however due to other work pressures the mental health keyworker did not progress the transfer. In April 2015 the keyworker took the case back to the REP who agreed that the decision to transfer the case back to the LTT should be progressed. However the usual procedures for handover recording and case transfer on the health and the Local Authority IT systems were not completed correctly.

At this time a significant re-structure of the Local Authority teams resulted in the LTT duty function being provided by the Single Point of Access (SPOA) team. A period of confusion and increasing frustration followed. The case began to be managed by the SPOA but they had no access to the recent mental health records and the transfer had not been formally confirmed. This led to a lack of clear accountability for the case. During this period the teams were unaware that Mr I's physical health was significantly deteriorating. He died unexpectedly in June 2015 and was found in his home several days later by the police. It is not possible to include the findings in the report as they are yet to be published.

2.3 BHFT Safeguarding Structure

Information from the SABs is shared at the quarterly BHFT Safeguarding Adults group which is chaired by the Deputy Director of Nursing. This group leads and monitors all Safeguarding Adult work within the Trust. It is a sub group of the Safety, Experience and Clinical Effectiveness Group chaired by the Director of Nursing which reports to the Quality Executive group and ensures a direct line of communication up to the Board. The Board also receives a monthly update on safeguarding cases of concern.

The named Executive for safeguarding adults in the Trust is the Director of Nursing and Governance. The current Lines for accountability are as follows:



2.4 Serious Incidents (SI)

There have been several SI's within BHFT where there has been a safeguarding aspect, this report will not detail these incidents as they are detailed and reported to the Board separately.

The safeguarding team are often involved in discussions where there has been an allegation against a member of staff. Common themes that have arisen are staff approach and attitude and training needs. The team have offered several bespoke training sessions to services where such themes have been identified.

BHFT have a responsibility to consider any incident where an individual with care and support needs, dies or experiences significant harm meets the Criteria for a SAR, if so a referral should be made to the relevant SAB.

3. Development and achievements in Adult Safeguarding during 2015- 2016

The trust had a CQC inspection in December 2015 and the CQC reported that they found overall there was a good understanding and awareness of Safeguarding Adults. This is a reflection of the hard work and continued attempts by the safeguarding adult team to ensure that Safeguarding remains at the forefront of practice across the organisation. The CQC did highlight MCA as an area for development across a number of services. The Safeguarding Adults team do not have any more resource to commit to the application to practice of the Mental Capacity Act so are planning to look for creative ways to improve compliance. Difficulties in the application to practice of the Mental Capacity Act are a theme that has been present in all of the Safeguarding Adult Reviews mentioned above, particularly the 2 cases reviewed by the West of Berkshire SAB during this year. It is recognised nationally that the MCA is not well embedded in practice across health and social care and this is definitely an area for development across BHFT.

The team have continued to work towards the Action Plan set out in last year's report:

- Continue to work closely with Local Authorities and other external agencies to continue to improve and develop safeguarding adult practices.
 - *BHFT have continued to work closely with external agencies to improve and develop safeguarding adult practices. BHFT are represented on all 4 SAB and all SAB sub-groups across Berkshire.*
 - *The BHFT safeguarding adult team have organised a quarterly peer support session for all safeguarding colleagues working in Health across Berkshire.*
 - *The Trust continues to host a quarterly partnership group to which all six Local Authorities, both CCG leads and the acute Trust leads are invited*

- Continue to raise awareness of the multi-agency safeguarding adult's policies and procedures across the trust.
 - *The Berkshire wide safeguarding adult policies and procedures were fully reviewed to ensure that local procedures were care act compliant. The safeguarding team and the Tissue Viability service supported in the review and development of the Safeguarding pressure Ulcer pathway. The new procedures were re-launched on 1st April '016, information went out in Team Brief and the link is available to all staff on team net.*
 - *The team continue to provide tailored adult safeguarding support in practice areas where Serious Incidents Requiring Investigations (SIRI)s have highlighted learning needs with regard to adult safeguarding practice.*

- Continue to work with the training and development department to ensure that training targets are achieved for Adult Safeguarding and Mental Capacity Act training for relevant staff groups and volunteers within the trust.
 - *The team continue to work hard delivering training in Safeguarding Adults level 1&2, Mental Capacity Act, Deprivation of Liberties and PREVENT. Training continues to be a challenging area in terms of the capacity of the team and their ability to keep up with demand whilst balancing other priorities. There are plans to explore alternative training methods during 2015/16. This has started this year with the development of a level 2 Safeguarding Adult Refresher forum which will allow more staff to refresh per session than a current level 2 course. Options such as live streaming these sessions are going to be explored next year.*
- Complete the Mental Capacity Act train the trainer course and then roll out staff training in Mental Capacity Act and DOLS practice.
 - *8 Members off staff completed the MCA& DoLS train the trainer course that was commissioned by the CCG's. This has enabled us to bring the MCA and DoLS training in house.*
- Monitor practice in Mental Capacity Act by auditing the use of a mental capacity assessment tool to monitor improvements and identify areas where practice support is required.
 - *The safeguarding team found that there was no consistency across the trust in relation to which if any MCA tools were being used so rather than undertaking an MCA Audit it was agreed to work with the Clinical Transformation team to develop a single MCA tool in Rio that can be used by all services that use Rio. It has been designed in such a way that it will be easy to replicate for services that do not use Rio.*
- Complete work to audit safeguarding practice and use the information to improve standards within the trust
 - *An internal audit was completed by RSM which found that safeguarding adult policies and processes were relatively well imbedded across the organisation. It did identify two areas for improvement which have both now been actioned. These were the dissemination of lessons learnt from SARs, which is now done through the level 2 Forums. A number of cases that were still open to the safeguarding team on Datix, following review a gap in the teams closing procedures was identified and this has now been altered to prevent this occurring again.*
- Explore strategies to increase service user awareness and participation in safeguarding adults practice.
 - *The team worked with the trust Communications team to develop a range of posters aimed at raising awareness of Safeguarding Adults amongst service users and carers. These were sent out to all services across the trust for display in patient areas.*
 - *Work was done with the Risk team to amend the Datix form to give greater prominence to the section where staff record the views and desired outcomes of the patient as part of the work to embed the Making Safeguarding Personal principles*
- Continue to ensure that the Trusts PREVENT contractual requirements are met including the delivery of WRAP3 to identified staff groups.
 - *A significant amount of effort was put into achieving the Quality schedule target for WRAP3 training, unfortunately despite best efforts the target was not achieved. It was identified that this was mainly as a result of the number of staff that join each month and require the training so to address this the PREVENT lead was able to negotiate with the L&D team and it has been agreed that WRAP3 will be included in induction from July 2016*

4. Senior Management Engagement and Partnership working

Continued senior management engagement with safeguarding adult's multi-agency SABs and the trusts internal group supports the implementation and embedding of safe practice and process undertaken by the trust and ensures that any concerns raised staff are fed back and appropriately actioned.

The Safeguarding Adult Team attends both East and West Learning & Development sub groups and various other sub groups including the partnership and best practice group in the West and the SCR committee in Slough. The Deputy Director of Nursing attends the West Quality Assurance sub group.

Trust representation at the sub-groups enables timely and effective sharing of information and learning from partner agencies. It also ensures the trust's practices align with the expectations of the boards in relation to training delivery, quality assurance procedures and best practice

Trust safeguarding adult activity is fed up to senior management through the quarterly Safeguarding adult monitoring and review group chaired by the Deputy Director of Nursing, this information initially filters to the quality governance group and then to the executive governance group as appropriate.

5. Safeguarding Concerns raised and referred

5.1 Safeguarding Concerns recorded by the trust

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Bracknell	5	1	4	6	5	2	6	6	4	8	4	3	54
Reading	20	37	41	41	32	34	36	40	29	39	30	24	403
Slough	5	5	1	4	4	6	9	9	7	7	4	7	68
West Berks	3	3	4	6	6	6	15	8	12	7	7	6	83
Windsor, Ascot and Maidenhead	6	6	5	7	6	6	8	13	6	14	12	6	95
Wokingham	6	2	8	10	10	7	8	17	12	23	9	10	122
Other	1	0	0	0	0	0	0	0	0	0	0	0	1
Oxfordshire	0	0	0	0	0	0	0	0	0	0	1	0	1
Total	46	54	63	74	63	61	82	93	70	98	67	56	827

5.2 Safeguarding Concerns referred to the Local Authorities

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Bracknell	4	1	4	6	5	3	5	6	2	8	4	1	49
Reading	13	15	27	22	17	18	14	22	21	27	15	11	222
Slough	3	3	1	4	3	6	7	7	5	5	4	7	55
West Berks	3	2	4	3	5	5	14	8	10	6	7	3	70
Windsor, Ascot and Maidenhead	6	6	4	6	5	6	8	11	6	11	11	5	85
Wokingham	5	2	8	9	10	7	7	13	12	20	9	10	112
Oxfordshire	0	0	0	0	0	0	0	0	0	0	1	0	1
Total	34	29	48	50	45	45	55	67	56	77	51	37	594

6. Mental Capacity Act (MCA) 2005 and Deprivation of Liberties Safeguards (DOLS) (2007)

The Safeguarding Adults team have led the Trust's responsibility for co-ordinating and raising awareness of Mental Capacity Act & Deprivation of Liberty Safeguards (DOLS) since 2012/13.

Following the attendance of 8 staff on a MCA/DoLS train the trainer course it has been possible to reduce the use of an external trainer to deliver MCA and DoLS training. Since January 2016 all MCA and DoLS sessions have been delivered by BHFT staff.

The issue of assessing an individual's mental capacity is often a central part of the safeguarding process and often the advice that is sought initially as a safeguarding concern frequently is actually more about supporting staff to recognise that some individuals make what may be considered as an unwise decision

and that they have a Right to do that. Support is also often required around making best interest decisions for individuals who lack capacity to make specific decisions.

An understanding of the MCA is crucial to the implementation of DoLS as awareness has been raised, staff are more frequently contacting the Safeguarding Adults team for specific advice about the MCA.

The Law commission carried out a full review of the current DoLS framework and found the current system to be 'deeply flawed', they proposed that they be replaced with a new system, to be called 'Protective Care'. Broadly speaking, protective care had three aspects: the supportive care scheme, the restrictive care and treatment scheme, and the hospitals and palliative care scheme recommended a significantly different process. The review went out to consultation which closed in November 2015. There was a significant amount of feedback given regarding the proposed changes. It is anticipated that a final report and draft Bill will be published in December 2016. It is unlikely that there will be any noticeable changes to practice until 2019 at the earliest.

6.1-DOLS Applications for 2015-2016.

There have been 33 DoLS applications during 2015/16 which a similar number as there were in 2014/15. 30 applications were authorised, 3 were not, 2 because the person was not eligible for DoLS and 1 application which went to the court of protection as it was a complex case. All applications for DOLS require a BHFT signatory and the locality directors or their designated deputy has responsibility to ensure the application to the local authority is complete and appropriate. The Safeguarding Adults team continue to provide support and guidance to locality on DOLS applications. The CQFC must be notified of all DoLS Applications and the Outcome. This should be done by the Locality Directors or agreed deputy.

	Q1	Q2	Q3	Q4	Total
Total number of applications received:	5	10	5	13	33
Applications Authorised:	4	9	5	12	30
Applications Declined:	1	1	0	1	3

	Q1	Q2	Q3	Q4
Henry Tudor Ward	1	1		
Windsor Ward	1			
Donnington Ward			1	
Little House	1	1		
Rowan Ward	1	3	4	9
Campion Unit	1	2		2
Orchid Ward		1		1
Oakwood Unit		1		1
Jubilee		1		
Total	5	10	5	13

7.Prevent

'Prevent' is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of health document 'Building Partnerships, staying safe –the Healthcare Sector's contribution to HM Government's Prevent Strategy: for Healthcare Organisations'. The Trust has a duty to adhere to the Prevent duty. Its aim is to stop people being drawn into terrorism or supporting terrorism. Terrorist attacks have continued to take place across the world in 2015/16 and individuals are still being radicalised. In August 2014 the UK's terrorist threat level was increased to 'Severe', meaning a threat is 'highly likely', the threat level remains at severe at the time of this report.

During 2015-16 the trust has established strong links with the Local Authorities and the police in every area of Berkshire. The trust has representation on all six of the Prevent Management Groups and is a standing member of all six Channel Panels. There is a mutual respect for each organisation within the groups and Channel Panels which has ensured effective management of Prevent cases. The trust will continue to be represented at the Channel Panel and Prevent Management meetings across the six Localities in Berkshire throughout 2016-17. The trust approved a Prevent Policy in 2015-16, this has been made available for staff to view on the trust intranet site (teamnet); this includes guidance on information sharing, how to make a referral and general information around Prevent.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Lead and some of those referrals meeting the threshold to be considered by the Channel Panel and in turn being adopted by the panel. In these cases support has been put in place for the client to divert them away from being drawn into or supporting terrorism. Due to the Prevent Duty being newly established and the nature of the types of concerns the management of cases has been a learning exercise for all services involved. This has highlighted additional needs of patients, their families and staff and so the trust will be making information leaflets regarding PREVENT available to patients and their families or carers. A Frequently Asked Questions sheet will also be made available to staff.

The baseline training requirement set for Quarter One identified 1937 staff to be trained, this comprised of all staff deemed to be working with the most vulnerable clients, clinical managers and those working in isolation. At the end of Quarter One, 20% had been trained and by the end of Quarter Four this had raised to 75%. A total of 1744 staff have been trained since April 2015. This equates to 90% of the baseline figure of 1937. However, with new starters this has meant an achievement of 75%. In addition to those staff who have attended Prevent, 1138 staff have undertaken Channel General Awareness training which is 50.3% of the required number of staff.

From July 2016 Prevent(WRAP3) will be delivered in the trust induction to address the issue of new starters, in addition we will be delivering 20 scheduled courses throughout the year for existing staff who have not yet been trained. The Prevent Lead and other approved facilitators will also be providing additional training sessions to teams on an AdHoc basis as necessary.

Prevent will continue to be embedded into general practice during 2016-17.

8. Safeguarding Adults Audit

Along with the internal audit as described above. The safeguarding team undertook an audit of safeguarding response to alleged sexual assault/inappropriate behaviour on MH Inpatient Wards. The audit

has identified several areas where policy has not been followed. There are several places where standard practice needs to be changed to ensure policy is followed and patients are appropriately safeguarded and risks managed. The risk of reoccurrence of these types of incidents is high due to transferable risk not being identified and managed.

The services are currently developing an action plan to address the audit findings. The safeguarding team have been providing additional support and training to wards and staff. The Mental Health audit will be repeated six monthly to ensure an improvement is made.

The Safeguarding team will also undertake a quality audit of the new format induction training during quarter two to ensure the effectiveness of the training.

9. Training and Development of staff

9.1 Safeguarding Adults Training

In relation to safeguarding adult training and as a partner of the four SAB's in BHFT is guided by the workforce development strategies' developed by the East and West Learning and development subgroups and all level 1 training adheres to the standards identified to ensure that all staff have appropriate knowledge and competencies in relation to the:

- Potential for the occurrence of abuse and neglect
- Identification of abuse and neglect
- Safeguarding adults policy and procedures
- Requirement to report any concerns of abuse or neglect
- Internal reporting structure for such concerns

Continued training and development of trust staff on safeguarding vulnerable adults forms a primary responsibility for the Safeguarding Adults Team. Lessons learned from national and local enquiries in Safeguarding Adults Reviews have been incorporated into our training programme which is delivered at two levels. Level 1 is aimed at staff whose work brings them into regular contact with patients who are in need of services whether or not the local authority are aware of them. It comprises awareness on the different types of abuse, how to recognise signs of abuse and how to manage situations of witnessed abuse and disclosures of abuse by patients in our care. Level 2 is targeted at senior clinicians.

Level 1 training has now been provided by the trust to all volunteers in response to the recommendations of the Lampard report (2015) as part of a wider BHFT action plan that includes strategy to manage visits by celebrities, VIPs and other official visitors to hospital sites and patient areas as well as HR and recruitment policies review. On-going statistics for staff numbers trained is included on the quarterly reports submitted to the Deputy Director of Nursing.

Level 1 Basic Awareness

Org L4	Level 1 Req	Level 1 Trained	%
371 Community East Bracknell Services	402	355	88%
371 Community East Slough Services	382	352	92%
371 Community East WAM Services	556	512	92%
371 Community West Newbury Services	441	410	93%
371 Community West Reading Services	545	500	92%
371 Community West Wokingham Services	376	350	93%
371 Corporate Services	219	206	94%
371 Head of Inpatient (MH) & Urgent Care Service	282	261	93%
371 Other Health Services Service	155	141	91%
Grand Total	3358	3087	92%

Level 2 Training

Org L4	Level 2 Trained
371 Community East Bracknell Services	137
371 Community East Slough Services	149
371 Community East WAM Services	154
371 Community West Newbury Services	167
371 Community West Reading Services	236
371 Community West Wokingham Services	152
371 Corporate Services	100
371 Head of Inpatient (MH) & Urgent Care Service	77
371 Other Health Services Service	71
Grand Total	1243

9.2 MCA & DOLS Training

Significant effort and resource has been put in by the Safeguarding Adult team to ensure that the Quality schedule targets of 75% for both MCA and DoLS training were achieved.

Mental Capacity Act Training

2014/15

Org L4	Compliance %
371 Community East Bracknell Services	46%
371 Community East Slough Services	55%
371 Community East WAM Services	44%
371 Community West Newbury Services	64%
371 Community West Reading Services	61%
371 Community West Wokingham Services	58%
371 Corporate Services	28%
371 Head of Inpatient (MH) & Urgent Care Service	61%
371 Other Health Services Service	44%
Total	54%

2015/16

Org L4	MCA
371 Community East Bracknell Services	75%
371 Community East Slough Services	82%
371 Community East WAM Services	70%
371 Community West Newbury Services	78%
371 Community West Reading Services	74%
371 Community West Wokingham Services	75%
371 Corporate Services	50%
371 Head of Inpatient (MH) & Urgent Care Service	79%
371 Other Health Services Service	61%
Trust Wide	75%

Deprivations of Liberty Safeguards

2014/15

Org L4	Compliance %
371 Community East Slough Services	57%
371 Community East WAM Services	72%
371 Community West Newbury Services	64%
371 Community West Reading Services	65%
371 Community West Wokingham Services	70%
371 Corporate Services	17%
371 Head of Inpatient (MH) & Urgent Care Service	47%
371 Other Health Services Service	27%
Total	55%

2015/16

Org L4	DOLS
371 Community East Bracknell Services	N/A
371 Community East Slough Services	95%
371 Community East WAM Services	75%
371 Community West Newbury Services	82%
371 Community West Reading Services	75%
371 Community West Wokingham Services	76%
371 Corporate Services	80%
371 Head of Inpatient (MH) & Urgent Care Service	81%
371 Other Health Services Service	52%
Trust Wide	79%

10. Summary

The Care Act (2014) and *Care and Support Statutory Guidance (Chapter 14-Safeguarding)* has clarified our responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation underpins the standards and principles of Safeguarding practice at the heart of patient care at Berkshire Healthcare NHS Foundation Trust (BHFT) and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response.

The changes to terminology, categories of abuse and making safeguarding processes personal to the individual concerned are being incorporated into training and development of trust staff and volunteers and policy documents. The adult safeguarding team continue to work closely with external partners, developing local relationships and ensuring that adult safeguarding practices reflect local and national guidance.

Safeguarding Adult Boards have a statutory status directed by the Care Act (2014) with clearly defined roles and responsibilities to co-ordinate strategic safeguarding adult activity across all sectors and service user groups, to prevent abuse and neglect occurring and where it does, it is recognised and responded to appropriately. The SABs forms a view of the quality of safeguarding locally and challenges organisations where necessary. Senior representation on all four Berkshire SABs ensure a direct link to the Board regarding Safeguarding Adult concerns, enquiries and lessons learned as well as future development in practices and policies.

Application of the Mental Capacity Act is a topic that continues to be identified as an area for development both nationally and locally through SAR's, staff feedback and the recent CQC inspection.

Team Plan 2016 - Safeguarding Adults Team

Our vision: To be recognised as the **leading community and mental health service provider** by our staff, patients and partners.

The safeguarding adult's team strive to support the delivery of safe and effective care by working with partners and services to ensure that all staff are aware of their Safeguarding responsibilities including application of the Care Act, Mental Capacity Act and PREVENT duty.

Goal 1: To provide accessible, safe and clinically effective services which improve patient experience and outcomes of care.

We will do this by:

- Being available to offer clinical advice and support to all services across BHFT
- Providing dedicated safeguarding resources to Inpatient Mental Health and Learning Disability services
- Ensuring that allegations against staff and episodes of poor care are investigated and appropriate actions are taken
- Delivering training that includes lessons learnt from Local and National Safeguarding Adult Reviews
- Embedding the principles of Making Safeguarding Personal MSP across services
- Continually reviewing training to ensure that it reflects local and national guidance

Goal 2: Deliver sustainable services based on sound financial management.

We will do this by:

- Continuing to review and where possible streamline processes to avoid duplication of work for services
- Working closely with the complaints and governance team to avoid duplication and streamline investigation processes
- Providing information to partners and services electronically to reduce the need to print multiple or large documents

Goal 3: Be the provider of choice for people who use and commission our services.

We will do this by:

- Ensuring that sufficient training is available to staff
- Providing reports and statistical information as required to evidence compliance with the Quality Schedule targets
- Supporting practice to ensure that the views, wishes and feeling of people using our services are taken into account in all safeguarding work
- Undertake annual self-assessment audit for commissioners and SAB's

Goal 4: Establish an extensive range of integrated "out of hospital" services.

We will do this by:

- Working with developing services to highlight the appropriate safeguarding adult pathway
- Providing safeguarding, MCA, DOLs and PREVENT advice and support to clinicians
- Raising awareness of services to our partner agencies

Goal 5: Work with our partners to develop more caring and compassionate communities.

We will do this by:

- Continuing to ensure that BHFT are represented on all Berkshire Safeguarding Adult Boards (SAB)
- Working with Local Authority safeguarding teams to ensure robust processes are in place for reporting, managing and feeding back concerns.
- Attending all relevant SAB sub groups and ensuring information is disseminated across BHFT through the Safeguarding Adults group
- Providing appropriate information and BHFT representation for Safeguarding Adult reviews
- Hosting the Berkshire wide Health peer support network
- Chairing the Berkshire Partnership group

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 542 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

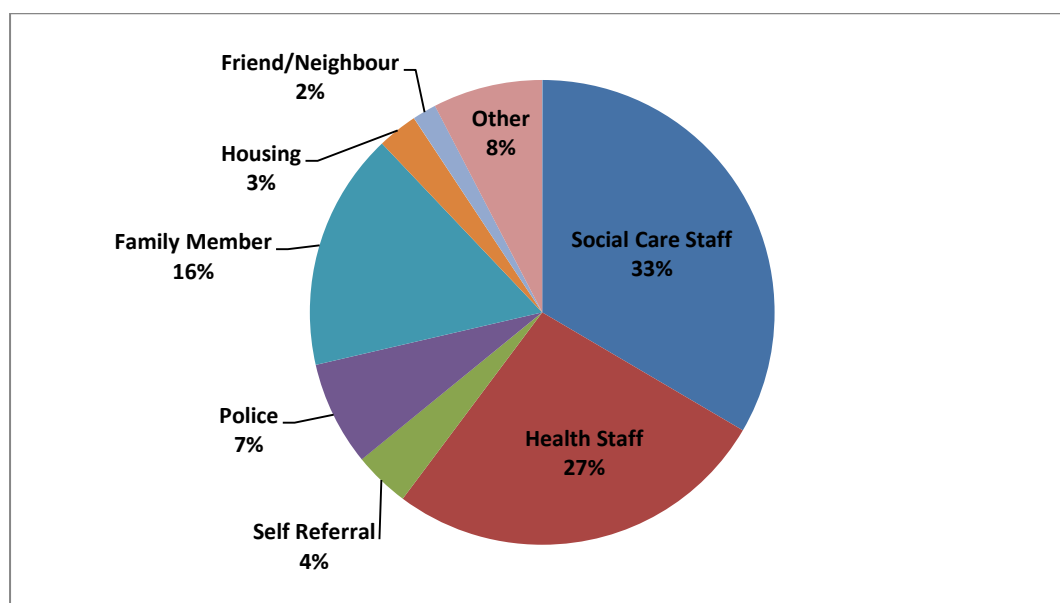


Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2013/14. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers 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

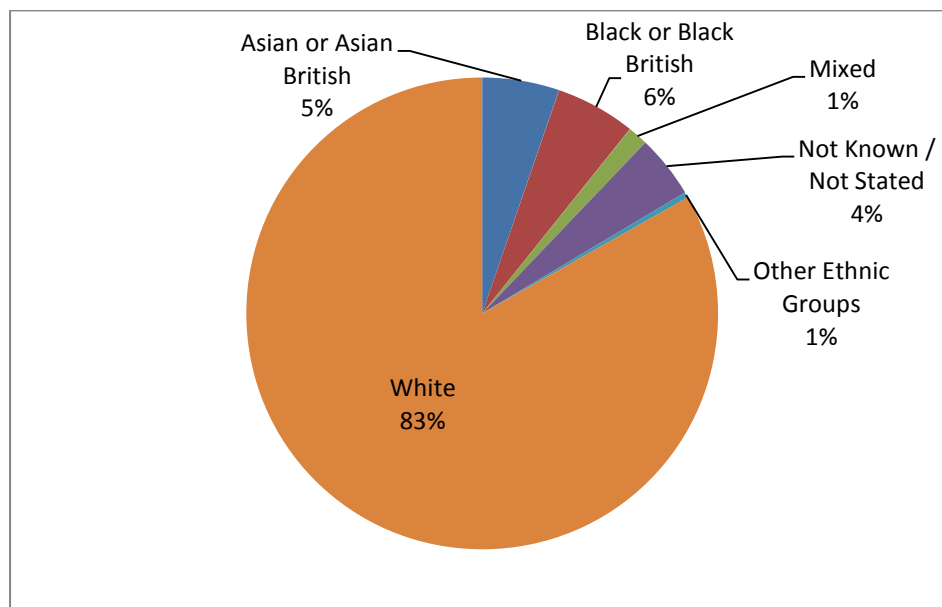


Table 6 shows the ethnicity split for the whole population of Reading based on the ONS Census 2011 data. Any Enquiries where ethnicity was not obtained/stated have been excluded from this table.

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).

