



**Reading**  
Borough Council  
Working better with you

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Chief Executive

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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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1 December 2017

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

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN’S SERVICES AND EDUCATION COMMITTEE - 12 DECEMBER 2017**

A meeting of the Adult Social Care, Children’s Services and Education Committee will be held on Tuesday 12 December 2017 at 6.30pm in the Council Chamber, Civic Offices, Reading.

**AGENDA**

	<b>WARDS AFFECTED</b>	<b>PAGE NO</b>
1. DECLARATIONS OF INTEREST Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
2. MINUTES OF THE MEETING OF THE ADULT SOCIAL CARE, CHILDREN’S SERVICES AND EDUCATION COMMITTEE HELD ON 5 OCTOBER 2017		1
3. MINUTES OF OTHER BODIES: Children’s Trust Partnership Board - 18 October 2017		8
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.		-
5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND		-

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## COUNCILLORS

Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.

6.	DECISION BOOK REFERENCES		-
	To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.		
7.	OFSTED UPDATE REPORT	BOROUGHWIDE	12
	A report providing the Committee with an update on the most recent Ofsted Monitoring visit (25 and 26 October 2017) report published on 24 November 2017.		
8.	READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2016/2017	BOROUGHWIDE	15
	A report presenting the Committee with the Reading Local Safeguarding Children Board Annual Report.		
9.	CHILDREN'S SERVICES IMPROVEMENT BOARD - REPORT OF THE INDEPENDENT CHAIR	BOROUGHWIDE	60
	A report to the Committee from the Independent Chair of the Children's Services Improvement Board (CSIB).		
10.	SCRUTINY REVIEW - CONTINUING HEALTHCARE FUNDING	BOROUGHWIDE	65
	A report providing the Committee with details on progress to date on delivering the CHC Action Plan.		
11.	READING SCHOOLS: OFSTED JUDGEMENTS AS AT 30 NOVEMBER 2017	BOROUGHWIDE	96
	A report providing the Committee with a summary update on schools' current Ofsted status and including the judgements following inspections of schools in Reading this term where the report has been published.		
12.	SCHOOL FUNDING FORMULA 2018/19	BOROUGHWIDE	To Follow
	A report that considers the arrangements for the Reading Schools Funding Formula in 2018/19 and includes updated		

information from the National Formula consultation and Reading Schools Formula Consultation.

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**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**  
**5 OCTOBER 2017**

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

**21. MINUTES AND MATTERS ARISING**

The Minutes of the meeting held on 12 July 2017 were confirmed as a correct record and signed by the Chair.

**22. MINUTES OF OTHER BODIES**

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board - 19 July 2017

Resolved - That the Minutes be noted.

**23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS**

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

Questioner	Subject
Leslie McDonald	Proposal to reduce Information Advice & Support Service

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

**24. PRESENTATION - ABC TO READ**

Sarah Browning, Trustee, and Mike Edwards, Fieldworker and Lead Trustee for Safeguarding, ABC to Read, gave a presentation on the work of ABC to Read, the aim of which was to transform children's lives through reading skills. The vision of ABC to Read was for every child to be a reader, with the self-confidence and skills to make positive life choices and contribute to their wider community.

Sarah explained that 34% of children left primary school last year unable to read to the required level, 25% of those in Young Offenders' institutions had literacy levels below that expected of a 7 year old and 70% of pupils permanently excluded from school had difficulties with basic literacy. Sarah talked about the importance of reading and that a failure to learn to read could lead to poor behaviour, truancy, poor job prospects and possibly crime.

Sarah explained how ABC to Read operated and the work they undertook to recruit, train and support volunteers who visited primary schools twice a week to work with three children individually. Sarah told the Committee that they currently had around 130 volunteers, working with 500 children across 80 primary schools in Berkshire. Mike reported that schools had said 96% of children worked with had

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improved their attitude to reading and 96% had showed an increase in general self-confidence and self-esteem. ABC to Read also ran a Ready to Read course and a parent helper course, which was adaptable for training Teaching Assistants.

Resolved - That Sarah Browning and Mike Edwards be thanked for their presentation.

25. READING SCHOOLS: OFSTED JUDGEMENTS AS AT 31 AUGUST 2017

The Director of Children, Education and Early Help Services submitted a report providing the Committee with a summary update on schools' current Office for Standards in Education (Ofsted) status. A table setting out Ofsted Judgements as at August 2017 by grade for Reading schools was appended to the report.

The report stated that Ofsted ratings for Early Years settings in the Borough were strong, as was expected given the good performance of children in the Early Years Foundation Stage. However, settings elsewhere in the south east and nationally had improved at a more rapid rate and therefore there had been a fall in ranking.