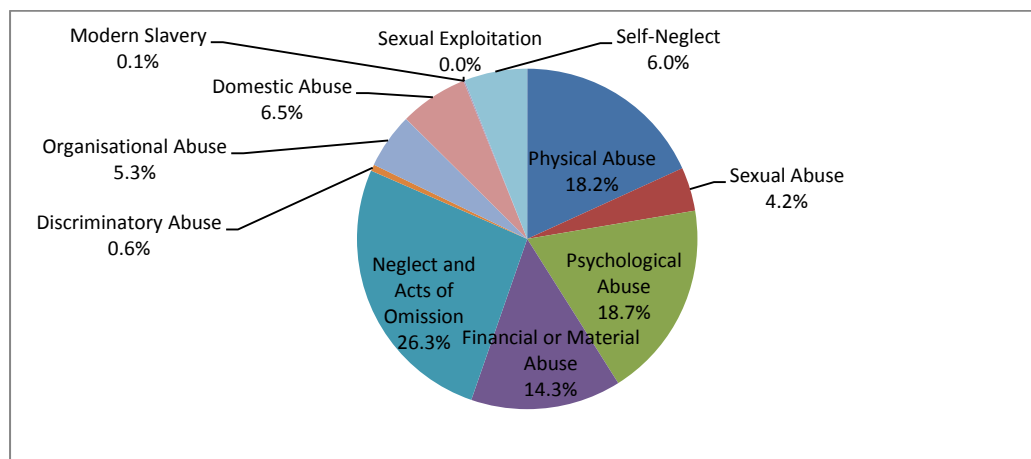
The most common types of abuse for 2015/16 were for Neglect and Acts of Omission (26.3%), Psychological Abuse (18.7%) and Physical Abuse (18.2%).

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

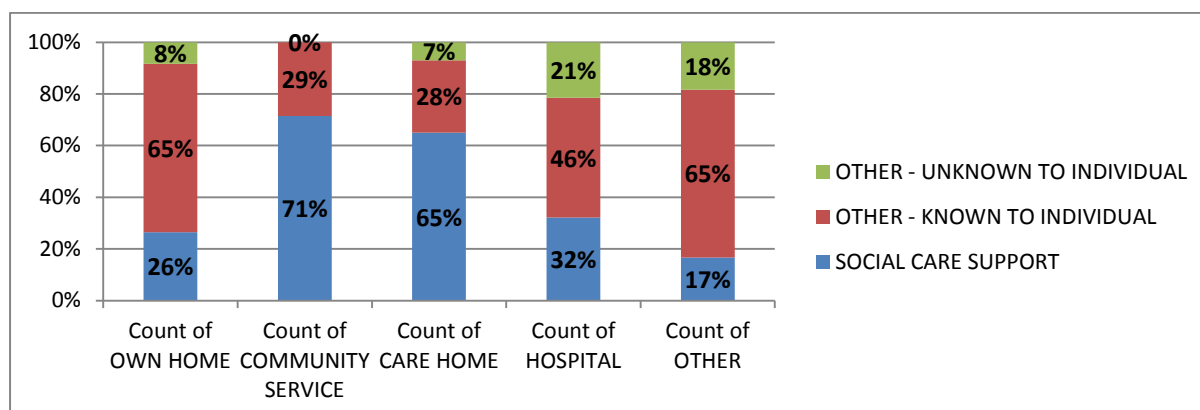
As shown in Table 9, as with previous years by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (62% in 2015/16) which has shown a 5% rise (up by 63 individuals) proportionately as compared to last year.

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.

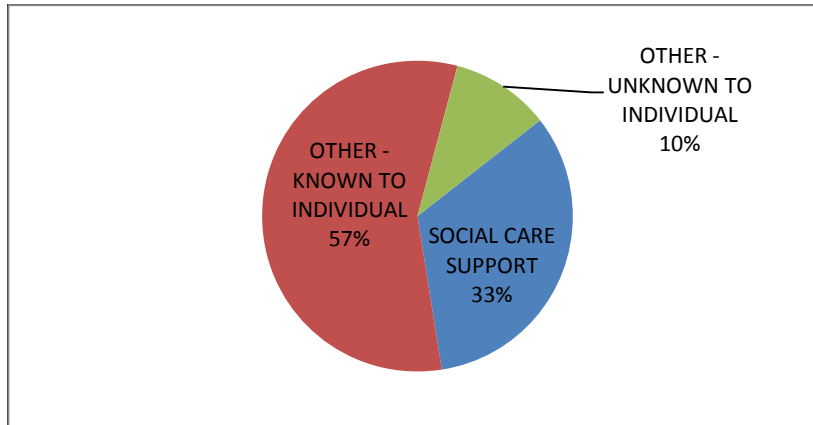
Figure 4 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16



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

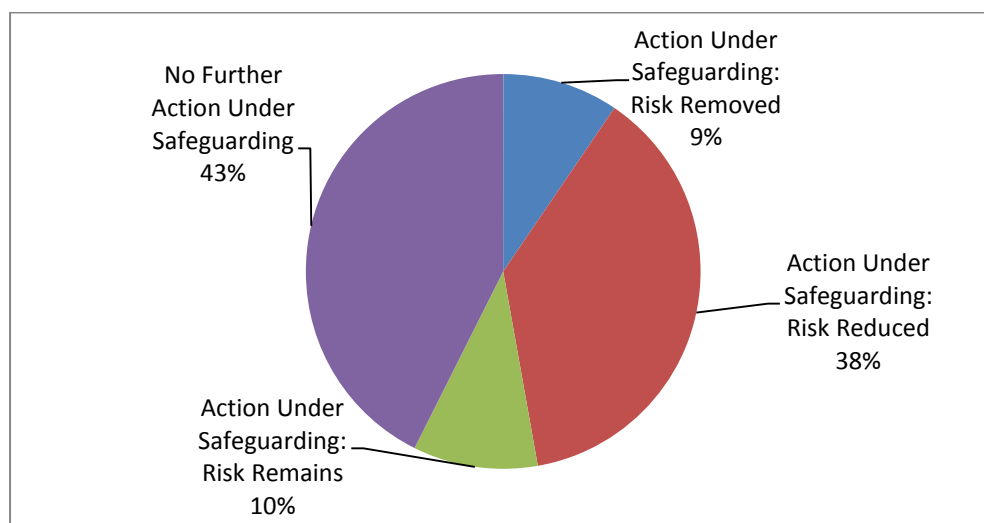
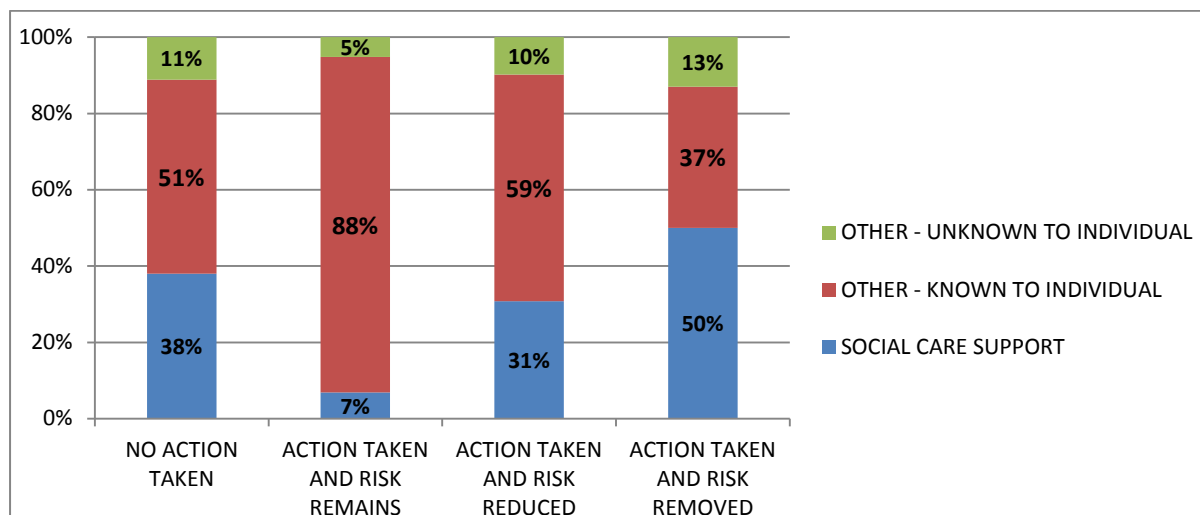


Figure 7 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2015/16. For the majority of cases where action was taken and the risk was reduced or remained the main source of risk was other individuals known to that individual. This is especially noticeable 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

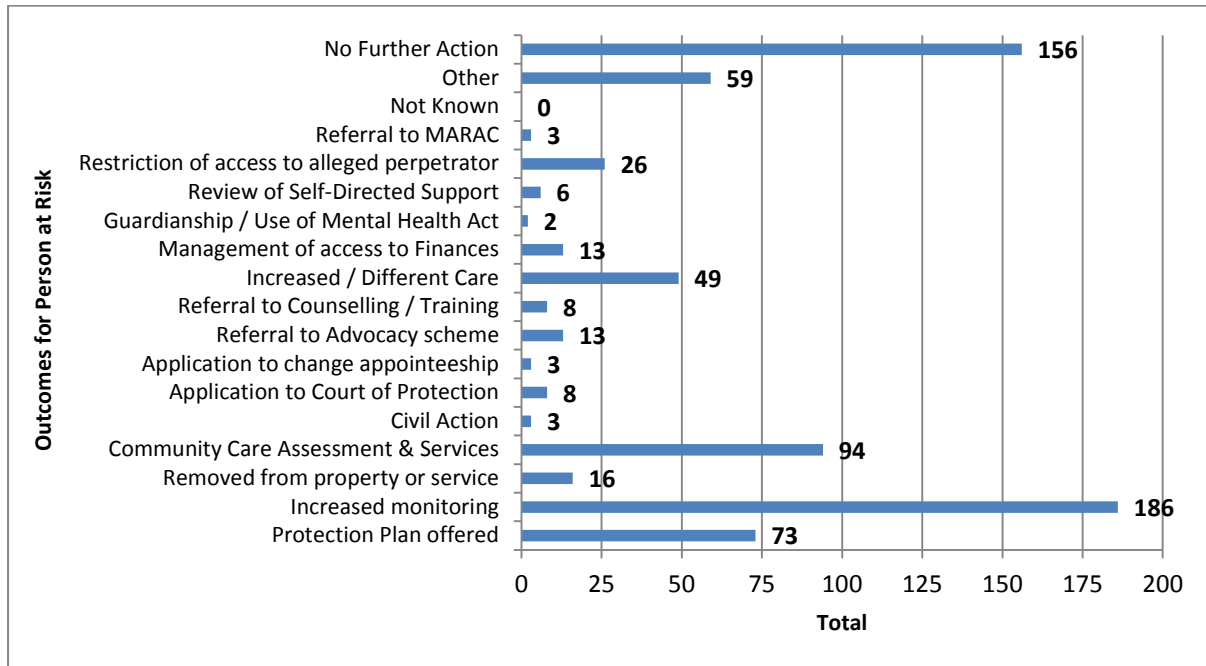


Outcomes for the person at risk

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?

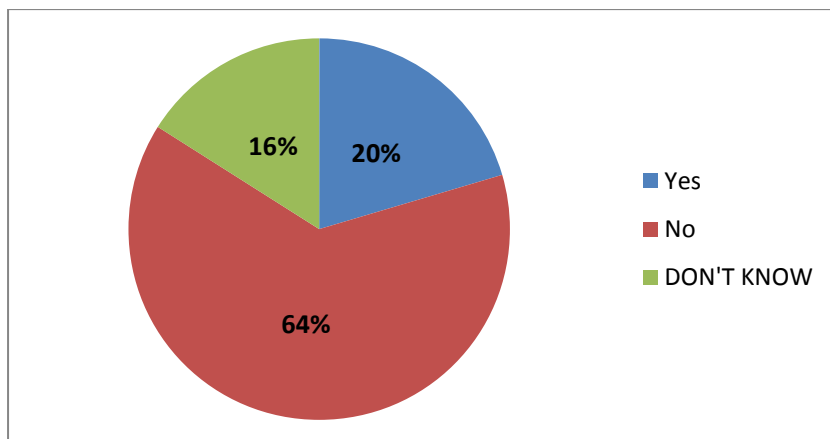
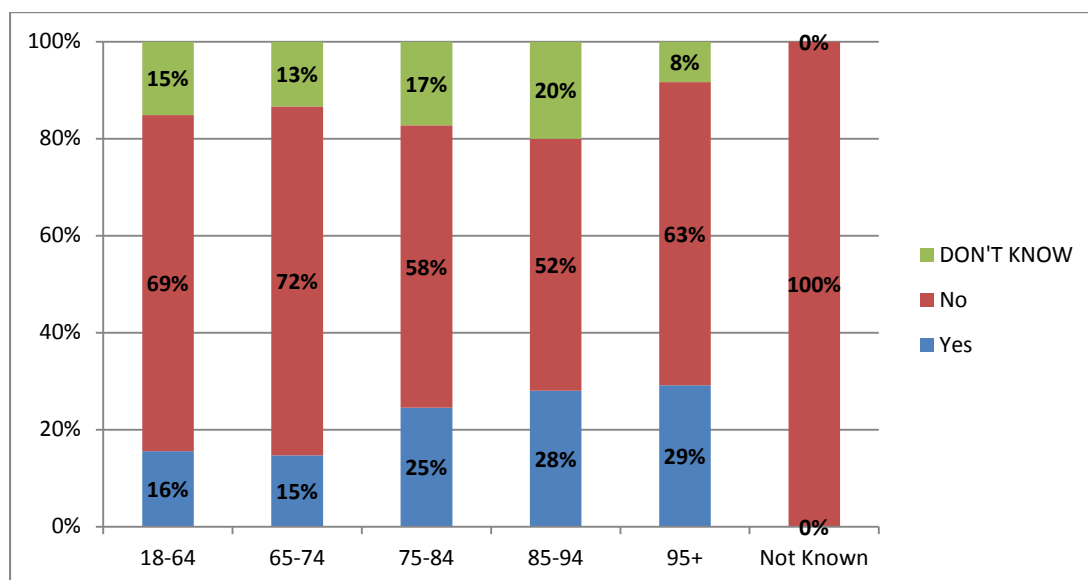


Figure 10 shows a breakdown of individuals lacking mental capacity of the person at risk by age group. The figure shows the likelihood of the person lacking capacity increases with age, with people aged 75+ being most likely to lack capacity. Those 95+ had a figure of 29% for those lacking capacity which 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

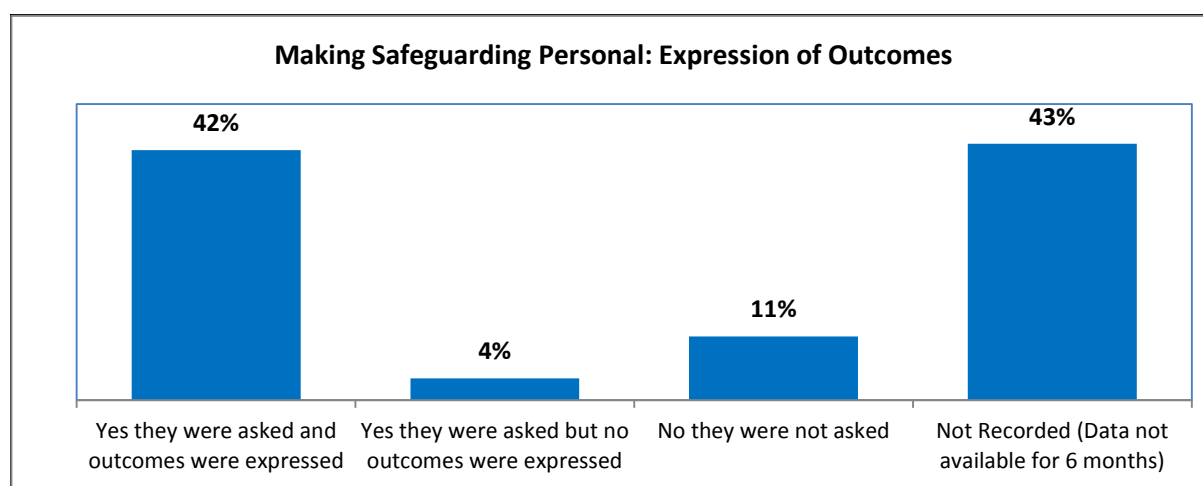
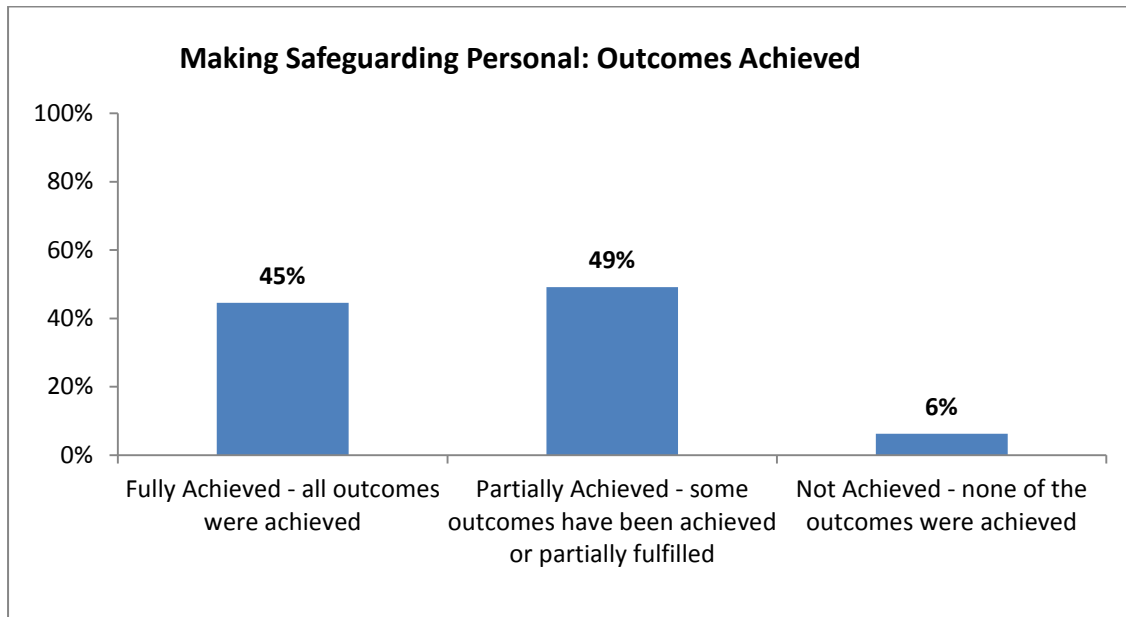


Figure 12 – Concluded enquiries by expressed outcomes achieved, 2015/16



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.

Safeguarding Annual Report 2015/16



The Safeguarding Team



An 'Oscar' received for services provided for people with learning disabilities

Executive Summary

The Royal Berkshire NHS Foundation Trust (RBFT) is proud of its approach to safeguarding. It has an experienced safeguarding team representing the different specialties of vulnerable adults, children, people with a learning disability, people with mental health problems and maternity. Together the team provides a cohesive approach to training and support of staff to ensure the needs of vulnerable people are met. In line with national guidance on multi agency working the safeguarding team represent the Trust on a variety of partner agency groups. They also work with individual patients to support 'making safeguarding personal' and coordinate a planned multi-disciplinary and multiagency approach where the principles of empowerment and autonomy enshrined in the Mental Capacity Act (MCA), 2005 are balanced with the responsibility to safeguard.

There have been achievements and improvements in safeguarding since the publication of the Francis and Lampard inquiries, the reports related to child sexual exploitation in Rotherham, Oxford and Cambridge University Hospitals (Myles Bradbury) and the focus on female genital mutilation as child abuse. However the essence of good safeguarding is continuous learning, quality improvement, professional curiosity and challenge. We are already working with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire, Wokingham and Reading Local Authorities Children's Services and LSCBs published in May 2015, February 2016 and August 2016.

The RBFT has obligations under the Children Act 1989 and 2004, Care Act 2014, MCA, 2005, Mental Health Act (MHA), 1983 and other relevant legislation and guidance in order to ensure it provides safe effective and well led services which safeguard the vulnerable. Compliance with Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework, July 2015 and CQC regulation 13 Safeguarding Service Users from Abuse and Improper Treatment, 2014 are the standards that we employ to focus on our declared aim of 'promoting the safety and well-being of all children, young people and adults' who have contact with our services. Training, audit and review of against those standards are the cornerstones of our assurance mechanisms; we have submitted our annual safeguarding standards self-assessment which includes our Section 11 of the Children Act 2004 to our commissioners.

Challenges include training all staff in all aspects of safeguarding, consistency of knowledge and application in practice of the MCA, MHA, Deprivation of Liberties (DoLS), best interest assessments and consent, transition for children to adult services including Child and Adolescent Mental Health Services (CAMHS), a year on year increase in activity for vulnerable groups, elderly patients living with dementia and adults with learning difficulty who are delayed in hospital, high numbers of mental health patients of all ages with complex psycho-social needs in the acute setting, an increase in the number of these patients delayed in hospital and self-harm and suicide prevention. Monitoring the impact of health and social care budget cuts and workforce sufficiency on services to children, families and vulnerable adults and gaps in services for disabled children are emerging themes.

Patricia Pease, Associate Director of Safeguarding, September 2016

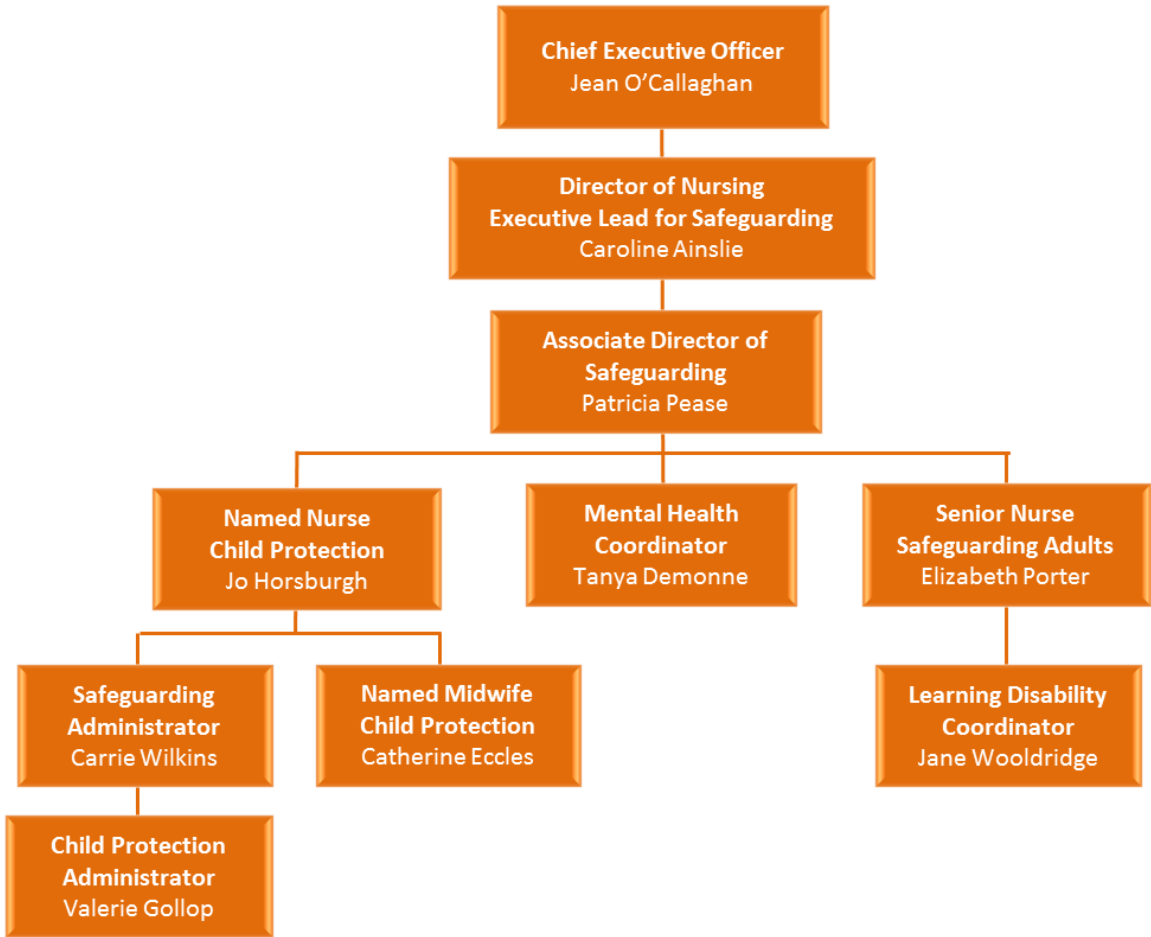
Introduction

This is the annual safeguarding report for the Royal Berkshire Foundation Trust (RBFT) it covers all areas of safeguarding work across the Trust and through multiagency working and sets out our priorities for further work

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (CQC 2016). Safeguarding at the Royal Berkshire Hospital is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

The Safeguarding Team Structure

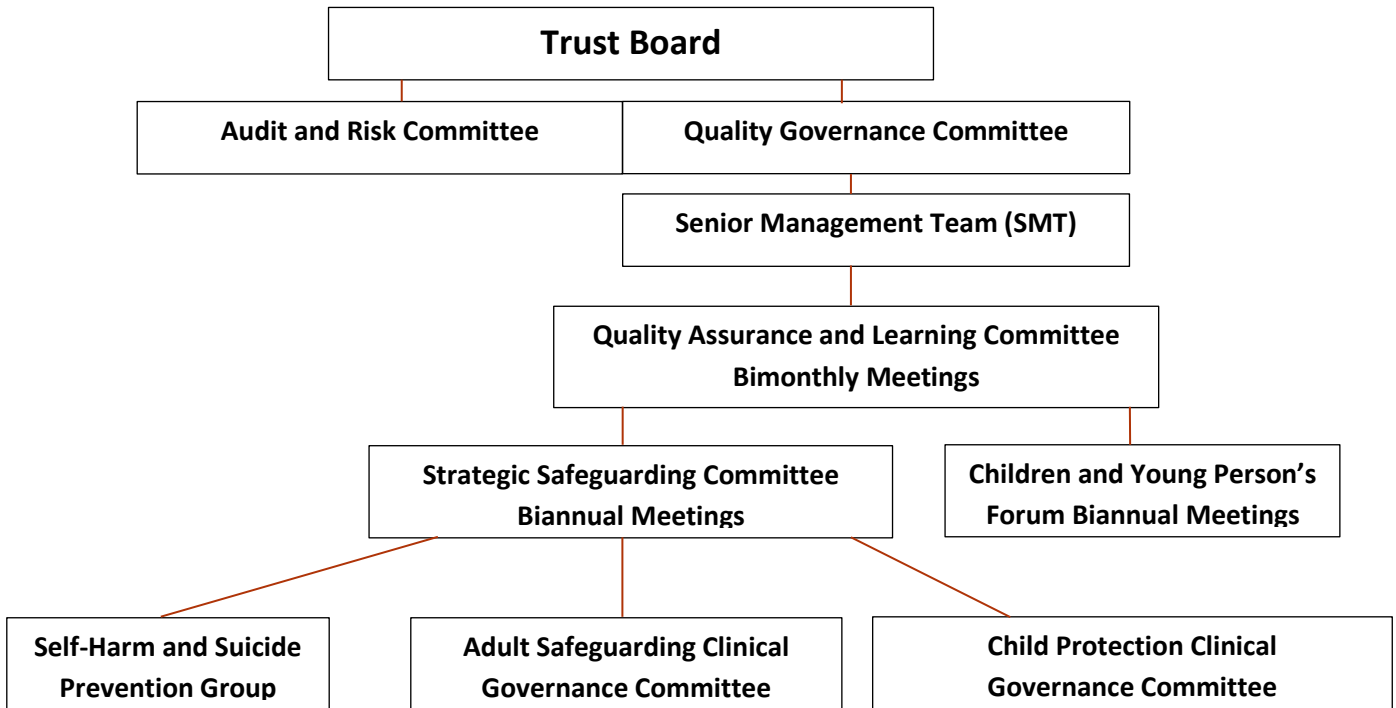
The safeguarding team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown on the diagram below:



Adult Safeguarding: Medical Leads	<ul style="list-style-type: none"> • Dr Chris Danbury Urgent Care Group • Dr Kim Soulsbury Planned Care Group • Dr Sane O’Hanlon Networked Care Group
Child Protection: Medical Leads	<ul style="list-style-type: none"> • Dr Ann Gordon, Named Doctor Child Protection • Dr Niraj Vashist, Designated Doctor Looked After Children • Child Protection Examinations provided by a team of Paediatricians based at Dingley Specialist Children’s Centre
Child Death	<ul style="list-style-type: none"> • Patricia Pease, Designated Healthcare Professional Child Death
Human Resources	<ul style="list-style-type: none"> • Suzanne Emmerson-Dam, Designated HR Officer Safe Recruitment & Allegations Management
Sexual Health	<ul style="list-style-type: none"> • Janice Burnett, Nurse Consultant
Transition	<ul style="list-style-type: none"> • Polly Schofield, Lead Nurse Transition

The Safeguarding service is accountable to the RBFT SMT and Board, Berkshire West CCG, Reading, West Berkshire and Wokingham Local Safeguarding Children Boards (LSCBs), Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Learning Disability, Strategic Disability and Transition partnership meetings.

Safeguarding Governance Committee Structure



The Strategic Safeguarding Committee, chaired by Caroline Ainslie, meets twice a year. The Trust has a non-executive Director with a responsibility for safeguarding and mental health.

Safeguarding quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding and mental health report including key performance indicators is submitted to the Board as part of the Quality and Learning Committee report.

Multidisciplinary child protection clinical governance is held every 2 months; this is chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every 3 months chaired by Dr. Chris Danbury. The Mental Health Coordinator chairs a quarterly Suicide and Self Harm Prevention Group, which reports by exception to the Health and Safety Committee.

The Children and Young People's Committee monitors work streams to benchmark and improve the quality and safety of Trust services for children: this group meets every 6 months.

The safeguarding nursing team meets monthly to discuss operational safeguarding issues and prepare performance reports; agendas and minutes are kept for these meetings.

Statistics/Activity - The table below sets out indicative statistics for the RBFT for information and background.

	2013/14	2014/15	2015/6	Comment
Population number served	1,000,000	1,000,000	1,000,000	↔
% of population under 18 years	20%	24%	24%	↔
Number of adult attendances to ED	83,298	87,288	89,711	↑3%
Number of attendances by under 18s to ED	26,686	27,864	29,087	↑4.5%
No of over 65s attending ED	22,644	24,569	25,635	↑ 4.5%
No of mental health attendances at ED all ages	2169 (from July)	2810	2809	↔
Number of adult admissions	80,766	84,434	90,933	↑ 7.7 %
Number of admissions to paediatric wards	7,146	7181	7607	↑ 6 %
Number of under 18s admitted to adult wards			550	Validated data
No over 65s who were admitted	32,821	35142	39515	↑12.5%
No over 75s admitted for >72 hrs	5,301	5288	5451	↑3 %
No over 75s admitted for >72 hrs with cognitive issues	1602	1483	1195	↓ 19%
Number of in-patients with a learning disability	227	289	315	↑9 %
No of patients admitted because of mental health issues		798	1596	↑100%
Number of babies born	5,689	5681	5596	↓ 1.5 %
Number of under 18s attending out-patient clinics	65,296	62,767	62,437	↓ 0.5 %
Number of under 18s attending clinics providing sexual health services	2,959	2016	2356	↑17%
Number of employees	Approx. 5000	Approx. 5000	5360	Validated data

Training

Training is reported monthly to the CCG as part of the quality schedule. A Trust annual training plan for child and adult safeguarding 2016/17 has been completed. At the end of September 2016 safeguarding training was at or above the expected and agreed level with the exception of:

- Safeguarding Children Level 1 Training – 93% against a target of 95%
- Enhanced MCA and DoLS – 69% against a target of 80%
- Conflict resolution training for Emergency Department staff compliant at 80%, however trust wide uptake as 61%

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines.

Safeguarding Adults training

Level 1 training has been reviewed and amended with reference to the Learning and Development sub group of the SAB to reflect the Care Act 2014.

Safeguarding Children training

Levels 1 and 2 have been reviewed and amended. A review of level 3 training against 'Intercollegiate document, Child Protection Roles and Competencies for Health Staff, 2010' including the number of hours of update training annually for specialist groups is underway.

Child Sexual Exploitation (CSE) Training

CSE has been embedded into safeguarding children training at all levels. Four CSE one hour updates at level 3 are available annually. The Department of Sexual health holds a one hour CSE case study peer review bimonthly. All staff can access E learning via the CSE intranet pages.

Domestic Abuse

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training, specific domestic abuse training is available for maternity staff. Level 3 days for the children's workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators.

Prevent (Anti-terrorism Training)

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. 1 hour Wrap training is delivered to selected staff the focus this year is to paediatric staff. An E learning has also been promoted for use with in the Trust.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

MCA and Dols Training continue to form part of the core mandatory training day and induction training for patient facing staff. Multidisciplinary Enhanced MCA training was delivered on a monthly basis throughout 2015 and continues throughout 2016, compliance figures for the identified staff groups is 69% at the end of August 2016. This training has been well evaluated by participants.

Mental Health Training

The Mental Health Coordinator (MHC) continues to provide training to staff on the Mental Capacity Act, the Mental Health Act, mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. The MHC provides training to Emergency Department (ED) Senior House Officers, ED Middle Grades and Health care assistants at induction. In 2016 the MHC secured a mental health training day for ED nurses, allocated two mental health champions in ED and is working with ED practice educators for them to be able to provide teaching for staff. In May 2016 our staff attended a 136 protocol interagency workshop; the MHC was a panel member.

Allegations and Safer Recruitment training

A bespoke training programme for investigating safeguarding concerns and allegations for 11 senior managers was designed and delivered, April 2016. 66 staff have received Safer Recruitment training in the last 2 years. This was reviewed against lessons learnt from Saville and Bradbury. Work is underway to determine the number of managers (numerator) who should receive Safer Recruitment training.

Conflict management training and training in physical restraint

Security Staff are trained in physical restraint; in February 2016 all achieved their qualification in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques. This training has been reviewed to ensure that a range of trainings and delivery methods appropriate to different specialty staff needs are available. This includes understanding of the application of the Mental Capacity Act. Restraint and treatment is discussed in Level 1 adult safeguarding training and Level 3 child protection training.

Transition training

Transition of young people to adult services is an area of focus for the safeguarding team during 2016/17. Training for the Ready, Steady, Go! Transition toolkit. Transition Awareness training and RBFT Transition Plan, training will be delivered as part of the CQUIN in 2016/17

Learning Disability

A DVD shown at core induction, there are raising awareness sessions for RNs and HCAs as part of nurse/HCA induction. A communication session is delivered on 1:1 day for care crew teams. LD awareness is included in junior doctor induction

Ongoing Challenge/Risks:

- **Training all of our staff in all aspects of safeguarding**
- **Consistency of knowledge and application in practice of the Mental Capacity and Mental Health Acts and Deprivation of Liberties Safeguards**

Safeguarding Audit

A comprehensive self-audit has been completed for the CCG in September 2016. The audit is RAG (Red, Amber, Green) rated; there are 8 “amber” areas for improvement in 2016/17. The other 42 areas are green for compliance. Programmes of work and/or action plans are in place for each amber.

Additionally the Safeguarding Team coordinates an agreed audit program that includes single and multiagency audits monitored through our internal governance systems and the quality and performance sub groups of the LSCBs and SAB.

Safer Recruitment and Allegations Management

Key Achievements

- A full and thorough review of the Managing Safeguarding Concerns and Allegations Policy has been undertaken.
- Design and delivery of specific Managing Safeguarding Concerns and Allegations Training Programme.
- Regular review of live concerns or allegations to ensure appropriate and timely management of cases.
- Action plan in relation to recommendations from the NHS Lampard/Savile report, completed in June 2016. As a result governors are now Disclosure and Barring Service (DBS) checked. DBS checks for all volunteers are undertaken as part of their pre-employment check. Staff requiring DBS checks on a 3 yearly basis have been reviewed and prioritised. These checks will commence in Quarters 3 and 4 2016/17 as resources allow.
- A gap analysis and action plan against the lessons learnt following the Myles Bradbury case (October 2015) at Cambridge University Hospitals NHS Foundation Trust has been completed. This included a review of our Chaperoning Policy. A presentation to raise awareness of the case and learning from it was circulated through specialty clinical governances and to all out patient departments in June 2016.

Summary of Cases

In the financial year 2015/16 a total of 11 allegations were made; 3 relating to children and 8 relating to vulnerable adults. Over the same period a total of 5 concerns were raised; 2 relating to children and 3 relating to vulnerable adults. All bar 3 of the allegations/concerns related to Trust employees; the other related to a student, a volunteer and an agency worker. One of the allegations related to historical issues. In comparison with the previous year the number of allegations increased from 8 to 11 and the number of concerns rose from 4 to 5.

Key Areas of Work for 2016/17

- To ensure that concerns/allegations lessons learnt exercises are conducted as cases close.
- To review the Recruitment and Selection Policy.
- To review the content of the Safer Recruitment Training Programme and the number of staff to be trained.
- To agree a process for the review of 3 yearly DBS checks for staff/volunteers.

Ongoing Challenge/Risks:

- **Capacity which has prevented the lessons learnt exercises following concern/allegation investigation being undertaken.**
- **Capacity to release clinical managers to undertake safer recruitment training**
- **Affordability/resource implications of implementing 3 yearly DBS checking**

Child Protection and safeguarding**Key achievements**

- CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described RBFT leadership and management of safeguarding activities as strong with clear governance and accountabilities, with good engagement by senior managers and safeguarding staff in the work of the LSCB.
- The Named Nurse continues to meet regularly with partner agencies, where good strong relationships develop and feedback on our service has been invited and valued.
- An audit of the process for children who are not brought for health appointments demonstrated this was being followed and used effectively in all specialties.
- The annual audit of child protection referrals to Local Authorities identified staff referring appropriately, engaging with child protection thresholds, demonstrating more confidence in raising concerns and using more effective information sharing.
- New pathway process for notifications to Heath Visitors and School Nurses for children who attend ED agreed with BHFT following decommissioning of CH-IS in primary care, this will audited by December 2016.
- Level 3 Multi-agency Child protection training has been embedded, delivered and has adapted to the changing safeguarding environment. Partner agencies teach on the day and are invited to participate. The evaluations have been positive.
- RBFT was an active participant in 2 partnership reviews with Reading LSCB. Learning has been disseminated through the Trust.
- A pilot of a CAMHS Urgent Response Service has been commissioned, is fully recruited to enable 8-8 Mon-Fri; 10-6 Sat and Bank holidays plus in place from September 2016
- Following the establishment of a task and finish group the monthly audit of young people attending adult ED with mental health issues being discussed with Children's Social Care has improved.

Fig 1: referrals to local authority per month 2015/16 from RBFT:

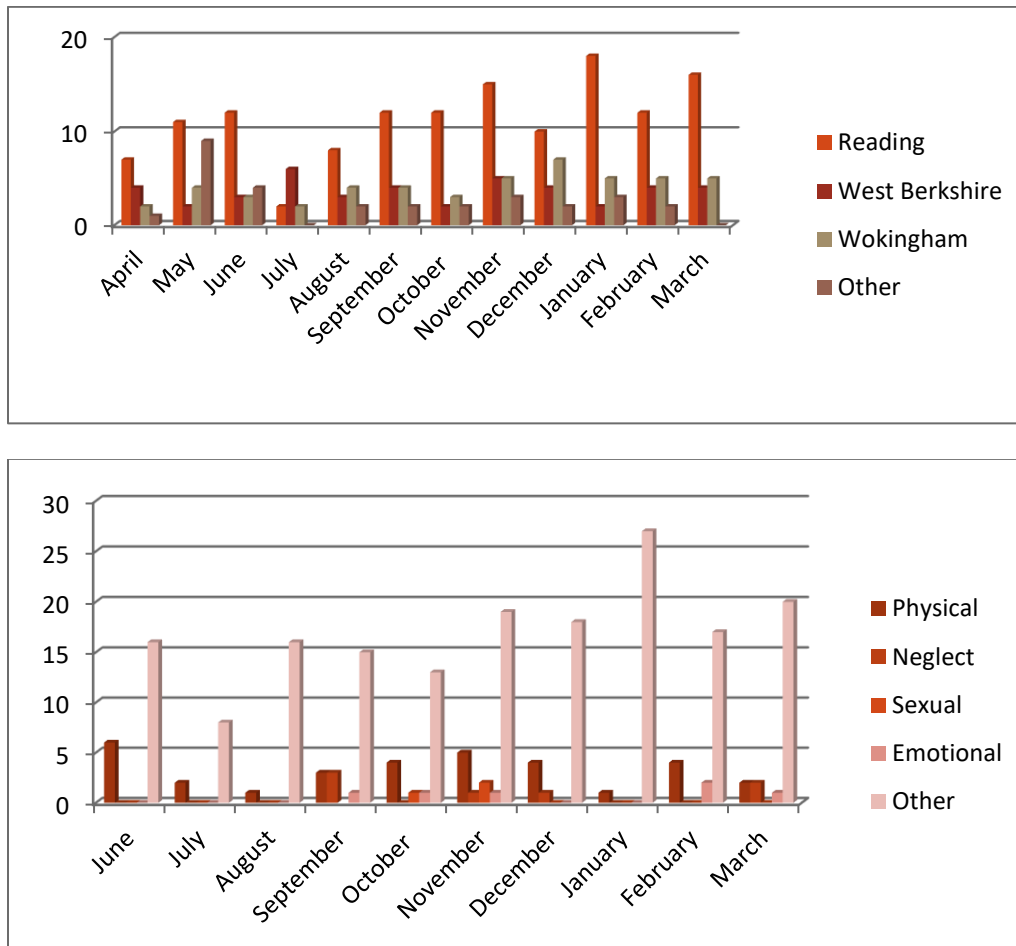


Figure 2: Referrals by category of abuse per month 2015/16 from RBFT

“Other” abuse is child protection referral for risk factors such as mental health concerns, domestic abuse, substance misuse, Female Genital Mutilation (FGM) and parenting concerns.

Key Areas of Work for 2016/17

- Continue working with Information Management and Technology (IM&T) Services to ensure Child Protection Information Sharing (CP-IS) is fully integrated into EPR. September 2016 major upgrade of EPR will allow our electronic patient record to link directly with CP-IS when it is introduced.
- Named Midwife and Named Nurse for Child Protection undertaking qualitative research to understand staffs’ knowledge of child safeguarding with reference to the competences set out in the Intercollegiate Document (2014).

Ongoing Challenge/Risks:

- **The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending ED have risen in the last year**
- **A rise in the number of < 16s being admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit requiring admission to Tier 4 Child and Adolescent Mental Health Service bed and delayed in the Royal Berkshire hospital**
- **The Trust does not have an adolescent or young person inpatient facility so that young people aged 14-18 years are either admitted to a paediatric or adult ward.**

Maternity Child Protection**Key achievements**

- Kick clinic continues to provide an improved service for Reading maternity patients who misuse substances. It is an opportunity for patients to access maternity care and complete key-work sessions with staff from the iRiS partnership (adult drug and alcohol treatment service, Reading) who also contribute to the vulnerable pregnancy meetings chaired by Named Midwife for Child Protection.
- Multiagency vulnerable pregnancy meetings have an agenda which is sent securely to agencies prior to the meeting so they can bring proportionate information. From April 2016 professionals from Reading Multi-Agency Safeguarding Hub (MASH) have attended.
- A safeguarding supervision guideline developed by the Named Midwife for Child Protection has been approved and implemented. The Named Midwife and Poppy Team midwives are offered supervision at least every 3 months. The Named Midwife has formally moved to join the safeguarding team and is co-located with them.
- Attendance at Child Protection Conferences for unborns has remained high throughout the year despite pressure on staffing within community midwifery. There were 67 child protection conferences held for unborn babies and 54 (80.6%) of these were attended by a midwife. There were 57 babies born whilst subject to Child Protection Plans between April 2015 and March 2016.
- Flagging of electronic records is in place for women who have an unborn baby subject to a child protection plan and for high risk victims of domestic abuse. Alerts 'pop up' when a patient's records are accessed; staff have to acknowledge this before returning to the patient record. Multi-Agency Risk Assessment Conference (MARAC) flags for residents of Reading, West Berkshire and Wokingham are used for all high risk victims for six months after they were last discussed at MARAC an information sharing forum for the highest risk domestic abuse cases.

Key Areas of Work for 2016/17

- Establishment of the Poppy Team is increasing which should improve access to this service for local women particularly in West Berkshire. Community midwifery services have been reviewed providing a more streamlined management structure. Working patterns will be reviewed over the coming year to ensure services are able to adapt to meet patients' needs.

- Named Midwife for Child Protection to consider setting up group supervision/ reflective sessions for ward staff to facilitate level 3 updates and provide regular updates.

Ongoing Challenge/Risks:

- **Maintaining compliance/ staff competence for Level 3 Safeguarding Children Training**
- **Capacity of the Named Midwife to provide 1:1 supervision for increased Poppy Team and group supervision for other staff groups and newly qualified midwives.**
- **Significantly increased load now all three local authorities in Berkshire West hold a DARIM (Domestic Abuse Repeat Incident Meeting) alongside MARACs.**

Looked After Children (LAC) Initial Health Assessments

The RBFT was commissioned to provide the Doctors to run Initial Health Assessment (IHA) clinics in 2014. The clinics have the capacity to see 6 children in 2 clinics per week. In April 2016, we took over providing the administration and chaperoning of IHA clinics from BHFT.

Statutory Requirement

The Initial Health assessment should result in a health care plan being available at the time of the child/young person's first LAC review (28 days).

Key achievements

CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described our IHAs and healthcare plans for children placed within area as 'of a good standard'.

Key Areas of Work for 2016/17

Continue working with partner agencies to have shared data, information and understanding of issues for individual children coming into care to report to Corporate Parenting Boards

Ongoing Challenge/Risks:

- **Performance against statutory requirements**
- **Timely IHAs for Out of Area children (placed by our LAs in other areas)**
- **Poor quality IHAs from other areas**
- **Fluctuation in numbers of LAC**
- **Numbers of Unaccompanied Asylum Seekers coming through Kent to be distributed across local authorities**
- **Timely notification from Children's Social Care (CSC) and receipt of British Association for Fostering and Adoption (BAAF) forms and consent**
- **Data validity and conformity between CSC, RBFT and Berkshire Healthcare Foundation Trust (BHFT)**

Female Genital Mutilation (FGM)

The Trust had an FGM task and finish group during 2015/6 led by Dr Ann Gordon (Named Doctor for Child Protection). The group ensured that the Trust was complaint with mandatory reporting of FGM to the Health and Social Care Information Centre (HSCIC). All processes and guidance are on a new intranet page (Clinical Care/F/Female genital Mutilation).

Due to the adverse impact that FGM has on the physical and emotional health, safety and wellbeing of girls and women, it was identified as an area for priority work by the three Local Safeguarding Children Boards in the West of Berkshire. A sub group of the LSCBs was established and RBFT had representation on that group. A launch event of the work and updated guidance and support documents can be found on their website. Work is planned for 2016/17 to explore commissioning a clinic in the Reading area following the model of the Oxfordshire Rose clinic.

Child Death

49 deaths of Children and Young People < 18 years were reported to the Berkshire Child Death Overview Panel (CDOP) in 2015/16. 17 of those deaths were unexpected where '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 led to the death'.

22 Children and Young People < 18 years resident in Berkshire West died 01/04/15-31/03/16

- 7 neonatal deaths due to extreme prematurity, chromosomal, genetic, congenital anomalies
- 6 expected due to chronic medical conditions, chromosomal, genetic and congenital anomalies or malignancy
- 1 expected child death waiting to go to inquest and CDOP
- 8 unexpected child deaths

Rapid Responses were initiated for all unexpected child deaths and for the case of a still birth where the baby was born unexpectedly at home. The 2015-16 Rapid Response audit demonstrated good multiagency practice in the quality of the services offered to children and families in Berkshire West, following the unexpected death of a child.

Coroner classification/CDOP category:

- 0 deliberately inflicted injury, abuse, neglect, suicide, deliberate self-inflicted harm
- 1 trauma and other external factors – 2014/15 presented in 2015/16
- 1 malignancy
- 0 acute medical or surgical condition
- 3 chronic medical condition, chromosomal, genetic & congenital anomalies
- 1 perinatal/neonatal event
- 2 Sudden Unexpected Deaths in Infancy (SUDI) – one 2014/15 presented 2015/16
- 1 death classified by the Coroner but not yet reviewed by CDOP
- 1 death waiting to go to inquest

Key achievements from Rapid Response audit and CDOP case review include:

- The Rapid Response Protocol for Unexpected Child Death reviewed regularly to include learning from individual cases to better support frontline practitioners in all agencies
- Training about CDOP and Rapid Response process delivered to Reading Children Social Care Team Managers
- Learning from the Warwick Training Programme in Unexpected Child Deaths has been disseminated and influenced practice
- Building on previous work - continuous learning and quality improvement about the early recognition of neonatal & paediatric sepsis and escalation in all settings
- Out of area death following 2013 Reading Festival, inquest conclusion natural causes, a rare metabolic disorder (MCAD), led to learning and festival medical facilities improvement
- Multiagency case review meetings arranged for all cases has improved learning opportunities
- Unexpected deaths child deaths where there was contact with acute health services were reviewed at a Paediatric Morbidity & Mortality and unexpected full term neonatal deaths were reviewed at a Neonatal Morbidity and Mortality meetings
- Where concerns were identified about practice by an NHS health service providers the case was considered against Serious Incident Requiring Investigation (SIRI) criteria – 0 reported
- Where any case did not reach SIRI criteria local root cause analysis (RCA) investigations conducted for learning – 1 RCA has been completed and submitted to the Coroner.
- One Youth Offending critical learning review completed presented to the LSCB case review sub group and submitted to the Coroner.

Modifiable factors identified for learning and improvement included:

- Antenatal steroids and neonatal temperature
- Smoking, co-sleeping, alcohol, prone sleeping, low birth weight
- Previous domestic violence and other safeguarding concerns
- Medical procedure regarding intubation

Characteristics within families that put children at greater risk identified:

- Overcrowding, multiple siblings, animals
- Deprivation, parents unemployed and on benefits
- Elective Home Education
- Vulnerable teenage mother
- Prematurity



Ongoing Challenge/Risks:

- **Provision of joint home visit and immediate family support – unexpected death**
- **Quality of life issues for children with complex/chronic conditions**
- **Berkshire wide approach to SUDI protocol update**
- **Supporting schools following an unexpected death**
- **Knowledge, skills, competence and confidence of multi-agency frontline managers and practitioners who rarely encounter unexpected child death**

Sexual Health

- Clinical delivery in the hub at 21a Craven Rd provides open access from 7am – 7pm Mon to Fri and Saturday mornings. There are satellite clinics in Thatcham and Wokingham.
- There are 10 specific outreach clinics for young people across the three LA's of Berkshire West, provided in educational and non-educational settings. Staff work with multi agency partners to deliver holistic care from these venues.
- Expanded outreach team to include a specialist outreach nurse for boys and young men.
- 2015 – 16 the outreach posts dealt clinically with 214 vulnerable cases who would otherwise not have accessed mainstream delivery.
- Designated sexual health outreach nurse for young people and nurse consultant have the lead roles in managing CSE issues. The outreach nurse is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by, or at risk of CSE.
- Safeguarding process - all young people under the age of 16 (and anyone under 18 with vulnerabilities identified during history taking) have a full safeguarding assessment carried out at time of consultation. Work undertaken to update the assessment tool in line with best practice. This included consideration of young people's views on the clinical approach to information gathering and recognition of their desire for a 'conversational approach' and 'enquiring tone' to be adopted to enable wider conversations. The assessment tool has been rolled out across the Trust.

Key achievements

Child Sexual Exploitation (CSE) information sharing and governance

- Provision of equal input across all three Berkshire West local authorities which involves:
 - Preparation for and monthly attendance at each of the CSE operational group meeting in all 3 unitary authorities.
 - Attendance at each locality strategic group meeting, approx. every 3 months.
 - Attendance at CSE workshops, review meetings, audit and challenge meetings
- Internal CSE Information Sharing processes have been finalised used to guide practice.
- The arrangements for the exchange of information, Information Sharing and Assessment Protocol, embedded within Berkshire Child Protection Procedures to which all LSCB statutory partner agencies, including the RBFT are signatories

- Work undertaken by the CSE task and finish group has been completed. CSE is now embedded into the Trust Child Protection Clinical Governance agenda as a standing item
- A thematic review in readiness for any OFSTED inspection has been undertaken and shared with all LSCB CSE strategic groups.