The performance of the Borough's schools in their latest Ofsted inspections had improved strongly between 2015 and 2017. However, the percentage of schools that had been rated as good or better was slightly higher nationally. The report included a table that set out the number of maintained schools and academies by each Ofsted grading, using the most recent data available, and the main points were as follows:

- Maintained schools overall had improved strongly in terms of the percentage that had been graded good or better, 93% compared to 89.8% nationally, which was 51<sup>st</sup> out of 152 top tier local authorities nationally and was in the second quartile;
- Of the academy schools only six out of nine had been inspected and three of the six had been judged as 'requires improvement' with two yet to be inspected and one having been judged 'outstanding';
- Overall, the Borough's primary schools were close but not quite at the national average.

The report stated that the improvement that had been made over the previous two years as measured by the percentage of the Borough's primary schools that had been judged to be good or better was significant, from 73% to 86%. Challenges going forward included:

- Supporting the good maintained schools that were vulnerable to a judgement of 'requires improvement' or worse so that they stayed at 'good';
- Supporting the remaining 'requires improvement' school to progress well through its section 8 Ofsted inspection to become 'good' at its next Section 5 Full Inspection;
- Assisting the Regional Schools Commissioner (RSC) to ensure the primary school that was in 'special measures' was matched with a strong sponsor;
- Supporting and challenging the RSC to support, challenge and intervene where necessary.

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Far fewer secondary schools were currently rated as 'good' or better than had been the case two years previously. The Borough's academy schools were only 63% 'good' or better; the authority's single maintained school was 'good'. Officers would ask the RSC what action was being taken with regard to academies that were not yet 'good', or vulnerable at their next inspection to being graded as less than 'good'.

The report stated that the Borough's special schools had all been rated at least 'good' and were ranked first along with many local authorities. The Borough's only alternative provision, Cranbury College, had been graded 'requires improvement' in its last inspection.

The authority had identified 13 schools as system leaders, 28 as developing capacity, two as requiring support and eight schools as causing concern.

It was reported at the meeting that Caversham Children's Centre was now graded 1 (Outstanding) and The Palmer Academy was now rated 2 (Good).

Resolved - That a report be submitted to Committee in the Spring term 2018 setting out the validated attainment and progress of pupils, including disadvantaged groups, at the end of their 2017 key stage assessments and examinations and any changes in Ofsted gradings of schools at that time.

**26. CHILDREN'S SOCIAL CARE, EARLY HELP AND EDUCATION SERVICES IN READING**

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the current status and future direction in the creation of 'The Company' that would run all of Children's Social Care, Early Help and Education Services in Reading.

The report explained that in August 2016 Ofsted had published their inspection findings following an inspection of Children's Services in Reading and Children's Services had been rated as 'Inadequate'. As a result, and in line with the Government's reform programme, 'Putting Children First', the Department for Education had issued a statutory direction notice in September 2016 to the local authority and had appointed a Commissioner. The direction notice had required the Council to comply with any direction of the Commissioner in improving services for children. The Commissioner had submitted his final report to the Secretary of State which had been published by the Department for Education (DfE) in September 2017 and his recommendation had been that Children's Services should come out of the direct control of the Council for the period of their intervention. A second statutory direction notice had been issued in September 2017 to the local authority and a Commissioner had been appointed. The direction notice had required the authority to develop and draft, in consultation and agreement with the Children's Services Commissioner, the following:

- (i) A business case for the agreed alternative delivery model and outline implementation plan by 30 September 2017;

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- (ii) An updated long-term improvement plan to address the findings of the 2017 report by 30 September 2017 and to include the proposed arrangements for monitoring progress and reviewing the improvement plan as appropriate.

The report explained that the local authority had submitted a Transition Project Business Case to the DfE which had outlined the intentions of the Council in line with the statutory direction notice. The document had identified the costs that would be associated with establishing a new company to deliver Children's Social Care, Education and Early Help Services. The Council had requested £2.869m from the DfE to enable the set-up of the company. The cost to the Council had been estimated at an additional £577k which related to staff time.

An initial mobilisation meeting had taken place on 14 September 2017 and had been attended by representatives from the DfE with the Commissioner, the Council's Chief Executive and the Director of Children, Education and Early Help Services. The authority expected to receive a 'letter of comfort' that would indicate that they would receive a grant from the DfE to 'set-up' the company. This letter would be followed within approximately eight weeks with the conditions of grant. Timescales for the set-up of the company were indicative at this stage but the expectation from the DfE was that the company would 'go live' on 1 October 2018.

Resolved - That regular updates on the progress of the Children's Company be submitted to future meetings.

## 27. ANNUAL COMPLAINTS REPORT 2016 - 2017 FOR CHILDREN'S SOCIAL CARE

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an overview of complaints activity and performance for Children's Social Care for the period from 1 April 2016 to 31 March 2017.