Ongoing Challenge/Risks:

- **Management of CSE continues to be a challenge in relation to capacity**
- **Review of Berkshire Information Agreement not yet approved by all LSCBs**

Safeguarding Adults

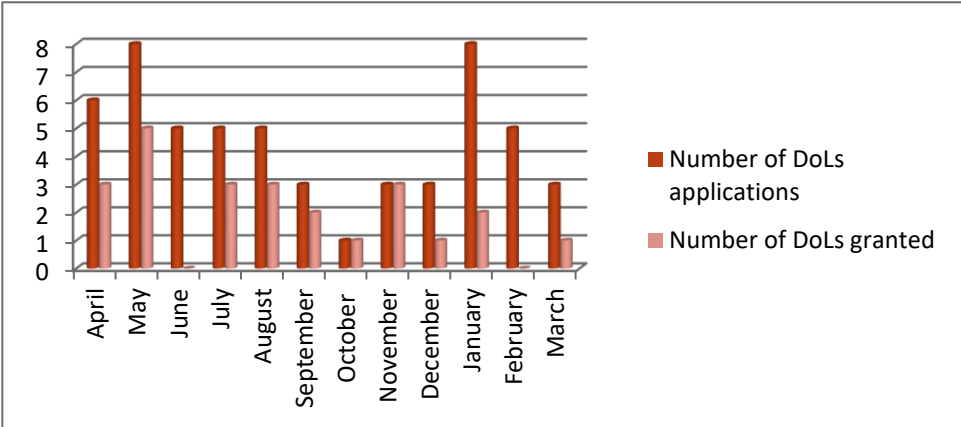
Key achievements

- Safeguarding (adults) clinical governance has been established this year and the safeguarding team welcome three new medical clinical leads one from each care group.
- Safeguarding concerns are now raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns
- As a result of learning from a Safeguarding Adult Review (SAR) the fire service has provided training and information concerning referrals for assessments as part of safe discharge planning an Occupational Therapists (OT) and is working with a volunteer from the fire service who comes in to Elderly care once a week to pick up referrals, there is a plan to extend
- The Lead Nurse adult safeguarding is part of the review team for two current SARs

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

One of the key findings of the CQC inspection published in June 2014 (<http://www.cqc.org.uk/location/RHW01/reports>) highlighted that knowledge of the Mental Capacity Act was not sufficient. The CQC recommended that the RBFT must “increase staff knowledge of Deprivation of Liberty Safeguards (DOLs) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding”. The safeguarding team has worked with support of the CCG to improve staff knowledge and competence around the MCA and DoLS. The number of DoLS applications is a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly.

Fig 3: Deprivation of Liberty Safeguards applications for 2015/16.



Adult safeguarding concerns

All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the Safeguarding process.

There is a fact finding exercise carried out by the Safeguarding Nurse (Adults), if substantiated they are passed to the local authority, approx. 50% are due to pressure damage, in the majority of cases there is poor discharge documentation.

Concerns reported within the Trust are investigated under our Managing Safeguarding Concerns and Allegations Policy.

Fig 4: Adult Safeguarding alerts raised in 2015/16

	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT	Concerns reported by RBFT where harm alleged to have occurred within RBFT
April	7	1	0
May	11	0	1
June	10	2	1
July	16	3	0
August	20	1	1
September	20	3	1
October	25	2	1
November	17	2	1
December	22	6	4
January	24	1	1
February	19	2	0
March	26	9	0

Prevent (anti-terrorism)

There was 1 possible Prevent concern discussed with outside agencies related to a patient. Appropriate action was taken there was no further involvement or action for the Trust.



Ongoing Challenge/Risks:

- Year on increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems
- Elderly patients living with dementia delayed in hospital
- Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS
- Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control

Mental Health Service Provisions**Activity**

Activity data provided by the RBFT ED department shows that on average 250 people per month attended with a primary mental health presentation in 2015/16, 56% were subsequently admitted. This sharp rise from the previous year (in 2014/15 admissions were approximately 28%) has been attributed by the CCG to the use of the ED Observation Unit.

Monmouth Mental Health Activity within the ED Observation Unit Audit October 2016 showed:

- 48% of mental health patients were high complexity/resource intensive
- 10% of the mental health patients had a LOS of 2+ days. - 'These tend to be patients that are in crisis (psychotic, manic, suicidal or self-harming) which require psychological assessment and treatment, continuous observation and sometimes one-on-one care.' 'mental health patients staying in the unit longer than for a day due to delays in onward referral/discharge planning and to difficulties with coordinating social care packages outside of the hospital'.
- The overall review highlighted a number of wider system issues across mental health services and their configuration within the Berkshire area
- Some of the key system issues observed indicate a need to review services and staff resourcing in order to:
 1. Better meet mental health patients' needs in the community and avoid admissions to A&E and the Observation unit for patients in crisis who could be better cared for under specific mental health services
 2. Assist RBFT to be better equipped/resourced to meet the high influx of mental health patients attending A&E – various system/pathway configurations and staffing options could be explored.

South Central Ambulance Service (SCAS) activity data 1st February – 30th July 2016 showed:

Royal Berkshire Hospital (RBH) received 202 mental health patients; Wexham received 62 and Frimley 23 by ambulance from the 7 Berkshire CCGs. The RBH appears to receive considerably more patients from Berkshire than other acute trusts.

Fig 5: Mental Health presentations to ED 2015/16

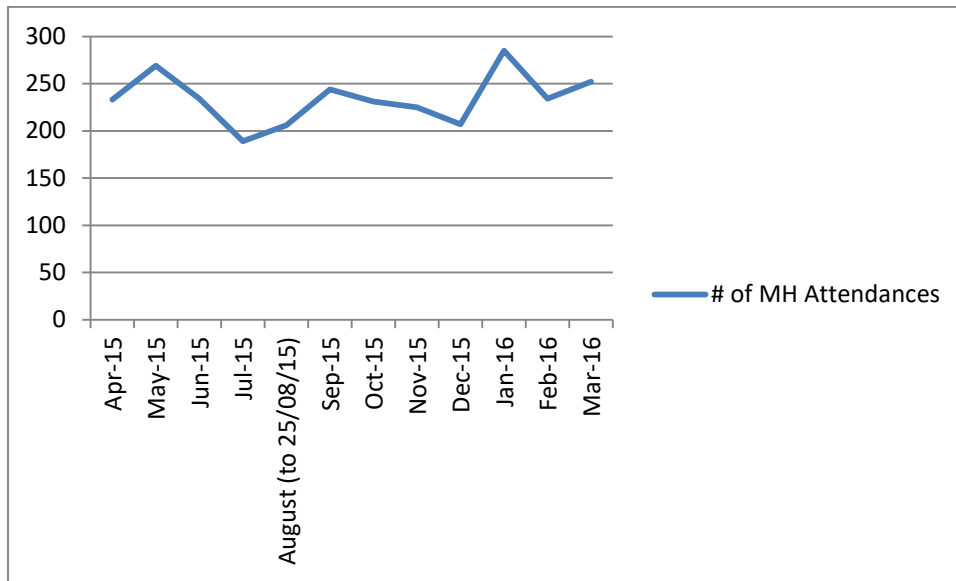
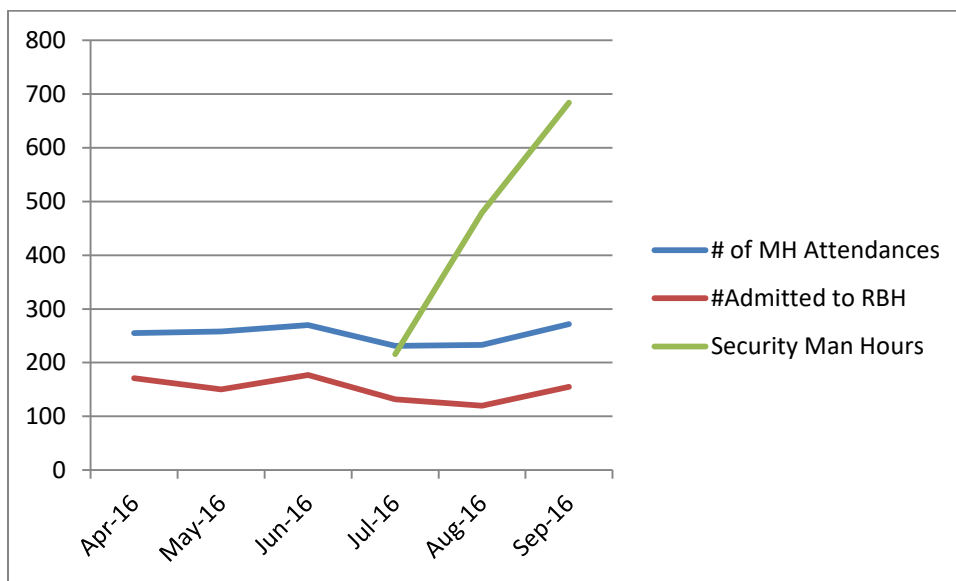


Fig 6: Mental Health presentations to ED April – September 2016 including security man hours



Mental Health Act Detentions

There were 12 patients detained under the Mental Health Act to the Trust during 2015/16, in comparison to 32 detentions the previous year.

NB whilst a number of these patients were detained to the RBH as they required treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.



Key achievements

Liaison Psychiatry in A&E – Psychological Medicine Service (PMS)

There continues to be a high level of support for patients presenting with mental health needs. The team works collaboratively with the Emergency Department (ED) staff to ensure that those with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS attend weekly operational meetings in order to achieve a collaborative way of working.

Older People Mental Health Liaison and PMS

The OPMHLT became part of the PMS earlier this year together they continue to deliver high standard assessments across the hospital.

Suicide and Self Harm Prevention

The Suicide and Self Harm Prevention Group and action plan works towards a zero tolerance of suicide attempts within the Trust. The group has been instrumental in:-

- Overseeing the Trust wide roll out of the ligature audit
- Drafting the paper that gained Executive approval for funding for compliance works to the multi-story car park
- Regular audits of the Adapted Australian Triage Tool (AATT)
- Working alongside the Samaritans who now provide support within the ED, as well as training for hospital staff
- Development and approval of the Mental Health Policy and associated guidelines

The Mental Health Coordinator attends the Suicide Prevention and Intervention Network, a nationwide network aims to work collaboratively across the Thames Valley to create and support local suicide prevention plans and strategies led by Public Health/CCGs/H&WBs.

Section 136 of the Mental Health Act Audit

The Police can use a section 136 to take a person to a place of safety from a public place if they assess that they have a mental illness and are in need of care. A place of safety can be a hospital. The section 136 can last for up to 72 hours. Correct procedures need to take place including: a S136 form being completed by police; the S136 being recorded on the Electronic Patient Record (EPR); a report being received by the Mental Health Coordinator (MHC) from Thames Valley Police (TVP)

There continues to be some discrepancy between the monthly figures that TVP report to us, and the completed forms and records of S136 reported on EPR.

Reattenders project and follow up clinic

The MHC has worked successfully with BHFT and other agencies to develop client case management plans for top 20 reattenders to reduce the number of unnecessary visits to the RBH. BHFT data demonstrating reductions in Quarter 3 & Quarter 4 of 48% and 52% is encouraging, frequent attenders make up 1% of patients attending ED.

Berkshire Mental Health Crisis Care Concordat

The Trust contributes to and to date has delivered all improvements in care on time. The key areas of focus for 2016/17 are:

- Review the mental health training needs analysis.
- Review the resilience of Trust security arrangements to manage the consistently high number of patients with a mental health disorder who are triaged as a red risk.
- To look at the needs within maternity for training and support.
- Review of the Suicide Prevention action plan, this will include any outstanding actions, incidents/near misses during 15/16, and the ligature audit to be undertaken.
- Agree and approve the Mental Health Policy and associated guidelines.
- Work with the BHFT PMS to ensure continuous improvement in patient/staff experience, patient safety and outcomes.
- To ensure that a governance system for patients that have been 'flagged' on the electronic patient record system and have a crisis/admission avoidance plan is in place

Ongoing Challenge/Risks:

- **No reduction in the number of mental health patients of all ages presenting to ED and being admitted, increase in complexity**
- **Lack of robust community services for patients who are in crisis, leading to individuals attending ED with no physical health needs**
- **Shortage of beds in mental health hospitals, patients being delayed in the acute setting**
- **Will lead to an increase in number of patients detained to Royal Berkshire Hospital under the Mental Health Act**
- **Shortage of Approved Mental Health Professionals (AMHPs)**
- **Risk of errors on out of hour section papers, due to staff's lack of expertise and knowledge of the MHA, increasing the likely hood of a patient appealing**
- **Capacity of the security services and nursing teams to provide a safe environment for high risk patients**
- **Increase use of rapid tranquilisation protocol to manage challenging behaviour**
- **Increase in absconders, self-harm and suicide attempts**

Learning and Complex Disabilities

There were 315 in-patients with learning and complex disabilities supported during 2015/16. Very few patients required no input at all and a number of patients required significant input. Those who are having planned medical interventions often require input from the Learning Disability Coordinator (LDC) prior to admission. The LDC provides support to hospital staff involved with the patient who request advice with strategies in order that the patient receives the most effective care and best outcomes.

Key achievements

Patient experience

The LDC represents the Trust on the Learning Disability Partnership Boards (LDPB) and the LDPB health sub groups for Reading, Wokingham and West Berkshire. The presence of the LDC at these meetings is valuable in terms of people using our services and their carers feeling able to discuss issues that have affected them when they have been patients. It is also useful for people to discuss concerns they may have before coming to hospital.

The Enter & View team, part of Reading Healthwatch, continues to visit the Royal Berkshire Hospital every 3 months or so to talk with in-patients with a learning disability about their experiences. The team consists of two people with a learning disability and a supporter.

The Enter & View team participated in the Patient Standing Conference in November 2015. They presented their findings using a paper roll and lively explanations to describe the experience of patients with a learning disability. The group had identified that very few staff are able to communicate with patients using sign language.

Two members of the Wokingham LDPB came to the hospital in September 2015 to do some filming with medical photography for a DVD to illustrate what it was like coming to hospital to have an x-ray. The DVD can be shown to people with a learning disability who might be anxious coming to hospital and it is hoped to make more films featuring a variety of departments.

A patient with a learning disability has been involved in filming for the Quality Time Research Project which is looking at patient experience in ED. The patient described the positive care she had received in ED and compared that with some poor communication. The LDC supported the patient to enable her to take part.

Familiar carers

RBFT continues to fund 1:1 familiar carers for in-patients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community.

Audit of the use of 'Information about me' folders in Acute Medical Unit (AMU)

A snapshot audit was in AMU during February 2016 which highlighted that 'Information about me' folders were not routinely being given to the carers or family members of patients with a learning disability to complete. As a result a large batch of folders was supplied to AMU and information flyers about the folders put up. The importance of using the folders about the unique needs of those patients with a learning disability is highlighted in every training session for Registered Nurses and Health Care Assistants. The audit will be repeated 2016/17.

Changing Places toilet

Work is now underway with the conversion of an existing toilet in a public area to a Changing Places toilet. A hoist and a changing plinth suitable for adults is incorporated into a Changing Places toilet so that disabled

people can be assisted by their carers in using the toilet and being changed. This has been funded by the League of Friends. The facility is expected to be completed by Christmas 2016.

Transition clinics

The LDC attends the neuro-rehabilitation transition clinics to meet young people and their parents who are about to start using adult services within the Royal Berkshire Hospital. This provides an opportunity to explain what they can expect in adult services and to reassure young people and their families that reasonable adjustments will be made for them. There are 3 -4 clinics each year.

Planned work for 2016 / 2017

Payment process for familiar carers needs to be redesigned in such a way that it is straightforward for staff in clinical areas and delays in payment are avoided.

Maintaining a high profile with the family carers agenda

Ongoing Challenge/Risks:

- **Year on increase in activity for this vulnerable group**
- **Patients with LD being delayed in hospital waiting for appropriate social care placements**
- **Affordability of funding familiar carers**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act, consent and best interest assessments**

Carers

A Trust Carers group was established in 2015/6. The purpose of the group is to improve the experience of visiting the Royal Berkshire Foundation Trust for carers. This includes when the person being cared for is admitted or attends an outpatient appointment or the carer themselves is the patient. During 2015/6 the group developed a charter, the carers orange booklet was updated, and a carer's survey initiated. Carer's week 2016 was marked at the hospital with a stand outside the staff restaurant all week. Orange booklets were given out to staff members and carers who passed the stand. From September 2016 the group has been led by the Head of Patient Experience.

Ongoing Challenge/Risks:

- **Staff awareness of the rights of carers, orange booklet and survey**
- **The Trust recognises that we need to improve the support we give to carers, this has been identified in our Quality Account for 2016/17**

Transition

In December 2015, a Lead Nurse for Transition (0.6wte) was appointed at the Royal Berkshire NHS Foundation Trust (RBFT) to carry out a 12 month pilot of the nationally recognised transition programme 'Ready Steady Go' in 2 cohorts of patients; diabetes and neurodisability. The post was funded by the Thames Valley Strategic Clinical Network (TVSCN) and formed part of a Thames Valley wide project to develop transition services for young people with long term conditions.

Key Achievements 2015/16

- Transition Policy and Guidelines complete (approved January 2016)
- Trust Transition Steering group has been established.
- Ready Steady Go (RSG) Pilot completed January 2016. Successful pilot with approx. 100 young people now on the RSG programme.
- *RBFT Transition Plan* developed by steering group to support RSG and encourage compliance with transition planning.
- Improved cross agency working for Special Educational Needs and Disability (SEND) transition services : following a pan-Berkshire joint agency conference in April 2016, representatives for adult and child social care, special schools and SEND local Authority teams have agreed to work together to adopt the principles of the RBFT transition pathway. This will mean young people with SEND will only have to navigate one transition pathway for all services.

Plan for 2016/17

Roll out RBFT Transition Plan and RSG to all of Paediatrics and adult services

The 'Ready Steady Go' pilot project ended in January 2016 and has been fully evaluated. The pilot involved hard work and determination on the part of the lead clinicians and good engagement from the transition steering group. There have been some challenges in implementing the new paperwork, however, throughout the project, the lead clinicians have been positive about developing their transition services and believe that rolling out the newly developed RBFT Transition Plan, would benefit their patients in the long term.

The transition nurse post continues to be funded by the TVSCN and has been extended to March 2017. The nurse will be spending the 1.5-2 days per week based at the RBFT working to embed the new RBFT transition plan and deliver training across the trust and the remaining 1.5-2 days working for the TVSCN to support 4 other trusts to develop their transition services (Oxford University Hospitals, Wexham Park, Stoke Mandeville and Milton Keynes). A Transition CQUIN has been agreed for 2016/17 which will ensure transition is embedded in practice for paediatrics and those specialties to whom children transition.

Ongoing Challenge/Risks:

- **Funding for the transition nurse post ends in March 2017**
- **Preparation, readiness and capacity to engage for Ofsted inspections of SEND**

Disabled Children and Young People

Dingley Child Development Centre provides multi-disciplinary specialist paediatric neurology/epilepsy and community paediatric services, a child protection medical service and initial health assessment service for looked after children resident in Berkshire West. They also provide tertiary services including assessment of visual impairment and spasticity and a botulinum service. The specialist paediatric inpatient therapy services are provided by the team based in Dingley. BHFT are selling the land where Dingley is located, it will need to be vacated early in 2017. Respite care for children with complex health needs is provided by BHFT at Ryeish Green in July 2016 they notified the CCG that they were no longer able to sustain provision.

Ongoing Challenge/Risks:

- **No arrangements for relocation of Dingley services**
- **No respite service would impact on children and families and lead to increased admissions and length of stay**

Risk Based Priorities for 2016/17

1. Continue working with partners to reduce unnecessary attendances to ED and delayed transfer of care for patients of all ages who have a mental health or learning disability but no physical disorder, this will include understanding demand
2. In line with the Care Act and the principles of Making Safeguarding Personal new evidence review our approach to ensuring the knowledge and competency of our staff in practice in relation to the Mental Capacity and Mental Health Acts, DoLS, best interest assessments and consent
3. Continue to working with our LSCB and SAB partners on multiagency priorities e.g. neglect, domestic abuse, initial health assessments for looked after children, emotional health and well-being of children, making safeguarding personal
4. Work with multiagency partners to understand demand and develop a disabled children strategy for Berkshire West including transition services
5. Review the current Safer Recruitment Training Programme and to commence the 3 yearly DBS checks
6. Further develop the carers work and strategy within the Trust
7. Review the capacity and resilience of the Safeguarding team in relation to work load and capacity to attend external meetings using a transformational approach
8. Review the safeguarding strategy and governance structures to ensure they are robust

Appendix1

Responding to feedback: Making Safeguarding Personal

The safeguarding team aim to ensure that it is responsive to feedback from both patients and colleagues. Feedback is collated from all training delivered and staff are keen to ensure that the voice of the adult or child is heard, both in training and through supervision.

Feedback about the Mental Health Coordinator

“The safeguarding team is a useful source of advice and professional support in dealing with safeguarding issues, but more recently in dealing with acute Mental Health patients and issues. Tanya has been pivotal in facilitating working relationships between ED and PMS and as a team I know that we value this support.

With her extensive ED background and MH experience she is able to understand the issues and complexities of some patients who attend ED and the issues when they managed in the ED and has been proactive in helping us with the strategies for on-going care.

She has also been very valuable in developing management plans for patients that can enable in-hospital services and community services to work more cohesively in providing suitable care for the patient and is often my first “port of call” when dealing with complex patients or delays for beds.

She has provided teaching for us in ED which I know the team found very useful, however as her role has developed it has been a challenge for her to manage this on an on-going basis.”

Feedback on training

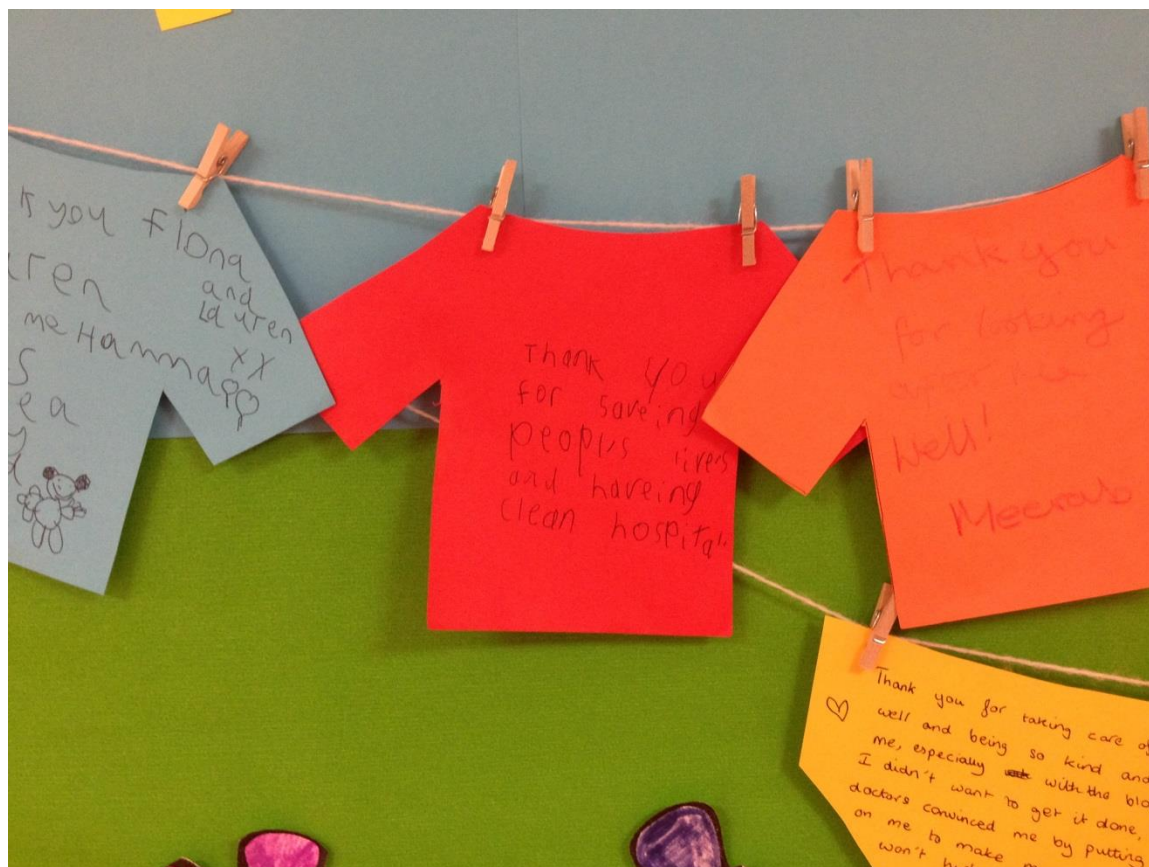
All safeguarding training is evaluated. The following were evaluations from level 3 CSE training: out of the 19 people who attended: 14 said session was “excellent” and 5 said it was “Good” Free text comments for “What I have learnt” included:

- “Examine more carefully, ask questions and listen”.
- “Don’t dismiss challenging behaviour as just being stroppy teens!”.
- “Really useful session: reminds me what we are looking out for”.
- “To use the proforma for questions”.
- “Films were excellent in getting messages across”.



- “Pay close attention to challenging teenagers”.
- “Take time to listen to the young person”.

Paediatric ward areas use “pants and tops” to encourage children to identify what is good and could be improved for clinical areas.



Patient Story

A new mum emailed the trust to thank the team for caring for her and her new baby. She has given permission for this to be shared [written as emailed].

My name is Samantha and I gave birth to a baby girl, named Emily, on the last 10th of October at 2:42 AM.

My experience at the hospital been amazing and has a huge impact in my life.. Personally I think has changed the life and future of my daughter and myself forever.. I been suffering abused by my husband over the last 3 years, in silence, with fear, thinking of surviving day by day.. Doing and saying what he wanted to hear and see, afraid of he could hurt me really badly.

The situation turned worst after I got pregnant. He never wanted this baby, he used to push me, insult me, taking all my money, bullying me, abused me no mercy.. Until the point to left me homeless nearly 8 months pregnant. When this

happened, his mother had me at hers for few weeks but like he was used to come around to argue and fight to me, she kicked me off too, saying if I wanted a healthy baby I should scape from him.

I hide myself, I did not have where to go, I was desperate.. Nearly to delivery and no place to stay. A friend rescued me and 3 weeks before Emily was born I moved in with her.

After I gave birth, that morning on the 10/10, around 7 o'clock in the morning, a lovely midwife, which I don't know her name, and I will give my life to know it, asked why my husband wasn't there. So I was honest to her and I speak up telling that he was a violent abuser.. She said I should report it, and I got scared, as I was used to living in fear, so I did try to stop it.. But this lady looked into my eyes and told me: "I must to do it, to protect your baby".. That moment was magic to me. I felt my blood running so fast! I understood my attitude should change, I was having my tiny baby in my arms and this gentle lady was the light in the end of the tunnel.

From that all staff was absolute wonderful.. Every single person I met, been concern and bringing all support and help, psychically, emotionally and making me feel safe and free.

I stayed in the Marsh Ward and I would love to give to you all name, which I don't have unfortunately, because you should be so so very proud of the hard work you do daily.

Once out from Hospital, with the Police, Berkshire Women's Aid and NSPCC involved I could put my baby and I in a better place, safe and far away from him.

In fact I presented at the Family Court in Reading a non molestation order and the judge made it and served to my husband.

But I got so much to do still. I just would like to ask if it's possible to get a copy of the report I did at the hospital, as my solicitor requested it to me.

I'm externally grateful for the integral caring, support and attention the staff brings, I can not say thanks enough..

You guys listened to me, believing on me and have changed my life.

I become a free person, enjoying my daughter, all full of love around, giving to her a peaceful and safe life, as every child who came to this world should have..

From NHS choices

"I came to A&E Tuesday evening which was mental health related and I was treated like any other physically unwell patient. I can't appreciate it enough of how well the professionals treated me. Thank you." Visited in December 2015. Posted on 09 December 2015

Safeguarding Adults Annual Report 2015/16



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Executive Summary

2015/16 has been a busy year for the Safeguarding Adult service. It has managed an increase in numbers of concerns raised, number of S42 enquiries initiated and completed and a significant increase in the number of DoLS applications received and processed.

Despite this increase in activity the service has raised awareness of safeguarding across West Berkshire by developing and engaging with a Safeguarding Service User Group, delivering awareness sessions and hosting stands at events in the local community, participated in a peer review in which our partners, providers and staff played a key role and actively supported training opportunities provided by the West of Berkshire Safeguarding Adults Board.

The Safeguarding Adults Forum developed an action plan based on the priorities of the Safeguarding Adults Board.

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

The Forum has progressively worked through the action plan during this reporting year and has developed plans for 2016/17. The partnership working developed through this forum was recognised in the peer review carried out by ADASS into the safeguarding function. This forum continues to develop its role as the operational arm of the Safeguarding Adults Board for West Berkshire.

The Making Safeguarding Personal initiative continues to be promoted and embedded in practice through training and monitoring, with local data indicating improvements are being made.

Performance data analysis is carried out on a regular basis. Rigorous interrogation ensures there continues to be a grasp of both current and emerging issues. The impact of a proactive approach by the Care Quality team with local providers appears to be having a positive impact on the types of safeguarding enquiries and source of risk.

The service continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorisations with raising awareness of safeguarding.

Introduction

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care. It is now, as a result of the enactment of the Care Act 2014, a statutory responsibility for Local Authorities as well as the assessment and authorisation of Deprivation of Liberty Safeguards.

This annual report evidences the key quarterly measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising a new set of indicators and statutory reporting requirements for 2015/16, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks, Boards and Forums

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect. West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website www.sabberkshirwest.co.uk

The West Berkshire Safeguarding Adults Forum is the local operational arm of the SAB and consists of local partners signed up to address safeguarding matters specifically in West Berkshire. The forum produces an action plan annually drawn from the priorities set by the SAB. For 2015/16 those priorities were:

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

In order to achieve those priorities a number of objectives were developed into an action plan and delivered by forum members.

The Service User Safeguarding Forum was formed in 2015/16, the development of which was a key objective of the Safeguarding Adults Forum action plan. This group, made up of service users with an interest in safeguarding, meet quarterly.

Volumes and Performance

Safeguarding activity

Concerns and enquiries

There were 767 safeguarding concerns received in 2015/16. The number of concerns has increased for the last couple of years. In some cases it is sufficient for the Local Authority to note the concern with no further action required. Noting those concerns that require no further action enable the Local Authority to spot trends and monitor patterns across the District. Those that require greater scrutiny or input are opened as a S42 enquiry. We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion.

292 s42 enquiries were opened during 2015/16, with a conversion rate from concern to s42 enquiry of 38 %. This is an increase on previous years. The increase is attributed to better recording methods and greater awareness of the safeguarding process. During the reporting year West Berkshire worked closely with its partners in South Central Ambulance Service and Thames Valley Police to improve the quality of concerns raised. This improvement is partly reflected in the increase in conversion rate recorded.

Note the change in terminology as a result of the Care Act; alerts are now referred to as concerns, and referrals as enquiries.

Table 1 – Safeguarding activity for the reporting period 2014-16

Year	Alerts/Concerns received	Safeguarding referrals/s42 enquiries opened	Conversion rate of concern to s42 enquiry
2013-14	543	148	27 %
2014-15	601	207	34 %
2015-16	767	292	38 %

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last three years. The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 66 % of enquiries in 2015/16. The majority of enquiries were related to female clients, 57 %, a continuation of a trend seen in the last 3 years.

Table 2 – 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	28 %	29 %	34 %
65-74	9 %	12 %	15 %

75-84	26 %	25 %	23 %
85-94	33 %	31 %	24 %
95+	4 %	3 %	4 %

Table 3 – Gender of individuals with safeguarding enquiries, 2015-16

Gender	2013/14 % of total	2014/15 % of total	2015/16 % of total
Male	41 %	38 %	43 %
Female	59 %	62 %	57 %

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR). The majority of individuals had a PSR of Physical Support, 37 %, although this does represent a slight drop on last year's proportion. There was an increase in enquires where the individual has a PSR of Mental Health Support. The increasing number of those presenting to safeguarding with a PSR for memory and cognition, although the proportion of overall presentations has not changed, is indicative of a gradually ageing population locally.

Table 4 – Primary support reason for individuals with a safeguarding enquiry

Primary support reason	2014/15	% of total	2015/16	% of total
Physical support	77	44 %	100	37 %
Sensory support	3	2 %	4	1 %
Support with memory and cognition	48	27 %	78	29 %
Learning disability support	30	17 %	46	17 %
Mental health support	10	6 %	30	11 %
Social support	7	4 %	9	3 %
No support reason	0	0 %	0	0 %
Not known	0	0 %	5	2 %

Case details for concluded enquiries

Type of alleged abuse

Table 5 shows enquiries by type of alleged abuse in the last three years. Additional categories were added to the 2015/16 with the implementation of the Care Act 2014. Those additional categories were domestic abuse, modern slavery, self neglect and sexual exploitation (a derivative of sexual abuse/modern slavery and/or domestic abuse). It should be noted that more than one category of abuse can be attributed to any single concern as often incidents are complex and comprise of various elements.

The most common types of abuse for 2015/16 were for neglect and acts of omission, 22 %, and physical abuse, 19 %. Neglect and act of omission cases are attributed to the provision of care given either by a paid or unpaid carer. The category of physical

abuse also includes incidents where there has been a physical altercation between two or more residents in a domestic, care home or hospital setting.

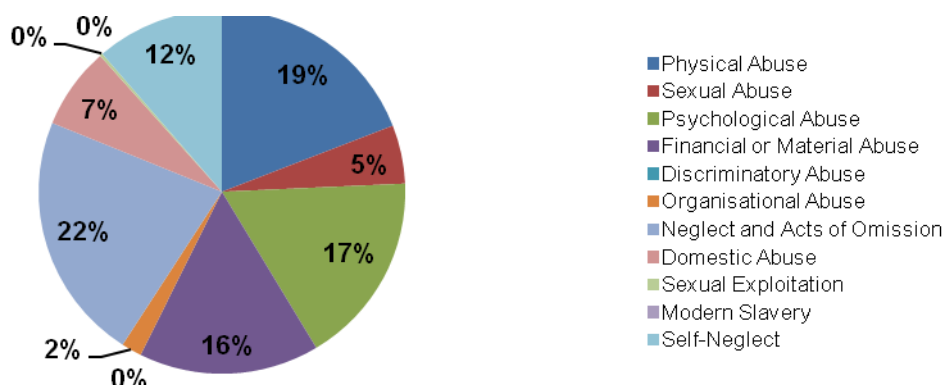
Self neglect as a defined type has now accounted for 12% of cases into which enquiries have been made. This is reasonably substantive, and is broadly as predicted at the beginning of the year. It is worth noting the threshold set for a safeguarding intervention into a case of self neglect is relatively high, including consideration of mental capacity. Those cases not meeting the threshold are passed through to adult social care teams for screening and assessment.

The Care Quality team in West Berkshire has been very proactive working in partnership with providers locally to improve standards of care. The reduction in organisational abuse is considered to be an indicator of this proactive approach taken.

Table 5 – Concluded enquiries by type of abuse

Concluded enquiries	2013/14	2014/15	2015/16
Physical Abuse	66	51	74
Sexual Abuse	15	12	20
Psychological Abuse	41	44	66
Financial or Material Abuse	39	40	62
Neglect and Acts of Omission	59	73	85
Discriminatory Abuse	0	1	0
Organisational Abuse	14	10	7
Domestic Abuse	-	-	28
Sexual Exploitation	-	-	1
Modern Slavery	-	-	0
Self-Neglect	-	-	44

Figure 1 – Type of abuse 2015/16



Location of alleged abuse

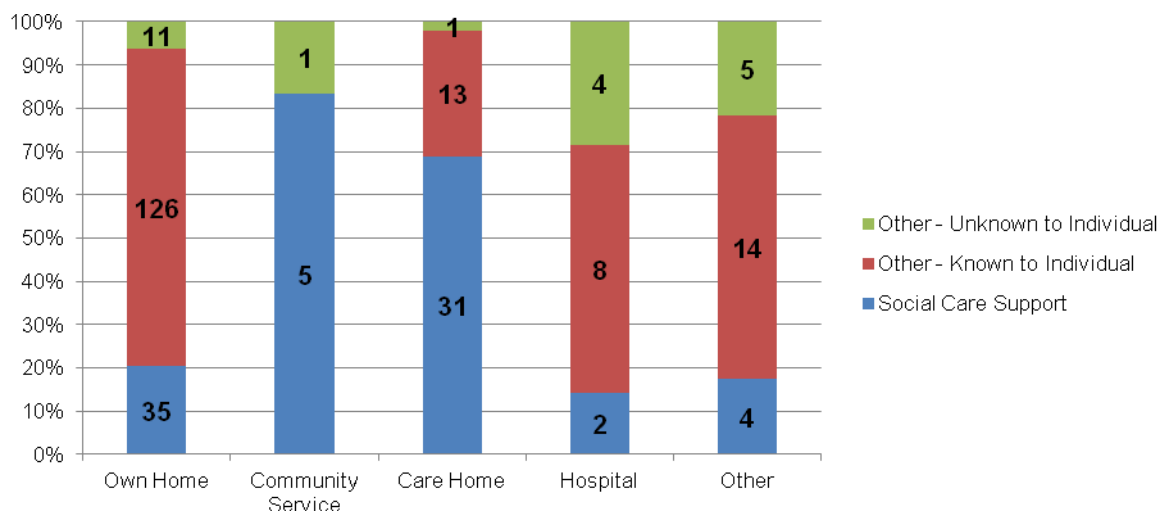
As with previous years the most common locations where the alleged abuse took place were a person's own home, 66 %, and a care home, 17 %. A person's own home consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continual need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Table 6 – Location of abuse

Location of abuse	2013/14	2014/15	2015/16
Care home	31	41	45
Hospital	2	3	14
Own home	72	98	172
Community service	9	11	6
Other	8	14	23

Figure 2 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, 73 %, the source of risk was an individual known to the adult at risk.

Figure 2 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16

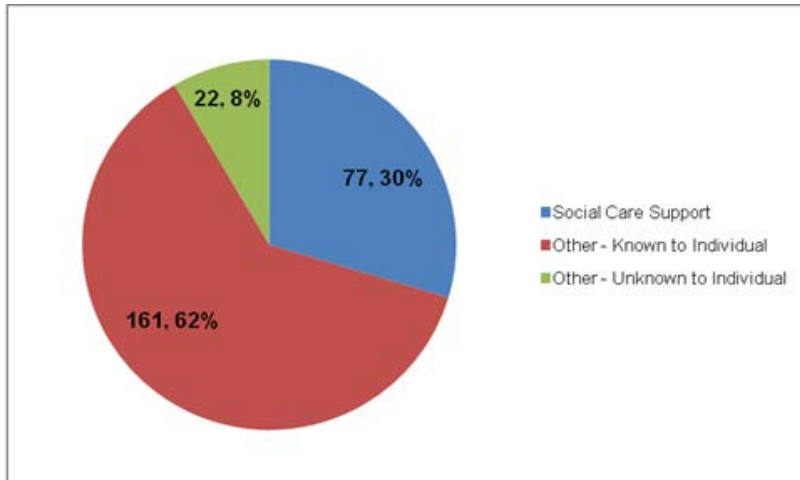


Source of risk

The majority of concluded enquiries involved a source of risk known to the individual. The social care support category refers to any individual or organisation paid, contracted or commissioned to provide social care. Figure 3 demonstrates those sources of risk captured.

Whilst 30% of source of risk attributed to the provision of social care support remains of concern the pro active provision of support from the Care Quality team gives some assurance that issues which could result in a safeguarding enquiry in such settings are being addressed at an early stage.

Figure 3 – Concluded enquiries by source of risk



Action taken and result

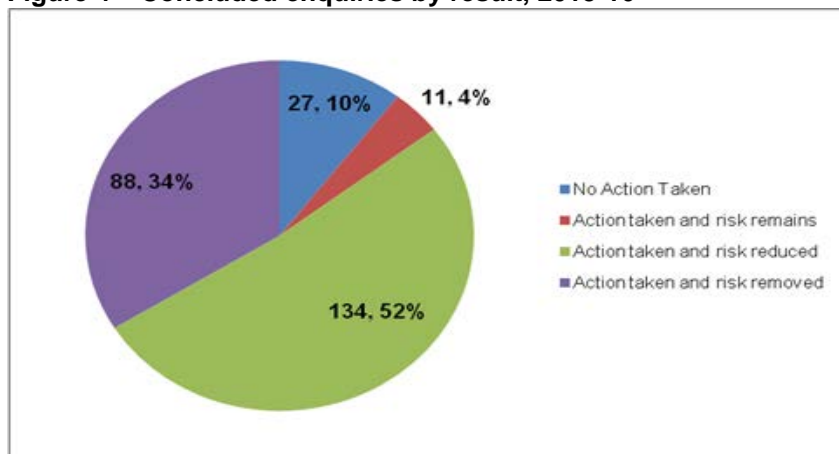
The table below shows concluded enquiries by action taken and result for the last three years.

Table 7 – Concluded enquiries by result

Result	2013/14	2014/15	2015-16
Action Under Safeguarding: Risk Removed	6	11	88
Action Under Safeguarding: Risk Reduced	36	83	134
Action Under Safeguarding: Risk Remains	15	21	11
No Further Action Under Safeguarding	65	32	27
Total Concluded Enquiries	122	162	260

Figure 5 shows concluded enquiries by result for 2015/16. No action was taken under safeguarding in 10 % of cases, while the risk was reduced or removed in 86 % of cases.

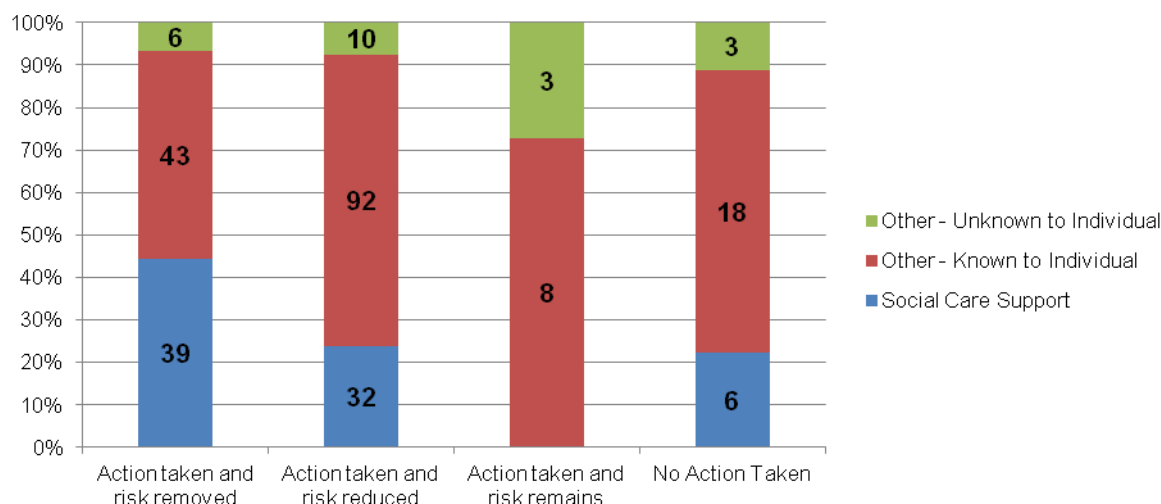
Figure 4 – Concluded enquiries by result, 2015-16



No action may be taken where the client requests that the enquiry come to an end before it has been completed. We are bound to respect the wishes of the client in the majority of cases. In a few exceptional cases the safeguarding team may need to override those wishes. For example where there is a wider public interest in pursuing an enquiry because the alleged perpetrator may pose a risk to others. It is important to recognise the service works with adults who are entitled to make choices, irrespective of how unwise those choices may seem to be, and therefore it is not possible to always remove risk.

Figure 6 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2015/16.

Figure 5 – Concluded enquiries by result of action taken and source of risk

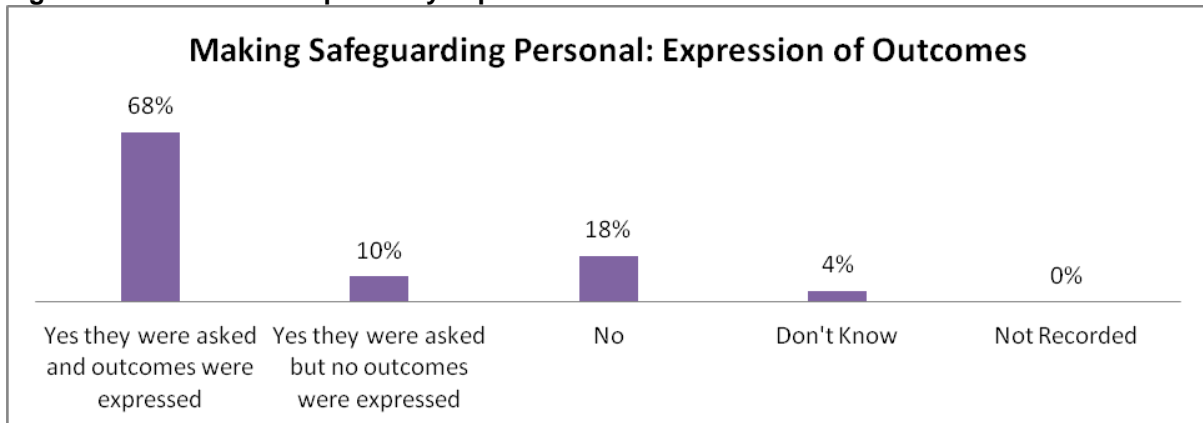


Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national industry led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and enshrined in the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP.

Notwithstanding, West Berkshire Council has chosen to monitor performance in this key area.

Figure 6 – Concluded enquiries by expression of outcome



By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining baseline data for outcomes has presented challenges this financial year. Figure 7 demonstrates the outcome of this challenge.

As at year end, 78% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate). In order to benchmark usefully, options for outcomes were included as a guide, with an additional box for free text to capture those desired outcomes and wishes that were not reflected in the options provided. Clients can choose as many outcomes as they wish and so multiple choices are normal. The option ‘to be and to feel safe’ was most frequently selected. Of those asked, 10% did not express an outcome. Whilst this is positive, there remains 22% who did not engage in this process. These cases have been subject to further scrutiny to establish the reason engagement was not achieved and where necessary lessons learned going forward.

Figure 7 – Concluded enquiries by expressed outcomes achieved.



Of those who were asked and expressed a desired outcome, 60% were able to achieve those outcomes fully, with a further 37% partially achieved. We anticipate this to settle as the MSP method of working becomes more embedded in the new reporting year and aligns with the New Ways of Working in Adult Social care – a strengths based approach to working with adults who may have social care needs. In 16/17 further work will be carried out to audit the quality of the work done with service users to identify their outcomes.

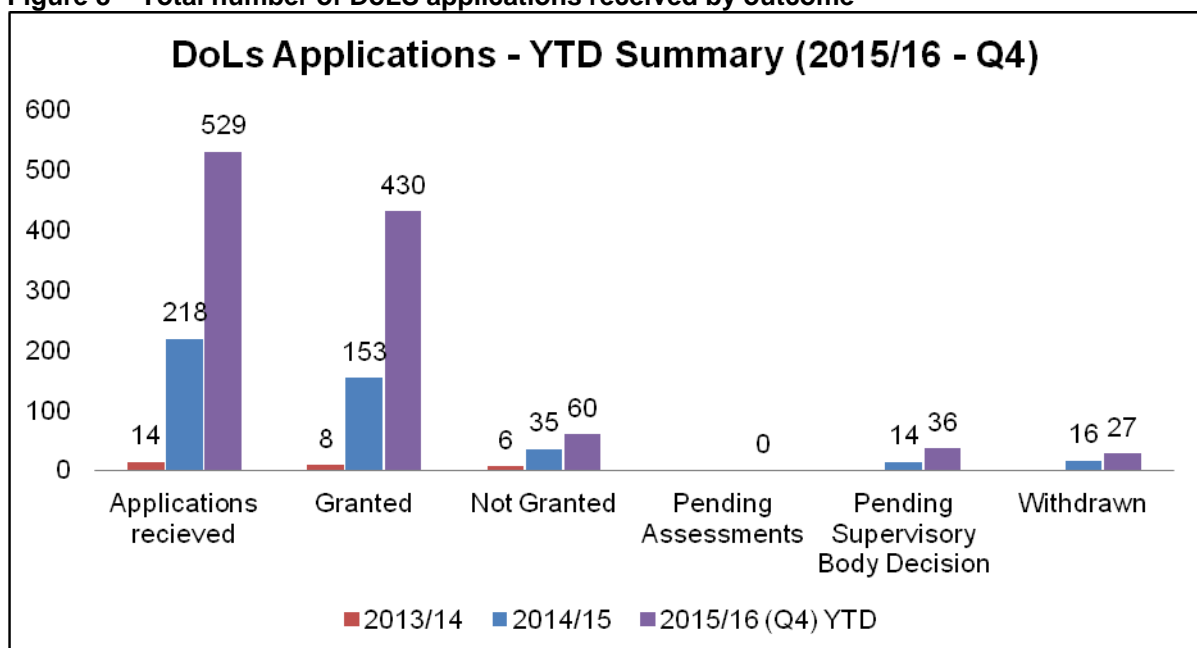
Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the persons circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

Figure 8 – Total number of DoLS applications received by outcome



As at the end of 2014/15 there were 218 DoLS applications in total and a predicted total of 525 for cases for 2015/16. The actual final figure was 529 with 430 of those authorised, 60 not authorised (for example a person is assessed as having capacity), 27 withdrawn (for example an application from a hospital where the patient is discharged before the assessment process is completed) and 36 pending a decision as at year end. The figure of 529 represents a 142% increase of applications received in 2014/15.

The increase in West Berkshire is reflective of increases nationally following a Supreme Court judgement in March 2014 known as Cheshire West which significantly increased the scope of the scheme. It is expected the demand for 2016/17 will see a further increase of approximately 30%.

Activities

A Safeguarding Service User Group was set up In West Berkshire to provide a setting in which service users across the spectrum of adult social care needs could engage with the safeguarding team direct, share information, solve problems and increase awareness through a cascade process.

The group was consulted on a Safeguarding Adults publicity campaign planned for early 2016/17. They were integral to the development of the publicity material including posters and leaflets, commenting on language, visuals and accessibility. In addition the group developed a safeguarding alert card for people to carry with them when they are in the community. The card has been designed to support a person to ask for help from the community if they feel unsafe.

A series of talks and events were attended by members of the safeguarding team in order to increase awareness of safeguarding across a range of settings including an evening talk to the Newbury Neighbourhood Watch scheme, delivery of an interactive session on safeguarding for service users of a supported living scheme locally and a hosting a stall at the Parish Councillors Conference.

A peer review of the safeguarding adults function was conducted by the Association of Directors of Adult Social Services (ADASS). The peer review was conducted over three days in December 2015 and included consultation with staff, external partners and providers. Feedback from the review was positive. An action plan was developed as a result of the recommendations made and the actions will be carried out during the 2016/17 period.

In partnership with our fellow Safeguarding Adults Board members a series of Making Safeguarding Personal training sessions for all Adult Social Care practitioners was held across the partnership area during the reporting period. West Berkshire hosted two full days of training in Newbury. Further to this, a series of workshops on this topic for our providers is planned for 2016/17.

The service supported a joint conference for adult and children's social care staff organised by the West of Berkshire Safeguarding Adult Partnership Board and the 3 Local Safeguarding Children's Boards in the Berkshire West area. This conference is an annual event.

The Future

Plans for 2016/17 include the launch of the community alert cards and the new publicity campaign developed in partnership with the Service Users Safeguarding Group.

There are also plans to develop an effective feedback process for those who have experienced a safeguarding episode. It is intended the Service User Group will be instrumental in designing the tools that may be used to capture the feedback

A new action plan for 2016/17 developed by the Safeguarding Adults Forum will be carried out. This includes partnership working with our colleagues in Trading Standards to tackle scams; doorstep and online scams and to support them in raising awareness with banks and building societies of coercive tactics to get vulnerable adults to withdraw large sums. This plan can be seen at Appendix 1.

The recommendations of the ADASS peer review have been drawn into an action plan that will continue to be carried out supporting the service to improve the safeguarding experience for people through the continued development of Making Safeguarding Personal across the Council and its partners.

SAFEGUARDING ADULTS FORUM WEST BERKSHIRE

ACTION PLAN 2016/17

This action plan is drawn from the West of Berkshire Safeguarding Adults Partnership Board 2015-18 Strategic Priorities and the principles underpinning safeguarding activity. This plan is a living document and may alter according to changing priorities identified through the West of Berkshire SAPB and any local issues arising.