The report stated that during the period the service had received 132 complaints, which was an increase of 45 (51.7%) compared to 2015/16. Of the 132 complaints that had been received:

- 46 were resolved through Alternative Dispute Resolution (ADR) by the Social Care Teams;
- 86 had progressed to a formal investigation.

During the same period 13 complaints had progressed to a Stage 2 investigation. The Customer Relations Team had continued to raise awareness of the complaints process and in accord with recommendations from Ofsted had in particular worked with operational teams to encourage children and young people to submit complaints where they had been dissatisfied with the service they had received.

A copy of the Children's Social Care Complaints 2016/17 - Summary Report was attached to the report at Appendix A and provided an analysis of the data. The report explained how complaints were managed and how what had been learnt was used to improve services.

Resolved -



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- (1) That the report be noted and the intended actions to further improve the management of representations and complaints in 2017/18 for Children's Social Care;
- (2) That the continuing work to raise awareness of the complaints process and encourage its use by children and young people be noted.

28. CHILDREN'S WORKFORCE STRATEGY - UPDATE

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the progress and achievements of the Children's Services Workforce Strategy 2016-2018.

The report stated that the Children's Workforce Development Strategy 2016-2018 had been agreed at the meeting of ACE Committee on 2 March 2016 (Minute 56 refers) and had been relevant at the time of agreement to meet the demands of the service. The Strategy had been divided into three themes, Recruitment, Retention and Developing and Supporting Staff, and although the themes were still relevant it had been necessary to adapt the Strategy to respond to current demands, the recommendations that had been set by Ofsted and changes to the management structure. As part of the Strategy an Action Plan had been developed to measure and monitor the progress of the initiatives that had been identified to meet the objectives of the Strategy.

The report stated that it had been recognised that there was a need to adapt and refresh the current Strategy to reflect further feedback from Ofsted and the planned changes and status of Children's Services going forward. It had therefore been proposed that a revised Strategy, and Action Plan, should be developed and submitted to the Committee in early 2018.

There had been significant progress with regards to the three themes in the original Strategy, this included:

- Regular benchmarking of salaries had been carried out and salaries and market supplements had been adjusted accordingly to remain competitive;
- A bespoke recruitment microsite for Children's Services had been launched in Summer 2017;
- An updated, bespoke, coordinated and facilitated induction had been put in place which had been supported by an extensive range of on-line tools and e-learning;
- Monitoring of caseloads of social workers had been carried out by the senior management team;
- Development of the Institute of Management level 5 and 7 courses would be delivered in early 2018;
- Staff consultation had been carried out to establish a preferred practice model.

The current recruitment initiative had seen four Team Managers, one Higher Specialist Social Worker and two Social Workers recruited externally to permanent

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positions and five Service Managers, four Team Managers, one Higher Specialist Social Worker and six Social Workers who had been converted to permanent contracts having previously been agency staff. The report stated that it was likely that these figures would increase significantly due to the current recruitment initiative.

Resolved -

- (1) That the progress and achievements of the Children's Workforce Development Strategy 2016-18 be noted;
- (2) That the proposal to review and refresh the strategy and action plan in readiness for reporting in January 2018 be approved.

**29. BERKSHIRE WEST 10, BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY TRANSFORMATION PLAN (BOB STP) AND WEST BERKSHIRE ACCOUNTABLE CARE SYSTEM**

The Director of Adult Care and Health Services submitted a report that sought to clarify the links between the Berkshire West 10 (BW10), the NHS Buckinghamshire Oxfordshire and Berkshire West, Sustainably Transformation Plan (BOB STP) and Berkshire West Accountable Care System (ACS), including the current work streams which Reading Borough Council were involved in, and the impact on the Council and residents of Reading. A diagram showing how the ACS programmes fitted with other initiatives in the region was attached to the report at Appendix A and a copy of the BOB STP Prevention Dashboard - Delivery Summary was attached to the report at Appendix B.

The report explained that the BW10 Integration Board comprised of lead officers from Health and local authorities and met every two months to agree a collaborative strategic approach. The Board was chaired by Nick Carter, Chief Executive Officer of West Berkshire Council, and a Delivery Group acted as a Programme Board to oversee the efficient and effective implementation of joint projects to enhance integration of health and care. The Delivery Group was chaired by Sam Burrows from the Clinical Commissioning Group (CCG) and also met every two months. The local Reading Integration Board (RIB) oversaw work on projects within Reading and this included the efficient use of the Better Care Fund which supported some of the integration programme and it met on a monthly basis. This body was jointly chaired by the Council and the CCG. Update reports were provided to the BW10 Integration Board on a regular basis that related to the programmes detailed in the report.