Priority 1 – Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards			
Objectives:	Purpose:		
Support the safeguarding adults service user forum to develop the skills and capacity to review and quality assure our customer facing information and consider their recommendations in our responses.	To ensure a third party is scrutinising safeguarding adults communications, for example our web site interface, for ease of access, user friendliness and impact	Jenny Symons	30.09.16
Develop a mechanism for routinely auditing safeguarding cases against the 6 principles, utilising the Wokingham documentation	To ensure consistent responses and interventions within the safeguarding framework are achieved across West Berkshire underpinned by the 6 core principles, and to learn from examples of good and poor practice.	Sue Brain	Ongoing
To submit the 2016/17 action plan to the Safer Communities Partnership for their information and to submit a short report at year end to advise on progress	To ensure the Safer Communities Partnership are sighted on the safeguarding adults action plan and to embed the principles and actions across multi agency settings	Susan Powell/Sue Brain	End of July 2016

To audit local providers and partners to establish how the profile of safeguarding adults is maintained within their organisations	To be assured that the subject of safeguarding adults is actively promoted and acted upon within our partner organisations	Sue Brain	31.12.16
Priority 2 – Making Safeguarding Personal			
Objectives:	Purpose:		
Develop a provider appropriate MSP workshop in partnership with the Learning and Development Subgroup of the SAB and deliver those workshops throughout partner agencies	To improve understanding and knowledge of MSP; the principles and application of the concept	Safeguarding Adults Team	31.03.17
Work with partners to develop internal resources within each agency to facilitate feedback from service users in relation to a safeguarding intervention they have experienced.	To collect information, including anecdotal evidence, pertaining to a person's recent experience of the safeguarding process in a consistent and user friendly way. To enable the partnership to consider the anonymised data drawn from this feedback to enable any changes to procedure etc to be considered. To use the information and evidence gathered to learn lessons and subsequently reassure people who are entering the process that their interests are of primary concern.	All forum members	31.03.17
To provide information on a quarterly basis that can be developed into a blog currently being progressed by the Safer Communities Partnership communication process.	Share information to a wider audience about safeguarding, the personalisation agenda in safeguarding and various approaches available that can be adapted to suit presenting needs. This might be themed by abuse type	Safeguarding Adults Team/Safer Communities Partnership	31.08.16
Priority 3 – Raise awareness of safeguarding adults, the work of the Safeguarding Adults Board and improve engagement with a wider range of stakeholders			

Objective:	Purpose:		
Publish and promote new Pan Berkshire Policy and Procedures through Provider Forum, website and Care Quality newsletter	To increase awareness of the multi agency policy and procedures throughout the provider market and improve rates of compliance.	Safeguarding Adults Team	30.04.16
Agencies to review and where necessary update policies and procedures for safeguarding to reflect changes to practice or process captured within the Pan Berkshire Policies and Procedures	To ensure consistency in safeguarding policy and practice across the West Berkshire area	All forum members	31.05.16
Develop a communications strategy to share best practice and learning from SAR's including circulation of the Forum Learning Log	To improve knowledge of best practice and share learning from local and nationally published SAR's	MDT working group	30.06.16
Launch the safeguarding adults publicity campaign and service user community alert cards in partnership with the safeguarding adults service user group	To improve knowledge of safeguarding adults, facilitate greater knowledge of the reporting process and provide a mechanism to develop a safety network for service users in communities across the West Berkshire district.	Safeguarding Adults Forum/Safeguarding Adults Service User Group/Safer Communities Partnership	15.05.16
Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users			
Objective:	Purpose:		
Develop a communications strategy to share best practice and learning from SAR's including circulation of the Forum Learning Log and network meetings	To improve knowledge of best practice and share learning from local and nationally published SAR's	MDT working group	30.06.16

Develop and deliver a training programme specifically for Trading Standards and Environmental Health to support the safeguarding process and improve outcomes for people who are at risk from rogue traders and scammers	To increase the understanding of safeguarding and mental capacity within the wider workforce and disciplines within the Local Authority with a statutory function and to deliver a coordinated response to those at risk from scams and rogue trading.	West Berkshire LA/Wokingham LA training teams	30.06.16
To work in partnership with the LA's Principal Social Worker, Adult Social Care and key partners to develop and implement processes that improves the responses for those individuals who do not meet thresholds for a safeguarding response, yet remain at risk	To re-evaluate the pathways that exist for individuals who are not captured by traditional service referral routes and implement a process that takes account of their risk factors	TVP/Principal SW/Safer Communities/Safeguarding Team	
Priority 5 - Coordinate and ensure the appropriate application of safeguarding processes across agencies			
Objective:	Purpose:		
Coordinate a joint process between TVP and West Berkshire ASC, including other relevant parties as required, to ensure those who have a history of wandering are identified and linked into all appropriate services as quickly as possible	To improve the outcomes for people who wander with an overall outcome to support a reduction in the number of non crime related call outs for TVP.	ASC/TVP	
Promote greater understanding of the principles of coercion and control within the context of	To be assured agencies are able to identify and respond consistently and sensitively to situations of coercion and control.	Safer Communities/A2 Dominion/Safeguarding Team	

Domestic Abuse, through DASH/MARAC training, DA champion's network and other routes.			
Work with other agencies to improve knowledge and understanding of self neglect, thresholds and responses, by including appropriate case studies in L2 & 3 safeguarding training, sharing the national clutter index and tools available and clarifying options for support.	To ensure consistency in identifying, reporting and responding to cases of self neglect. To be assured that agencies are conversant in the different interventions available and sources of appropriate help for any clients they have concerns for.	Safeguarding Team/Sovereign Housing/WBC	31.03.17
Develop and deliver training to professionals in the banking sector to enable them to identify financial abuse through targeting unusual transactions of elderly and/or vulnerable clients and supporting them to respond appropriately	Raise awareness of financial abuse and encourage professional responses to concerns identified when it occurs at the earliest opportunity	Trading Standards	31.12.16
Embed requirements of the Prevent agenda in safeguarding processes through appropriate inclusion in L2 safeguarding training	To maintain knowledge about the Prevent agenda, its principles and the routes to refer.	Safeguarding Adults Team	30.04.16

Wokingham Borough Council
Annual Safeguarding Report 2015-2016



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EXECUTIVE SUMMARY

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities under its enactment have new safeguarding duties and must:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- Establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
- Carry-out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

As such safeguarding adults at risk is a strategic and operational high priority for Wokingham Borough Council and remains a core activity for Adult Social Care services.

This report evidences the key performance indicators and measures taken to enable more accurate analysis, monitoring and assurance of our strategic and operational developments within the Borough to ensure outcomes for adults at risk of abuse or neglect.

This year has seen significant developments in its performance indicators by implementation of the quality assurance frameworks and has demonstrated a significant commitment from staff and leaders within the council to meet the requirements of the Care Act 2014. This supports business planning improvement objectives for the coming year and improvement in the area of adult safeguarding has been demonstrable in systems and practice.

Prevention and awareness raising work has always been a key priority for the borough and many innovative initiatives of co-production work within our community and with people who use services have gained local, regional and national recognition. This area of work continues to grow in strength with the support and commitment of the Safeguarding Adult's Forum.

A full review was undertaken by the Association of Directors for Adult Social Services (ADASS) in the form of a peer review, and whilst areas for further consideration and development as a "critical friend" were identified, the report noted the innovation of the council and its workforce in particular relating to its strategic and operational developments of risk matrix management in the area of provider services and its interface with preventative safeguarding responses. In addition, the strategic developments within the Deprivation of Liberty Safeguarding service were cited as innovative in design to manage the unprecedented impact on finances, resources and quality assurance post the significant Cheshire West ruling delivered this year. This model has been shared and adopted by a neighbouring authority.

The meeting of Statutory responsibilities and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) remain an ongoing challenge and area of high impact on operational services however we are benchmarking well against other authorities and have actively supported our health partners in their development, support and design to meet

their duties in this area. The development of DOLS referral officer post has been instrumental in risk mitigation work for the authority.

With an established quality assurance and improvement programme a key focus for the coming year will be to further progress the Making Safeguarding Personal agenda and ensuring our communities and people who use services are empowered to be as participatory as possible in shaping and progressing this agenda.

Wokingham continue to be active participants on the work of the West of Berkshire Safeguarding Adults Board. Initiatives and models of our quality assurance framework in qualitative audit have been adopted by the Board to measure impact and ensure quality in direct safeguarding practice in line with the principles of the Care Act 2014 and Making Safeguarding Personal across the three boroughs.

ADULT SAFEGUARDING SERVICE AND PREVENTION WORK SUMMARY FOR ANNUAL REVIEW 2015-16

The West of Berkshire Safeguarding Adults Board (WoBSAB) has 4 priorities and objectives to its business plan. WBC Safeguarding and Prevention Service Work has been summarised under the appropriate priority of the Safeguarding Adults Business plan and Objectives.

Overall this year's Adult Safeguarding and Prevention Service strategy, has been one of fruition, i.e. many projects and initiatives have successfully come to an end or are embedded into ongoing strategy and practice.

Priority 1: Establish effective governance structures, improve accountability & ensure the safeguarding adults agenda is embedded within relevant organisations, forums & boards.

- ADASS Peer Review undertaken and action plan devised with positive recognition of the creative initiatives and work undertaken in WBC.
- Framework for Quality Assurance in provider services implemented where serious concerns relating to quality of care and impact are identified.
- Quality Assurance and triage framework for operational services designed and implemented with measurable outcomes for improvement and delivery.
- Coproduction work undertaken on the wider safeguarding agenda with people who use services, advocacy groups and the local community.

Specific prevention work detailed below

The **Joint Children's & Adults Safeguarding E-Learning** module was successfully implemented across the whole council and is now included as part of the Corporate Induction. A joint presentation was made to 20 members in September 2015. This was a joint piece of work with Children's Services to support them in meeting their Section 11 requirements.

The **Wokingham Adult Safeguarding Partnership Forum** (WASPF) has over 60 members & continues to hold quarterly meetings. Average attendance per meeting is 19.5 with an equal amount of apologies. Discussions continue to be led by members and as well as the standing local and SAB Adult Safeguarding Update, over the past year have included a presentation from Scottish & Southern Electric about their 'Priorities Register: <https://www.ssepd.co.uk/PriorityServices/> National Personal Safety Day an annual event hosted by the Suzy Lamplugh Trust: <http://www.suzylamplugh.org/personal-safety-tips/npsd2014/> Presenting the SAB's Annual Report & reviewing the forums priorities, as well as presentations from providers outlining how safeguarding is addressed within their organisations.

Supporting partners - Support from WBC was given to West Berkshire Council to advise as to how West Berks could design and facilitate their own forum.

As a member of the WoBSAB L&D Subgroup, WBC have representation in the **Workforce Development Strategy** with the aim to make the standards for the Level 1 Train the Trainer and other training standards more robust and in line with changes required to meet the Care Act.

Support with Confidence a nationally recognised scheme continues to grow within the borough, safeguarding remains a key element throughout the accreditation process.

Priority 2: Raise awareness of Safeguarding Adults, the work of the board & improve engagement with a wider range of stakeholders.

Adult Safeguarding Level 1, 2 & 3 training sessions continue to occur monthly (this is in line with other neighbouring authorities). Sessions are specifically adapted for people with a learning disability and other community groups for level 1 raising awareness.

In May 2015 our Prevention Service supported CLASP to facilitate a workshop **'Keeping People Safe from Abuse'**. Over 25 self-advocates attended and the session included small group exercises, discussion and a role play. Whilst there was some confusion between the self-advocates as to the definitions of the different types of abuse, all present recognised when something was wrong and knew who and where to go for help. Following on from this workshop CLASP have presented others within the learning disability community and have been given a certificate of recognition by our Prevention Service, valid for 3 years.

In December 2014 the co productive prevention work began working with the **Chartered Trading Standards Institute** to develop a toolkit for Trading Standards Officers. The purpose of the toolkit is for their officers to have a framework to support them with their understanding of Adult Safeguarding and when to refer their concerns. The toolkit also gives examples of good practice. The toolkit was launched at a workshop during their annual conference in June 2015. The Prevention worker attended this workshop, supporting the presentation & implementation.

WBC continues to be a member of the steering group for the West of **Berkshire Joint Children's & Adults Safeguarding Conference** and in September we held our fourth conference about 'Challenging Cultural Assumptions in Safeguarding'. We continued on the steering group contributing to the planning of the next conference in September 2016 which was hosted by WBC.

Throughout the year we have hosted a number of **community events** and supported partners, i.e. the police, Your Voice in Action, Community Wardens etc. to raise awareness of what adult safeguarding is and personal safety in general. This has involved hosting stands, giving out information at the local railway station and supermarkets as well as visiting community groups. Events supported have included "Mental Health Awareness", "National Personal Safety Day" and "Have a Safe Christmas".

Priority 3: Ensure effective learning from good & bad practice is shared in order to improve the safeguarding experience & ultimate outcomes for service users.

Partnership working

- Design, commission and delivery of joint health and social care “**Embedding the MCA in practice**” conferencing with keynote speakers and interactive application to practice workshops. Outcome - sharing skills and knowledge to promote better outcomes and safeguards for individuals who may lack capacity in daily practice and in a variety of multi-agency settings.
- **Promotion of Care Act organisational accountabilities in safeguarding** and commissioned services, by delivery of training and joint response to wider organisational safeguarding concerns via care governance frameworks. Outcome - more expedient and proportionate response to concerns utilising multidisciplinary skills and proactive prevention work on an individual and wide scale.
- **Working with community groups**, people who use services to raise awareness of safeguarding and prevention of harm by means of experts by experience delivering talks, presentations and design of easy read literature within organisations and the community. Outcome - prevention of harm and awareness raising promotion of service user voice and empowerment to recognise report and advocate when a safeguarding issue arises.

How are we **Embedding Making Safeguarding Personal and good practice**?

- MSP training was attended by 154 frontline workers and managers
- Templates and practice guidance amended and provided for staff and people who use services.
- All Quality Assurance Measures incorporate the MSP agenda.
- Via coaching and conversations with the workforce and wider stakeholders.
- Partners have agreed to accept and implement a standard audit template reflective of MSP requirements, with an aim to promote and provide consistent measures of safeguarding quality assurance reporting to the SAB.
- Partners have reviewed the TOR for all subgroups to ensure the MSP agenda is a “golden thread” running through all work of the board and partnership agencies.
- All Partners identified that specific MSP training needed to be commissioned for frontline workers and commissioned appropriate training to meet this need.
- Our easy read leaflet ‘Keeping Adults Safe from Abuse’ was formally launched at CLASP’s AGM in July. CLASP is a self-advocacy group for people with a learning disability who supported us with its development: <http://www.wokinghamclasp.org.uk/cm/> CLASP’s members contributed to the design and wording of the leaflet and proof read the final version to ensure that it was in easy read.

In December we launched our Easy Read Guide to the Adult Safeguarding Process at The Wokingham Learning Disability Partnership Boards Big Meeting. The board supported us with its development and design: <http://www.wokinghampartnershipboard.co.uk/> and again ensured that it was in easy read.

Also during RiPfa (Research in Practice for Adults) a national organisation asked that a blog about the prevention work be written and work being undertaken in Wokingham relating to ‘User-involvement in Adult Safeguarding’: <https://www.ripfa.org.uk/blog/user-involvement-in-adult-safeguarding-what-are-you-doing/>

To support colleagues with putting the MCA & DoLS into practice our prevention worker became accredited as a MCA & DOLS Train the Trainer, funded by our local CCG. Modular workshops to frontline practitioners from both WBC & Optalis staff have been delivered. The sessions received positive feedback and gave staff an opportunity to examine individual and organisational practice.

Priority 4: Co-ordinate & ensure the effectiveness of what each agency does.

Where required through our Care Governance, Level 1 training is provided for specific providers. Review and support is given to providers in relation to their own 'in-house' Adult Safeguarding Training in line with the Berkshire policy and procedures.

Due to an increase in requests for support a guidance framework for an Adult Safeguarding Policy for providers has been developed. The framework makes references for the need to consult with the Care Acts' Care & Support Statutory Guidance and the CQC as well as ensuring where relevant there is a statement relating to Safeguarding Children.

Additionally to the SABs' 4 priorities we have:

Continued to oversee the Safer Places Scheme; unfortunately the funding for the Champions has come to an end. Attempts have been made to try and secure new funding. An application has been made to the LDDF (Learning Disability Development Fund) with an announcement to be made in May. There are now 40 shops & local businesses actively engaged and signed up to the scheme across the Wokingham Borough.

To support the council in achieving its statutory requirements relating to the **PREVENT** agenda. We now support the Community Wardens to facilitate these sessions across our wider workforce.

Update from last year's Prevention work priorities:

- Easy read version of the adult safeguarding process completed.
- The amount of Safer Places premises was increased and initiative shared with Children's Services ongoing.
- Presented 'Dignity' workshops – complete and occurring approximately twice yearly.
- Accredited MCA Train the Trainer Course undertaken – completed, workshops held and an ongoing training initiative.

Prevention Work Priorities for 2016-17:

- Continue to increase the amount of Safer Places premises and support Children's Services to utilise the scheme for vulnerable children.
- Introduce the new Safer Places Scheme Cards for vulnerable adults in the community.
- Co-produce and present PREVENT workshops to providers and the wider community.
- Support CLASP to facilitate a PREVENT workshop to the learning disabled community.
- Develop formal process to gain feedback from individuals who have experienced safeguarding enquires with focus on measuring MSP outcomes.
- Improve outcomes measures for individuals.

PERFORMANCE DATA AND ANALYSIS

Safeguarding Activity Concerns and Enquiries

There have been some changes to the safeguarding adult's terminology as a result of the Care Act implementation 2014. Safeguarding alerts are now referred to as concerns and safeguarding referrals as enquiries. These take the form of Sec 42 Enquiries where the criteria defined in the statutory guidance is met, or non-statutory enquiries, where the criteria is not met, but the Authority still has a Power to coordinate an enquiry if decides to do so. Another mandatory change from last year's return is to collect information about statutory section 42 safeguarding enquiries only, to replace counts of all safeguarding referrals. This means only those concerns that progress to statutory enquiry are reported on, those that close at concern stage, are not.

There were a total of 1495 safeguarding concerns raised in the period 2015-16. The number of concerns has increased year on year and the overall increase suggests that we are improving awareness on safeguarding and giving information to everyone on what to do if they come into contact with adults who are at risk. In WBC the significant increase is also representative of implementation of operational Quality Assurance framework, in that all alerts received by the authority are now imputed into the correct work streams and performance reporting frameworks.

39% of these concerns progressed to a s42 enquiry. This is a lower conversion rate compared to 57% last year demonstrating improved understanding of the safeguarding thresholds with quality assurance via the operational triage system which has resulted in more consistent and proportionate responses, reduced caseload impact and more efficient use of staffing resources.

S42 enquiries were opened for 479 individuals during 2015-16, which is a 17% increase from previous year. This demonstrates a lower number of repeat concerns for one individual, which would be indicative of better safeguarding of people the first time round.

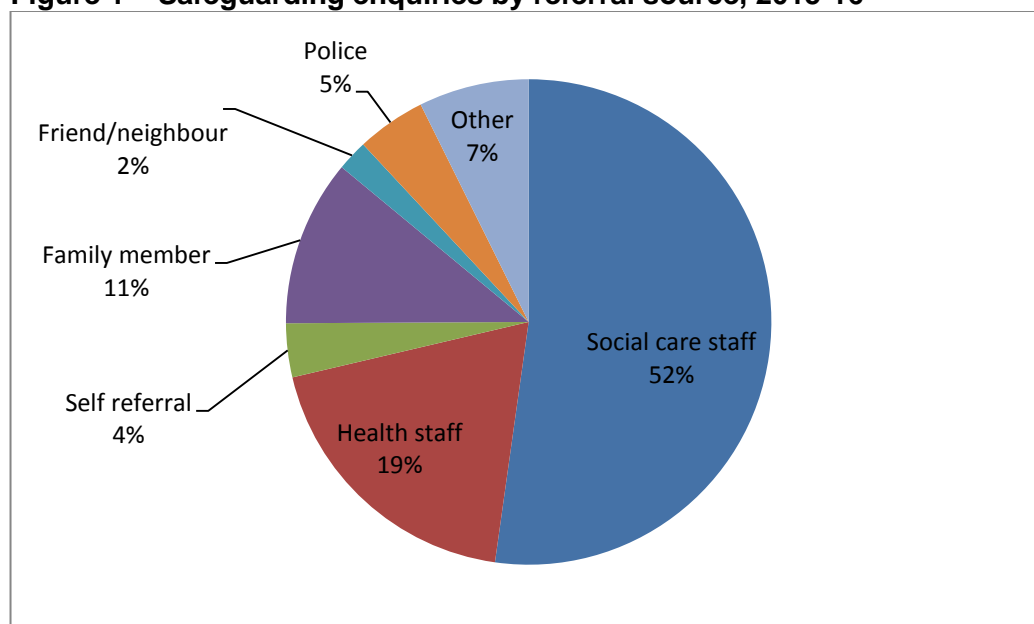
Table 1 – Safeguarding Activity 2014-16

	Concerns	Safeguarding referrals/S42 enquiries	Individuals who had safeguarding referral/s42 enquiry	Conversion rate of concern to s42 enquiry
2013-14	577	441	373	76%
2014-15	868	499	408	57%
2015-16	1495	586	479	39%

Source of safeguarding enquiries

The highest proportion of safeguarding enquiries (52%) came from social care staff followed by 19% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 17% which shows a good level of awareness within the general community and is indicative of good preventative work in the community.

Figure 1 – Safeguarding enquiries by referral source, 2015-16



The table below shows comparison of safeguarding enquiries over the past 3 years. As with previous years the majority of enquiries continue to come from social care staff.

- **This demonstrates good identification of Safeguarding concerns in the Social Care Workforce due to training initiatives and awareness-raising.**

Table 2 – Safeguarding enquiries by referral source, 2014-16

	Referrals	2013/14	2014/15	2015-16
Social Care Staff	Social Care Staff total (CASSR & Independent)	249	259	306
	Of which: Domiciliary Staff	37	48	46
	Residential/ Nursing Care Staff	155	139	186
	Day Care Staff	12	21	15
	Social Worker/ Care Manager	25	25	35
	Self-Directed Care Staff	2	3	4
	Other	18	23	20
Health Staff	Health Staff - Total	65	77	112
	Of which: Primary/ Community Health Staff	41	38	51
	Secondary Health Staff	10	21	40
	Mental Health Staff	14	18	21
Other sources of referral	Self-Referral	16	33	21
	Family member	56	68	65
	Friend/ Neighbour	5	12	12
	Other service user	2	0	1
	Care Quality Commission	2	3	1
	Housing	5	8	3
	Education/ Training/ Workplace Establishment	2	0	2
	Police	8	6	27
	Other	31	33	36
	Total	441	499	586

- **A demonstrable increase in referral rates from friends and neighbours (the**

community) since 2014 demonstrates an increased awareness of identifying and reporting safeguarding concerns. In addition a significant increase of referrals from police can be demonstrated reflecting better partnership working and awareness raising with their organisation.

- A year on year increase is demonstrated by referral source as residential/nursing care. This is reflective of a combination of factors, such as, increased awareness of reporting thresholds, promotion of transparency and proportionate response to providers, in addition to increased quality assurance activity within provider services and local initiatives such as care home support team and rapid response and treatment team.
- A 50% increase is demonstrated from secondary health staff this was a previous area of low referral rate and may well be indicative of the appointment of safeguarding leads and quality assurance measures within health services.

Individuals with safeguarding enquiries

Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous three years. Following last year's trend there were more referrals from individuals aged 65 years or over than those aged 18-64. The 65 and over age group accounted for 73% of enquiries. This is indicative of an older age demography within Wokingham and is the same as national trends and may also be symptomatic of increasing awareness amongst the general population of abuse or older people following national campaigns.

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	143	38%	117	29%	128	27%
65-74	31	8%	36	9%	61	13%
75-84	81	22%	98	24%	120	25%
85-94	106	28%	131	32%	141	29%
95+	12	3%	23	6%	26	5%
Age unknown	0	0%	3	1%	3	1%
Grand total	373		408		479	

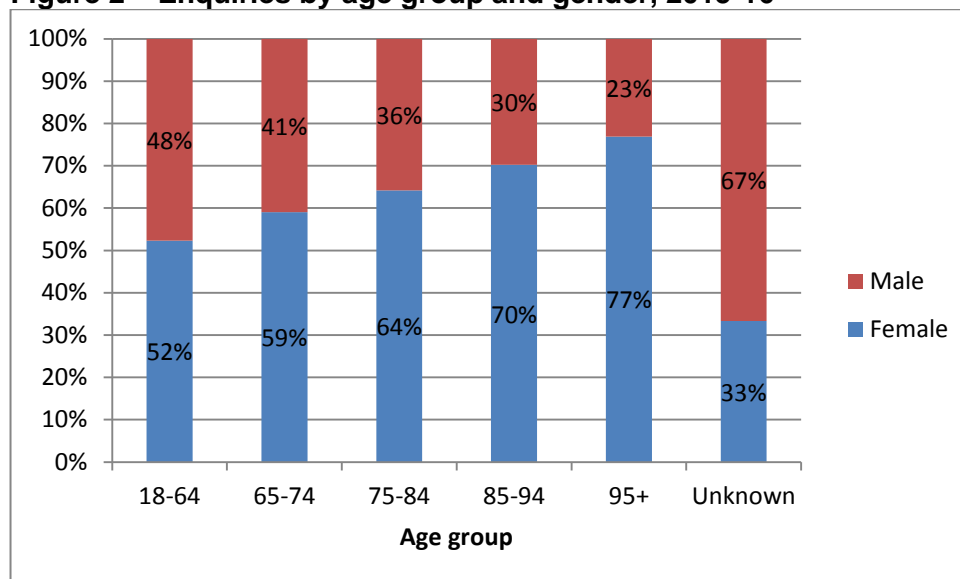
As with previous years more women were the subject of a s42 safeguarding enquiry than males. 63% of safeguarding enquiries started in the year were for females. The number of safeguarding enquiries for women was more than men in every age group.

Table 4 – Age group and gender of individuals with safeguarding enquiries, 2015-16

Age group	Female	Male
18-64	67	61
65-74	36	25
75-84	77	43
85-94	99	42
95+	20	6
Unknown	1	2
Total	300	179

The chart below shows safeguarding enquiries increases with age for women indicating increased likelihood of abuse for older women.

Figure 2 – Enquiries by age group and gender, 2015-16

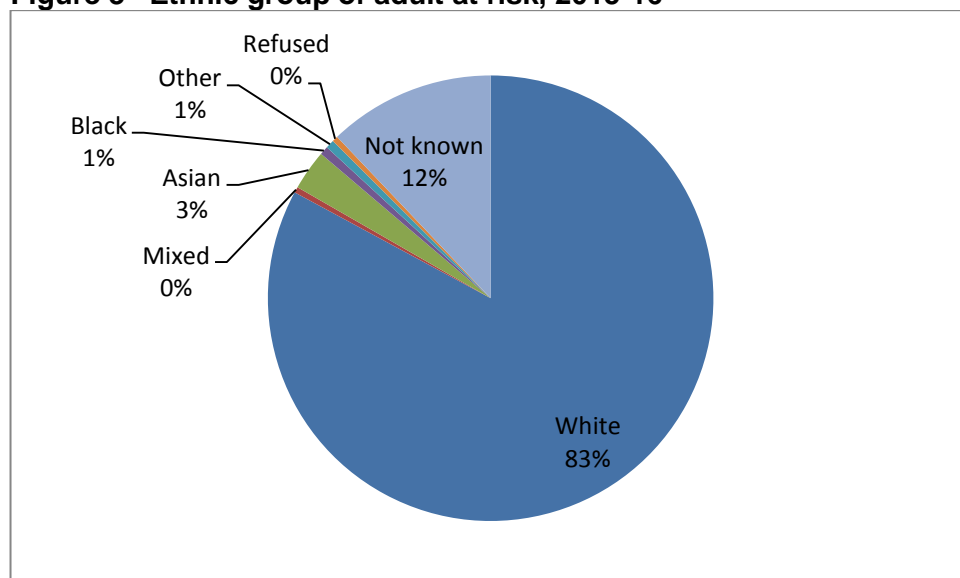


Ethnicity

Eighty three percent of all individuals who had a safeguarding enquiry were of white ethnicity. 12% did not have any ethnicity recorded.

- **Wokingham borough has a predominantly white British population with other ethnicities only representing ... % of the local population.**

Figure 3 –Ethnic group of adult at risk, 2015-16



The table below shows ethnic group by Wokingham population and safeguarding enquiries for 2015-16

Table 5 – Ethnic group by population of Wokingham & safeguarding enquiries 2015-16

Ethnic group	Population aged 18 & over	Percentage of population	Percentage of safeguarding enquiries
White	107307	90%	95%

Mixed	1319	1%	0%
Asian or Asian British	7989	7%	3%
Black or Black British	1516	1%	1%
Other ethnic group	789	1%	1%

Source: ONS 2011 Census data

Please note that 60 enquiries were excluded from this table as the population data for ethnicity refused or not known categories was not available.

The numbers evidence that individuals with white ethnicity are more often being referred to safeguarding and people with Asian or Asian British ethnicity are less often being referred although this is likely to be heavily influenced by the locality demographic make-up.

Primary support reason

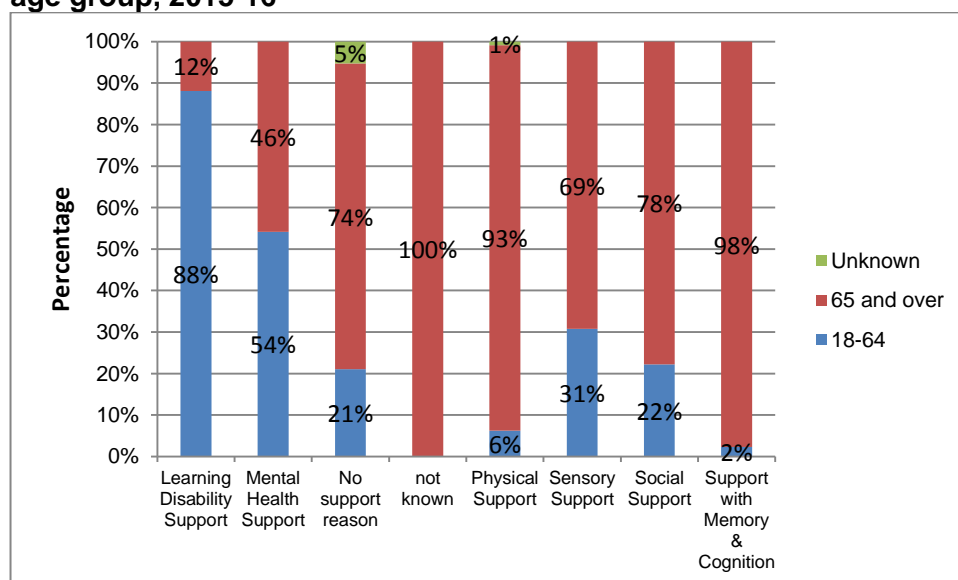
The table below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For the majority of cases the primary support reason was physical support (47%).

Table 6 – Primary support reason for individuals with safeguarding enquiries, 2015-16

Primary support reason	2014-15	% of total	2015-16	% of total
Physical support	197	48%	225	47%
Sensory support	8	2%	13	3%
Support with memory and cognition	69	17%	87	18%
Learning disability support	99	24%	101	21%
Mental health support	17	4%	24	5%
Social support	6	1%	9	2%
No support reason	12	3%	19	4%
Not known	0	0%	1	0%
	408		479	

The chart below shows enquiries broken down by age group and primary support reason. Individuals who had physical support were more likely to be aged 65 and over whereas those who had a primary support reason of learning disability were aged 18-64. This may be because even though older people may have a learning disability due to increasing frailty their primary need may be for physical support.

Figure 4 - Individuals who had safeguarding enquiry by primary support reason and age group, 2015-16



Case details for concluded enquiries

Type of alleged abuse

Four new categories which have been added on a voluntary basis in the 2015-16 return are domestic abuse, sexual exploitation, modern slavery and self-neglect.

- **The distinction in categories and recording remains an ongoing area of monitoring to ensure practitioners are aware of the definitions and reporting is accurate.**

The table below shows enquiries by type of alleged abuse in the last three years.

Table 7 – Concluded enquiries by type of abuse, 2015-16

Concluded enquiries	2013-14	2014-15	2015-16
Physical	185	150	165

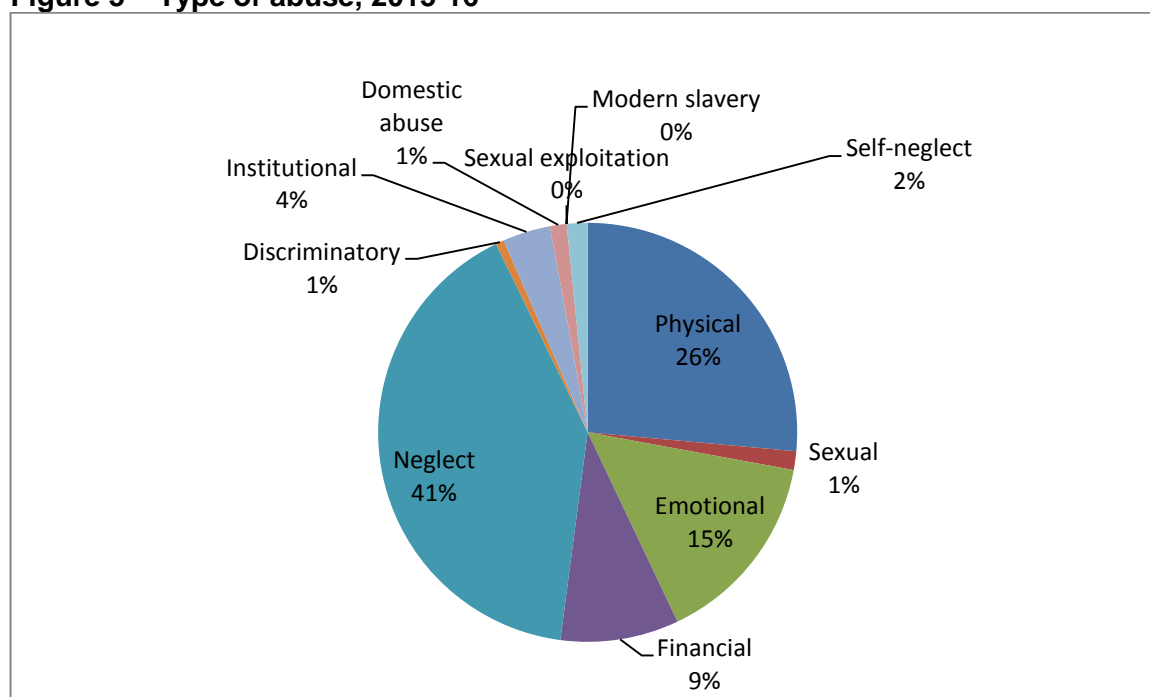
Sexual	17	19	9
Emotional/Psychological	92	78	94
Financial	70	58	57
Neglect	162	195	254
Discriminatory	5	6	4
Institutional	13	13	23
Domestic abuse	-	-	8
Sexual exploitation	-	-	0
Modern slavery	-	-	0
Self-neglect	-	-	10

The majority of concerns raised related to potential neglect, accounting for 41% of all recorded risks followed by physical abuse at 26%.

- **Wokingham has a high density of residential and nursing care settings these statistic include domiciliary care services and micro providers. As such many concerns that are reported in these environments are of neglect by omission.**

Wokingham have dealt with two cases of alleged modern slavery with positive outcomes under home office guidance however these were for multiple victims and therefore are not captured in individual safeguarding performance data.

Figure 5 – Type of abuse, 2015-16



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place was a care home or the person's own home. These statistics reflect the improved quality assurance framework in commissioned services and proactive safeguarding work under Care Act requirements.

- **Wokingham have in excess of 1300 residential and nursing beds in the borough as such 225 of concerns would only represent as 17.3 % of concerns being within care home provision. Increased identification of concerns within care**

home settings is also likely to be reflective of increased actively and monitoring within such settings due to significant increase in Deprivation of Liberty Safeguards assessment in addition to commentary under Table 2.

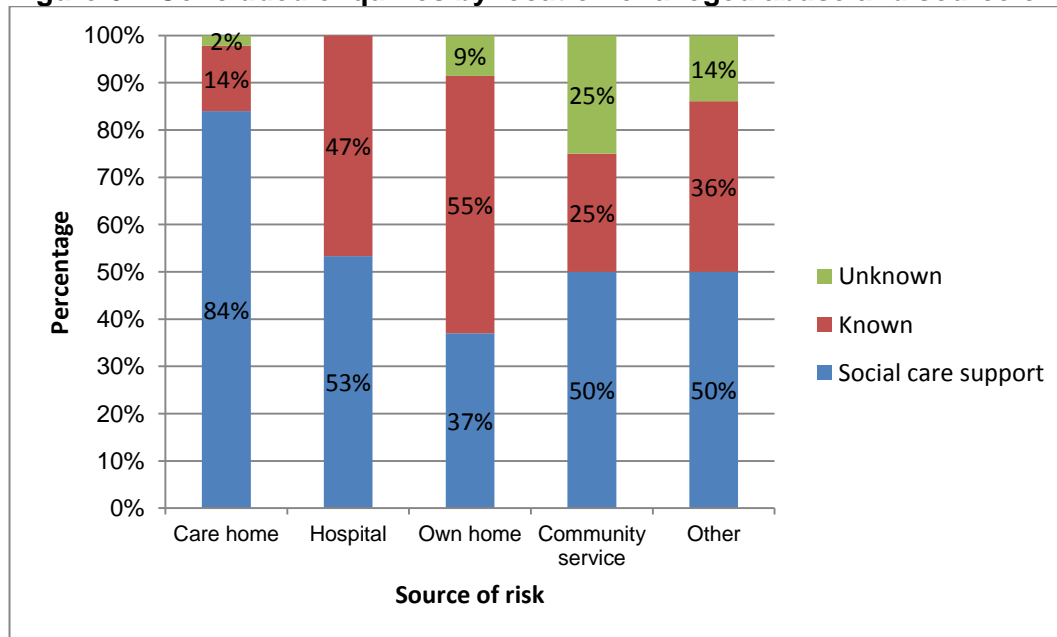
Table 8 – Location of abuse, 2015-16

Location of abuse	2013/14	2014/15	2015-16
Care home	195	172	225
Hospital	6	5	15
Own home	166	195	211
Community service	38	17	4
Other	40	26	36

The figure below shows location of alleged abuse by source of risk. Where the alleged abuse took place in the persons own home in the majority of cases (55%) the source of risk was an individual known to the adult at risk.

- A 75% increase in hospital settings demonstrates an improved identification of safeguarding concerns and accountability within hospital setting.
- In comparison community services (a range of day services, leisure etc) demonstrates a substantial year on year reduction which requires further exploration.

Figure 6 – Concluded enquiries by location of alleged abuse and source of risk, 2015-16



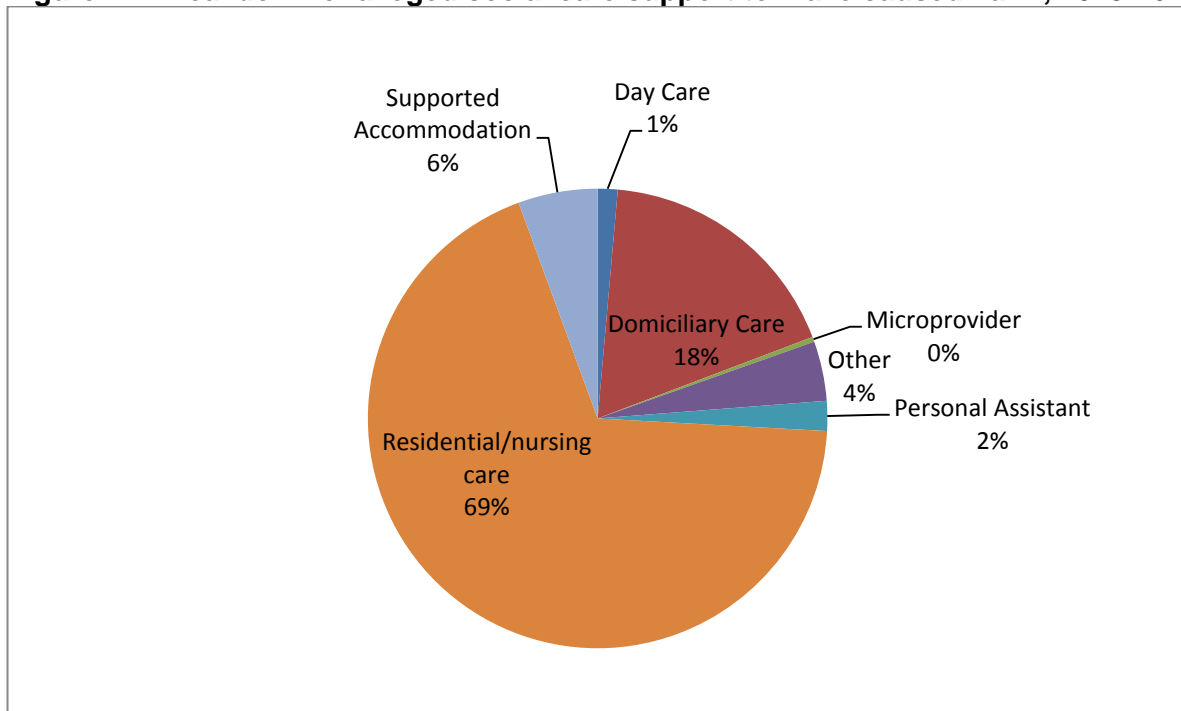
Source of risk

In sixty percent of cases the source of risk was social care support. Social care support refers to any individual or organisation paid, contracted or commissioned to provide social care support regardless of funding source and includes services organised by the council and residential or nursing homes that offer social care services. This category includes self-arranged, self-funded and direct payment or personal budget funded services. Health or social care staff who are responsible for assessment, commissioning and care management do not fall under this category.

The chart below shows breakdown of social care support category.

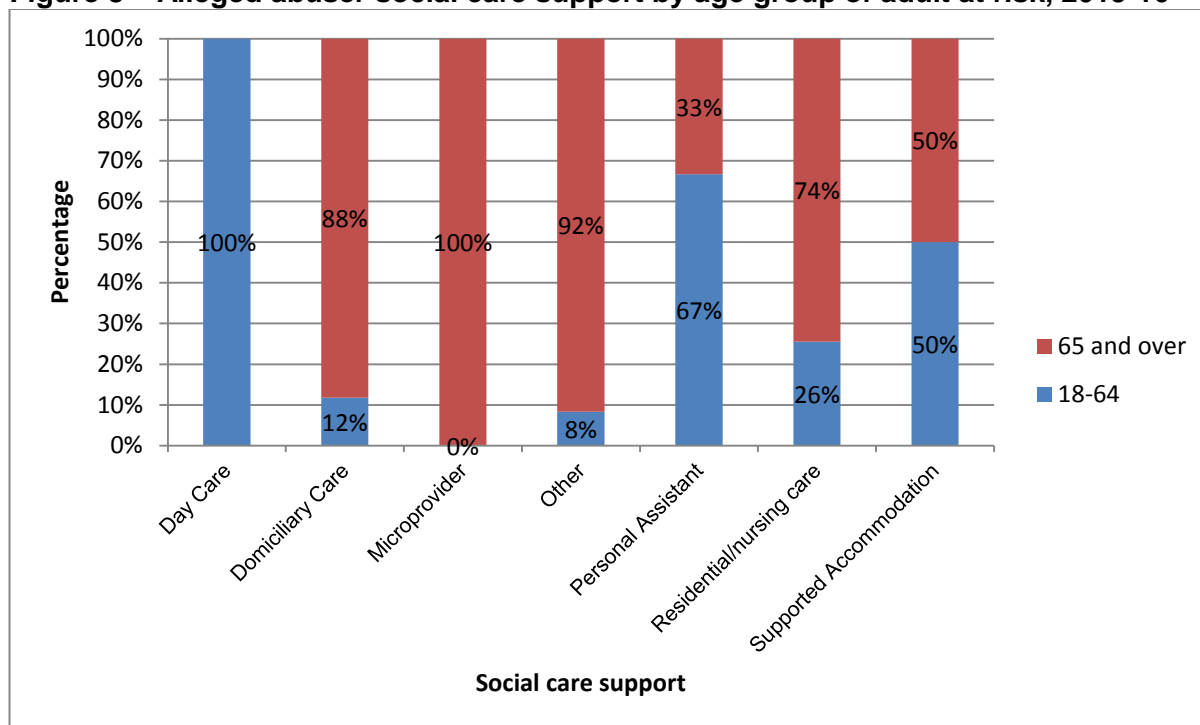
- Where the source of risk was social care support, residential and nursing care staff was most commonly reported as the alleged abuser (69%). This again, is likely influenced by the high density of residential and nursing care settings in the locality. Domiciliary care staff accounted for 18% of this category.
- Increase in the area of source of risk being social care support would be expected in view of additional category of Neglect and Acts of Omission under The Care Act implementation,. In this respect the alleged source of risk is mainly the social care provider as appose to individual social care staff

Figure 7 – Breakdown of alleged social care support to have caused harm, 2015-16



The chart below shows the relationship between the age of the person at risk and the service type of social care staff as alleged abuser. Where the alleged abuser was residential, nursing care or domiciliary staff the abuse was related to adults aged 65 and over.

Figure 8 – Alleged abuser social care support by age group of adult at risk, 2015-16



Action taken and result

The table below shows concluded enquiries by action taken and result for the last three years.

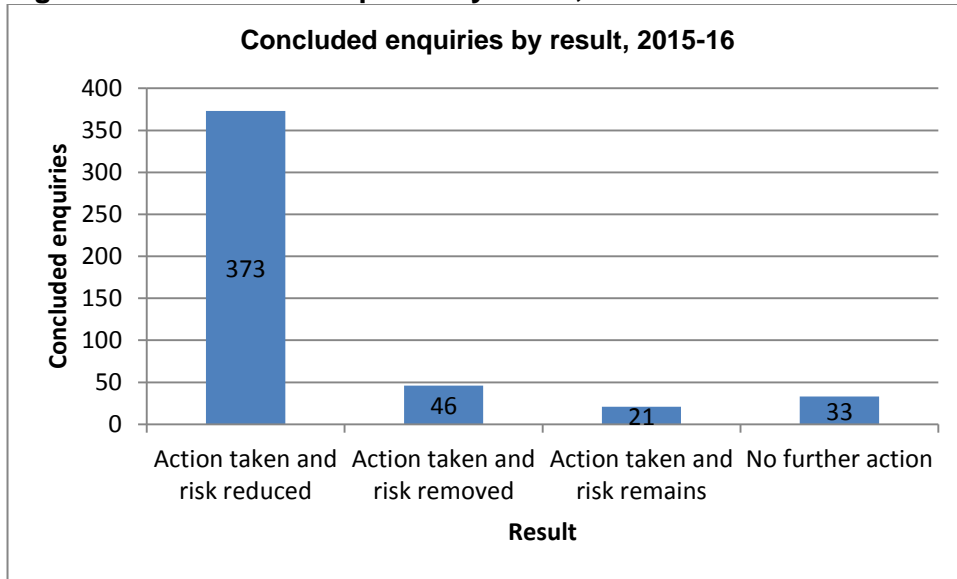
- **Statistic demonstrate a 50% reduction in no further action being taken reflecting a more robust risk management and appropriate care pathway for individuals subject to safeguarding concerns.**

Table 9 – Concluded enquiries by result, 2014-16

Result	2013/14	2014/15	2015-16
Action Under Safeguarding: Risk Reduced	333	265	373
Action Under Safeguarding: Risk Removed	40	46	46
Action Under Safeguarding: Risk Unchanged	14	20	21
No Further Action Under Safeguarding	38	76	33
Total	425	407	473

The chart below shows concluded enquiries by result for 2015-16. In a small number of cases no action was taken under safeguarding. In some cases this would be at the request of the person concerned or as a result of other factors. In the majority of the cases the risk was reduced or removed..

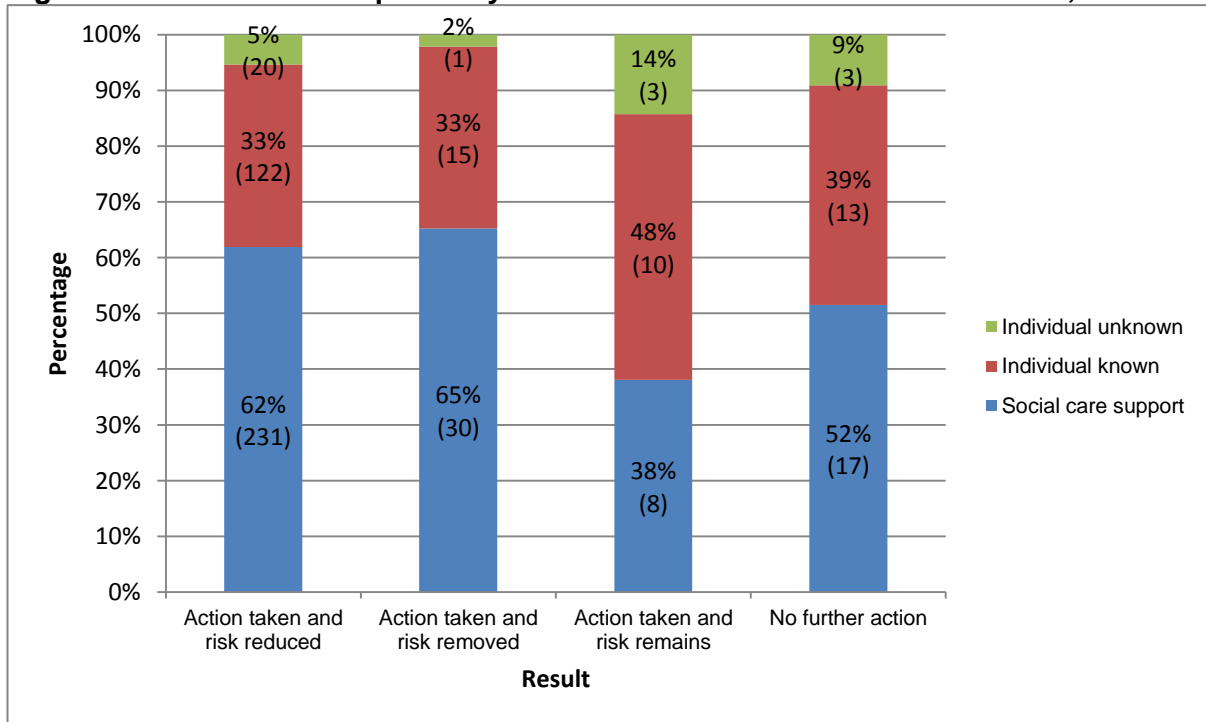
Figure 9 – Concluded enquiries by result, 2015-16



The chart below shows results of action taken for concluded enquiries by source of risk. For the majority of cases where action was taken and risk was reduced or removed the source of risk was social care support. For safeguarding enquiries where action was taken and risk remained in 48% of cases the individual was known to the person at risk.

- In case of risk remaining were a source of risk is known to the individual, this includes cases of self-neglect and reflects making safeguarding personal principles of achieving the desired outcomes for the individual with capacity in line with positive risk taking principles.

Figure 10 – Concluded enquiries by result of action taken and source of risk, 2015-16



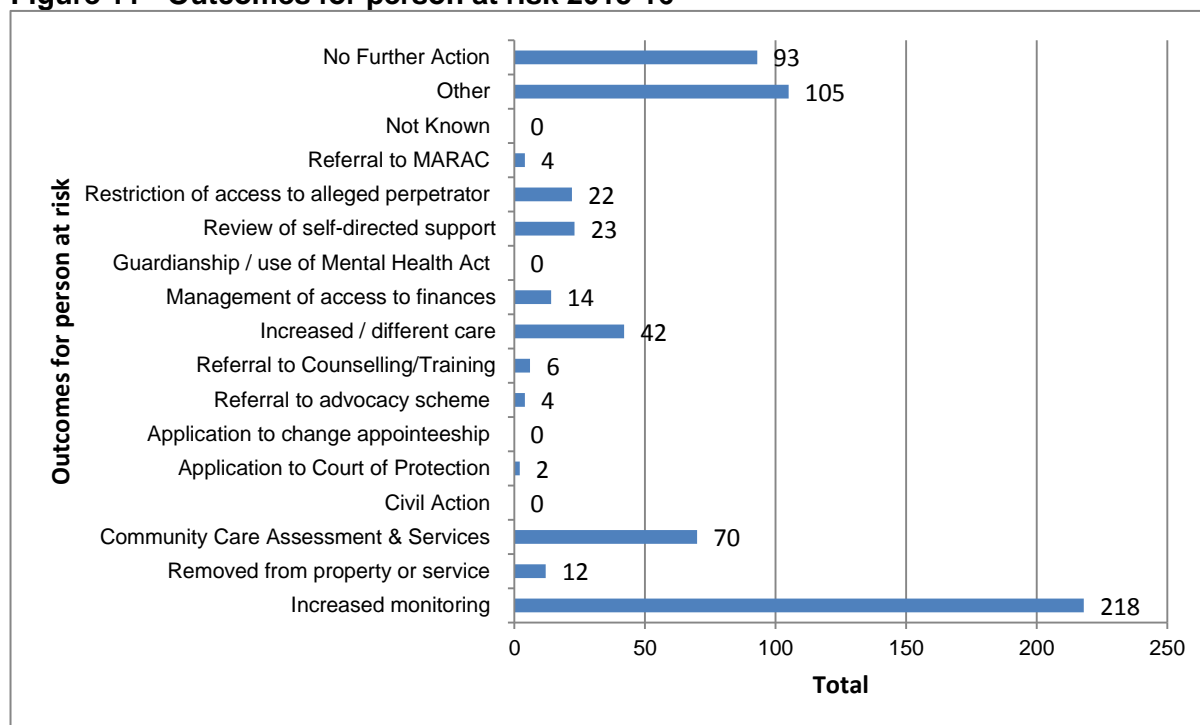
Outcomes for the person at risk

The most common outcome for concluded enquiries was increased monitoring. As the chart below includes concluded enquiries which were not substantiated or inconclusive there are a

number of no further action outcomes for the person at risk. This may well reflect application of Making Safeguarding Personal and decisions of capacitated individuals in line with positive risk taking principles.

- **A focus in staff training has been to encourage practitioners to think about supporting people to recover from abuse and neglect and there is some indication of this with outcomes such as ‘referral to counselling/training’ and ‘referral to advocacy scheme’, albeit in small numbers.**

Figure 11 - Outcomes for person at risk 2015-16



Outcomes for alleged perpetrator

Table 10 – Outcomes for alleged perpetrator, 2015-16

Outcomes for alleged perpetrator	Total
Criminal prosecution/Formal caution	2
Police action	21
Community care assessment and services	27
Removed from property/service	22
Management of access to person at risk	38
Referred to ISA/POVA	14
Referred to registration body	3
Disciplinary action	47
Action by CQC	1
Continued monitoring	153
Counselling/training/treatment	146
Referral to court mandated treatment	0
Referral to MAAPA	1
Action under MHA	0
Action by contract compliance	38
Exoneration	2
NFA	113

Not known

10

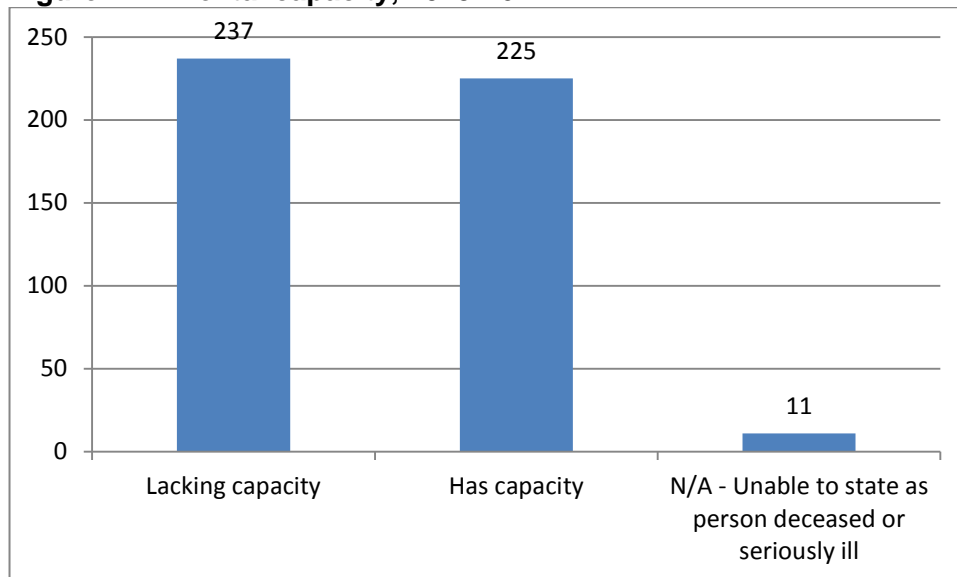
- **Outcomes such as continued monitoring which is demonstrated as a high percentage at 153 outcomes is reflective of ongoing monitoring requirements via the care governance and quality assurance framework. This is also reflective of improved partnership and preventative measure in cases of provider's services.**

Mental Capacity Act and Safeguarding Requirements

The chart below shows were mental capacity was assessed for concluded enquiries. In fifty percent of cases the individual was found to lack capacity.

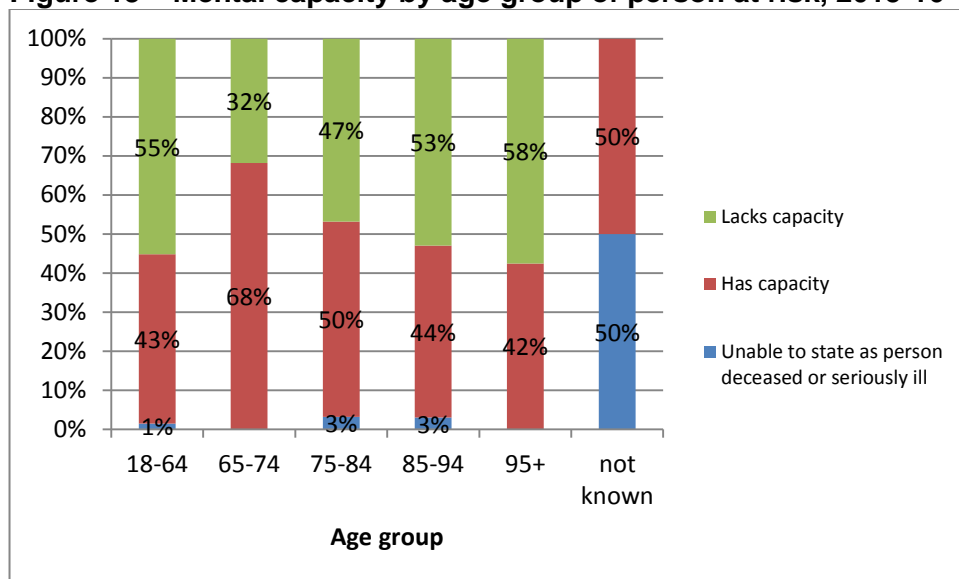
- **This demonstrates improved identification of the need to assess Mental Capacity in line with Mental Capacity Act and statutory safeguarding requirements.**

Figure 12 – Mental capacity, 2015-16



The chart below shows mental capacity of the person at risk by age group. The figure below shows the likelihood of the person lacking capacity increases with age with people aged over 95 were most likely to lack capacity at 58% compared to 32% for people aged 65-74. The majority of people who lacked capacity in the 18-64 age group had a primary support reason of learning disability.

Figure 13 – Mental capacity by age group of person at risk, 2015-16



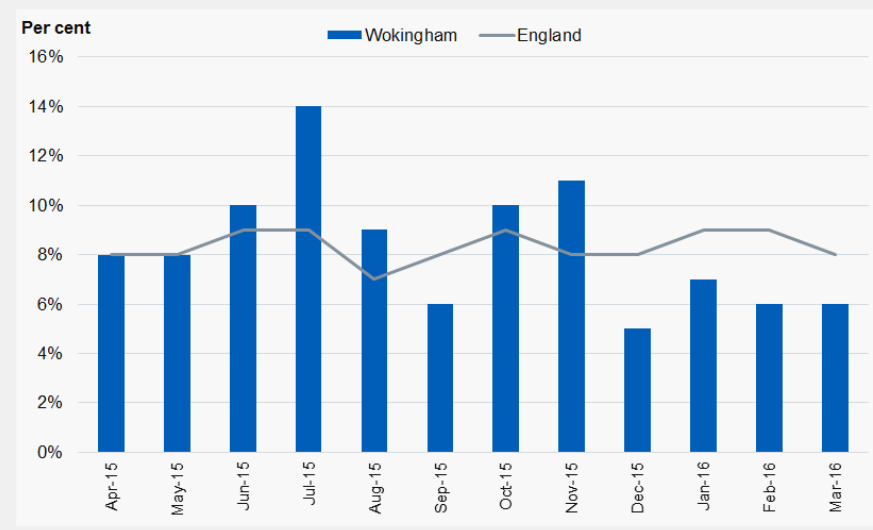
Of the 237 concluded enquiries where the person at risk lacked capacity in 212 of these cases support was provided by an advocate, family or friend.

- **Audit is evidencing that in a high proportion of cases an advocate is being identified when required this is a substantial improvement in both the protection and promotion of the person’s rights and legal frameworks.**

DEPRIVATION OF LIBERTY SAFEGUARDS

During the period 2015-2016 Wokingham have performed mainly above the national average and broadly in line or above our peer group comparators. The DOLS service is an area of continuous improvement and review which has led to more successful practice and compliance with the legal framework and achievement of statutory rights and protection of individuals who lack capacity’s Human Rights. This has been achieved through a combination of initiatives such as targeted training, support, development of a specific quality assurance framework and redesign of the whole and systems to support service delivery. It is also reflected in the improved awareness and understanding of the workforce more generally where the interface of safeguarding Mental Capacity Act 2005 and Deprivation Of Liberty Safeguards 2007 meet.

Chart 1: Proportion of DoLS applications received during 2015-16 for Wokingham and England, by month



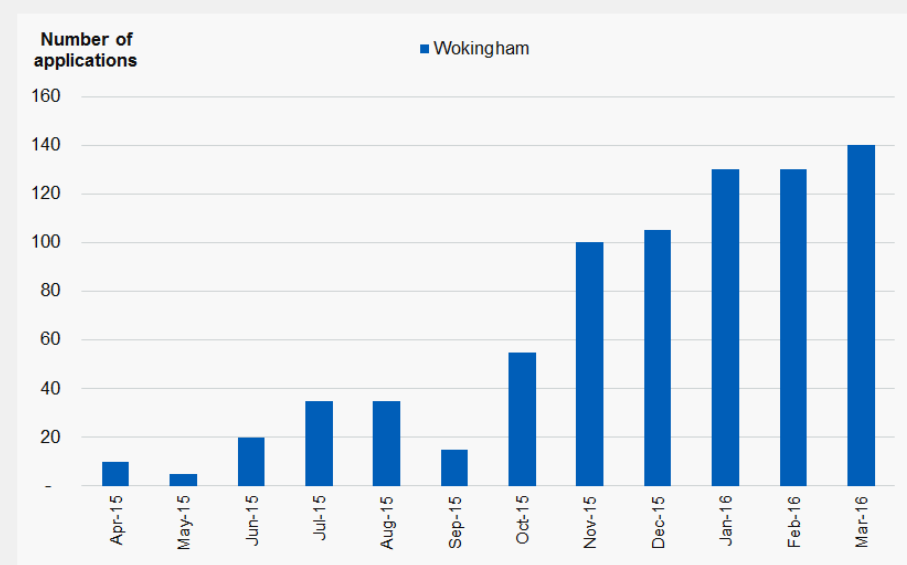
In periods where WBC exceed the national average this correlates to the delivery of Conferences embedding MCA and DOLS in practice this shows increase understanding of legal requirements and DOLS in provider service and the wider workforce leading to surge in applications being received.

Table 1: DoLS applications received and application rate for Wokingham, its peer group and England, 2015-16

Local authority	Count of applications received in 2015-16	Applications received per 100,000 adults
Wokingham	565	458
Windsor and Maidenhead	575	504
West Berkshire	530	440
Bracknell Forest	350	386
Central Bedfordshire	955	445
Bath and North East Somerset	1,055	702
Wiltshire	2,095	548
Cheshire East	1,900	633
Solihull	995	603
Bedford	1,115	870
South Gloucestershire	1,120	516
Rutland	175	570
North Somerset	965	576
Stockport	920	406
Cheshire West & Chester	1,320	493
Herefordshire	1,350	888
Peer group average	1,030	565
England	195,840	454

This chart demonstrates a broadly similar amount of applications in our peer group comparators and nation average for the year period.

Chart 2: Total number of DoLS applications that were received prior to, but were not completed by, the end of each month for Wokingham, 2015-16



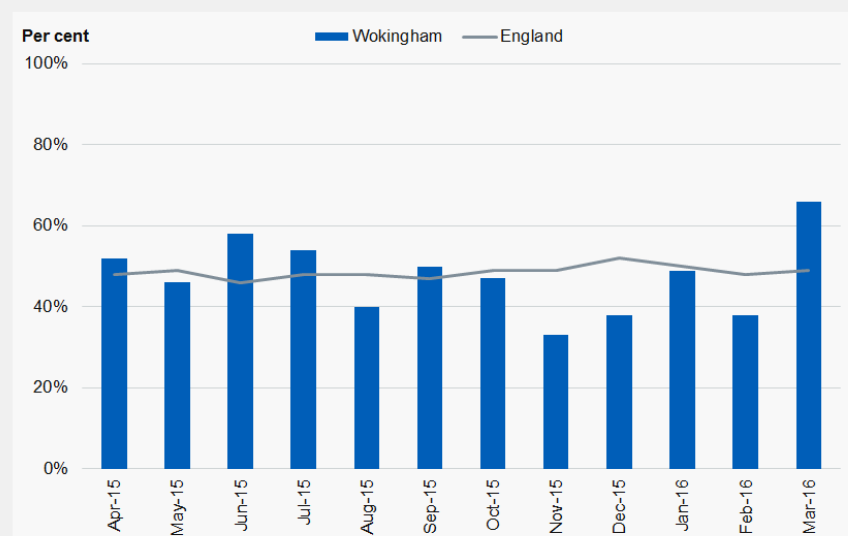
The significant difference and increase in applications not completed are indicative of reduction in the use, funding and availability of independent Best Interest Assessors in addition to internal capacity of BIA's being restricted. The implementation of a waiting list was required and a formal action plan is currently being monitored and regularly reviewed to mitigate risk.

Table 2: Incomplete applications as of 31 March 2016 and Percentage change between April 15 - March 16 for Wokingham, its peer group and England, 2015-16

Local authority	Count of incomplete applications on 31 March 2016	Change in the count of incomplete applications between April 15 - March 16 (%)
Wokingham	140	1,164
Windsor and Maidenhead	290	109
West Berkshire	20	29
Bracknell Forest	35	62
Central Bedfordshire	165	-20
Bath and North East Somerset	310	-12
Wiltshire	1,735	117
Cheshire East	250	85
Solihull	310	-1
Bedford	50	-12
South Gloucestershire	635	122
Rutland	120	78
North Somerset	555	207
Stockport	775	379
Cheshire West & Chester	655	971
Herefordshire	530	517
Peer group average	430	123
England	101,740	135

The significant variation to the change in the count of incomplete applications in comparison to other authorities and the national average again reflect the above reduction in resource allocation to target this particular area of work and risk in respect of DOLS applications.

Chart 3: Proportion of DoLS applications that were submitted as urgent authorisation requests by month for Wokingham and England, 2015-16



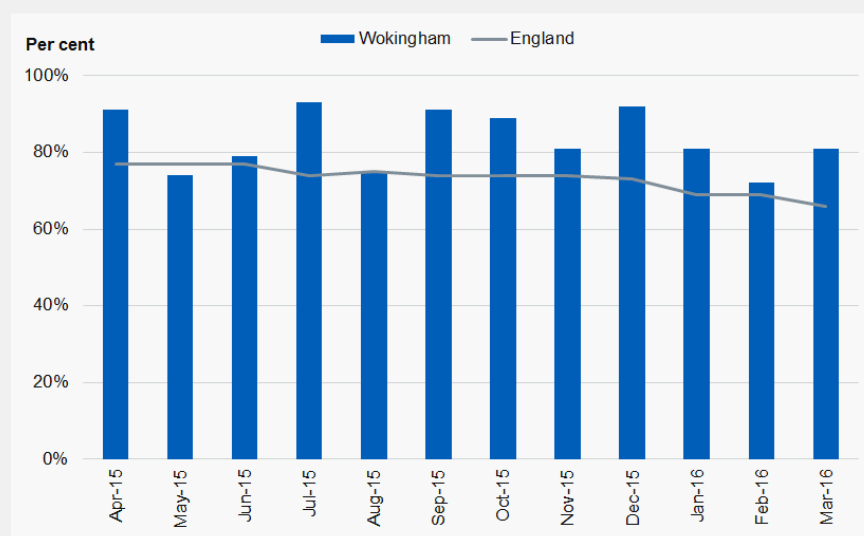
In the main WBC align with the national average however the increase in March 2016 is likely a result of regulatory inspection and year end audits by provider or commission services inclusive of Health partners.

Table 3: Proportion of urgent applications received and urgent applications received that were granted for Wokingham, its peer group and England, 2015-16

Local authority	Proportion of applications that were submitted as urgent (%)	Proportion of urgent applications that were granted (%)
Wokingham	48	61
Windsor and Maidenhead	24	42
West Berkshire	28	70
Bracknell Forest	15	69
Central Bedfordshire	66	59
Bath and North East Somerset	63	45
Wiltshire	80	4
Cheshire East	59	68
Solihull	65	41
Bedford	54	67
South Gloucestershire	83	10
Rutland	73	11
North Somerset	72	14
Stockport	82	18
Cheshire West & Chester	30	62
Herefordshire	65	7
Peer group average	61	32
England	49	32

The proportion which was submitted to WBC were in line with the national average, however the proportion of applications granted were 50 % greater than the national average. This is due to Urgent applications being a priority in legal and practice risk terms and therefore immediate allocation is made.

Chart 4: Proportion of completed DoLS applications that were granted per month for Wokingham and England, 2015-16



In all month with the exception of May WBC either met or exceeded the national average of completed DOLS applications per month.

Table 4: Proportion of completed applications that were granted and the proportion of those that were completed within the designated time frame for Wokingham, its peer group and England, 2015-16

Local authority	Granted (%)	Completed within the designated time frame (%)
Wokingham	84	64
Windsor and Maidenhead	62	5
West Berkshire	88	54
Bracknell Forest	84	42
Central Bedfordshire	89	7
Bath and North East Somerset	67	19
Wiltshire	21	8
Cheshire East	95	27
Solihull	68	7
Bedford	79	24
South Gloucestershire	87	4
Rutland	54	28
North Somerset	77	8
Stockport	96	6
Cheshire West & Chester	93	59
Herefordshire	99	18
Peer group average	75	21
England	73	22

WBC are performing well above the national average and also broadly in line with or above their peers in respect of the proportion of completing applications within designated time frames.

Chart 5: Proportion of granted applications that were completed more than 6 months after being received by month for Wokingham and England, 2015-16

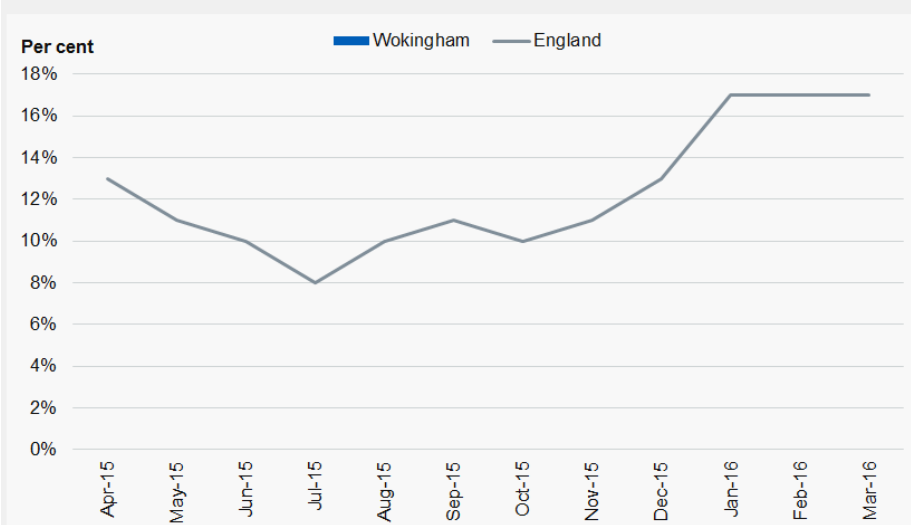


Table 5: Proportion of granted applications by duration of application completion for Wokingham, its peer group and England, 2015-16

Local authority name (code)	Less than 3 months (%)	3-6 months (%)	More than 6 months (%)
Wokingham	98	2	-
Windsor and Maidenhead	48	30	22
West Berkshire	100	-	-
Bracknell Forest	98	2	-
Central Bedfordshire	66	24	10
Bath and North East Somerset	60	12	28
Wiltshire	50	18	33
Cheshire East	96	1	3
Solihull	44	31	25
Bedford	100	-	-
South Gloucestershire	24	26	50
Rutland	89	10	2
North Somerset	60	24	15
Stockport	62	19	20
Cheshire West & Chester	100	-	-
Herefordshire	77	13	11
Peer group average	77	11	12
England	76	12	12

WBC exceed the national average by 22% by completing applications within a three month period in addition to being broadly in line or exceeding our members of our group. Only two applications were outstanding after the three month period and none exceed six months whereas the national average was 12% both at three and six months.

Chart 6: Proportion of authorisations that ended early for Wokingham and England, 2015-16

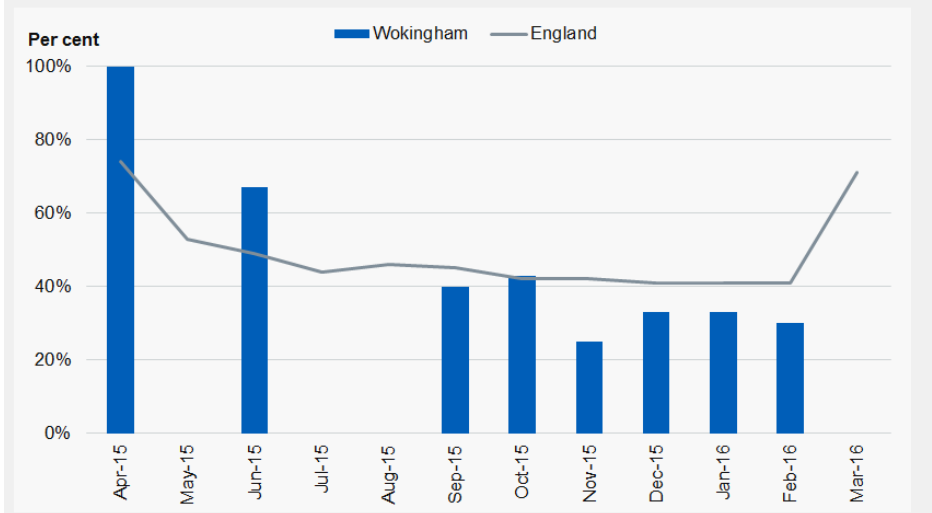


Table 6: Proportion of authorisations which ended early for Wokingham, its peer group and England, 2015-16

Local authority	Authorisations ended early (%)
Wokingham	29
Windsor and Maidenhead	37
West Berkshire	39
Bracknell Forest	73
Central Bedfordshire	68
Bath and North East Somerset	38
Wiltshire	19
Cheshire East	43
Solihull	48
Bedford	61
South Gloucestershire	46
Rutland	52
North Somerset	90
Stockport	100
Cheshire West & Chester	41
Herefordshire	-
Peer group average	46
England	50

The proportion of authorisations ending early for Wokingham was 21% less than the national average and also less than all peer groups in our comparator. It is possible this is reflective of Wokingham being one of the “top ranking” places to live and keep well in the country.

Prioritise for Wokingham Borough Council 2016-2017

Priority 1.: Continued community engagement and awareness raising of safeguarding adults agenda by:

- Continued focus to increase the amount of Safer Places premises and support Children's Services to utilise the scheme for vulnerable children in the Borough. Including the Introduction of the new Safer Places Scheme Cards for vulnerable adults in the community.
- Co-produce and deliver PREVENT workshops to providers and the wider community. Including focused support to CLASP to facilitate a PREVENT workshop to people with a learning disability in community.
- A defined programme of community events for the coming year utilising existing partnership arrangements, joint initiatives and events.
- Ongoing promotion and engagement of the Wokingham safeguarding adults forum.

Priority 2: Measuring outcomes and impact by:

- Developing more formal processes to gain feedback from individuals who have experienced safeguarding enquires, with a focus on measuring Making Safeguarding Personal outcomes
- Improve methods of measuring those outcomes for individuals against the impact safeguarding work has achieved.
- Support and develop methods of better service user engagement with the work of the Safeguarding Adults Board.
- Continue to monitor and review how the local authority respond to high demand and need for development in practice and process to ensure individuals human rights are upheld in the context of Deprivation of Liberty Safeguards.

Safeguarding Adults Training Activity - 1st April 2015 to 31st March 2016

	Number of staff attended training in 2012-13, per sector					
Reading Borough Council	Own Staff	PVI	BHFT	RBH	Others	Your PVI Delivered
Level 1	70	208	0	0	0	214
Level 1 Refresher N/A	0	0	0	0	0	
Level 1 E-learning						
Level 2	34	29	2	0	0	
Level 3	4	15	1	0	0	
Level 1 Train the Trainer	0	6	0	0	0	
RBC Total	108	258	3	0	0	214
West Berkshire Council	Own Staff	PVI	BHFT	RBH	Others	Your PVI Delivered
Level 1	42	93	1			132
Level 1 Refresher	34	15				
Level 1 E-learning	56	92				
Level 2	26	9				
Level 3	12	7				
Level 1 Train the Trainer						
WeBC Total	170	216	1	0	0	132
Wokingham Borough Council	Own Staff	PVI	BHFT	RBH	Others	Your PVI Delivered
Level 1	75	91	0	0	0	131
Level 1 Refresher N/A						
Level1 E-learning N/A						
Level 2	55	41	2	0	0	
Level 3	18	5	2	0	0	
Level 1 Train the Trainer	2	7	0	0	1	
WoBC Total	150	144	4	0	1	131
Berkshire Healthcare NHS Foundation Trust	Own Staff	PVI	BHFT	RBH	Others	
Level 1	993				32	
Level1 E-learning	548					
Level 2	481				3	
BHFT Total	2022				35	
Royal Berkshire Hospital NHS Foundation Trust	Staff	PVI	BHFT	RBH	Others	
Level 1				91.40%		
Level 1 E-learning						
Level 2						
RBH Total	0	0			0	
West Berkshire CCG	Staff	PVI	BHFT	RBH	GPs	
Level 1					259	
Level 1 E-learning						
Level 2					49	
West Berks CCG Total	0	0	0	0	308	