In April 2017 following the development of the West Berkshire, Oxfordshire and Buckinghamshire Sustainable Transformation Plan (STP), West Berkshire CCGs had launched their local Accountable Care System (ACS). The Berkshire West ACS was in the early stages of development.

The ambition of the Berkshire West ACS was that all parties, including social care through local authorities, would be full members. However, this was at a "mutually agreeable pace". In April 2017 Wokingham Borough Council had joined the ACS Programme and it was envisaged that commissioners and providers

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operated under a single capitated budget, which would be based on collaboration and built on a combination of both formal statutory governance and agreements.

The report explained that the Public Health Team were leading from a local authority perspective on the STP Prevention work stream that covered key areas of work including obesity, physical activity, tobacco, improving workforce health and digital self-care. In terms of joint working the Reading Wellbeing Team were leading on the cancer work stream at an ACS level, jointly commissioning the Carers Services, developing alcohol services, making every contact count, blood pressure initiative and Healthy Life Style Choices.

Although the Council had not formally entered into the ACS there were positive contributions and impacts in terms of the joint Health and Wellbeing Strategy and the Public Health programmes of obesity, physical activity, making every contact count, tobacco, improving workforce health and digital self-care. The Council was currently the lead authority on other key areas of cancer, obesity and making every contact count.

Some members of the Committee expressed their concerns regarding the system.

Resolved -

- (1) That the Council was not part of the Berkshire West Accountable Care System be noted;
- (2) That the continual lack of engagement and involvement on the delivery and development of the Sustainably Transformation Plan be noted;
- (3) That the Director of Adult Care and Health Services be mandated to be fully involved and present at BW10 Integration Board Meetings;
- (4) That a report on the impact of Berkshire West Accountable Care System, including options and risks for the Council be submitted to the next meeting of the Committee.

(The meeting commenced at 6.30 pm and closed at 8.00 pm).



## CHILDREN'S TRUST PARTNERSHIP BOARD – 18<sup>th</sup> October 2017

Present		
Cllr Jan Gavin	JG	Lead Member for Children's Services
Ann Marie Dodds	AMD	Director of Children, Education and Early Help Services, RBC
Jill Lake	JL	Trustee for Homestart, RCVYS
Ben Cross	BC	Business Development Manager, RCVYS
Cllr Jane Stanford-Beale	JSB	Councillor
Young People in attendance		
Sasha	Youth Cabinet	
Anwita	Youth Cabinet	
Business Support:		
Donna Gray	DG	Minute Taker
Esther Blake	EB	Partnership Manager, RBC
Apologies:		
Stan Gilmour	Local Area Commander, Thames Valley Police	
Sally Murray	Head of Children's Commissioning, NHS Berkshire West CCGs	
Kim Drake	Quality and Improvement Lead, RBC	
Alison McNamara	NUT	

### 1. WELCOME AND INTRODUCTIONS

Round table introductions took place.

### 2. MINUTES AND MATTERS ARISING

PSHE Campaign – AMD will check with LW on the progress of the action in relation to the endorsement of the PSHE Campaign.

Maryam Mackie was not invited to today's meeting and this will be discussed under membership when the ToR are reviewed.

BC asked if there was an update on the early intervention and prevention strategy. LG advised AMD will cover this in her updates later on the agenda.

### 3. YOUTH CABINET UPDATE

The LGBT group have made multiple connections with resources suggested at the last meeting. They have established a presentation that they will bring to the next meeting.

The Youth Cabinet attended the Heads Forum and presented their ideas regarding PSHE, Tax and Finance and how that could be included in the curriculum along with political education.

Make Your Mark vote – Sasha advised that there was a high turnout; over 9000. The top result was transport and Sasha asked where they could discuss their ideas for improvement. Mental Health came second in the vote.

Sasha advised that Reading Buses have not engaged with young people about the changes to transport in Reading. JSB is meeting with Reading Buses and will suggest they meet with members of the youth cabinet. JG asked some time could be made for the Youth Cabinet to meet with the Lead Member (Cllr Tony Page) for transport to hear what young people's perception of transport in Reading is. The Youth Cabinet need to establish what a campaign will look like and what

improvements they want to see prior to the meeting, taking into consideration the needs of the children travelling to out of borough schools.

World's Biggest Metal Health Lesson – Sasha advised that from feedback received the event went very well. Brighter Berkshire has been to visit the youth cabinet. BC said it is a real message that young people still rate mental health highly on their priorities. The little book of sunshine has come from the HWBB after they took on the youth cabinets concerns. BC felt that the youth cabinet should feel encouraged that what they say is being taken notice off.

Berkshire Community Foundation – JL advised it is worthwhile approaching them for some funding for the Youth Cabinet to be able to undertake surveys properly. Sasha was advised to contact JSB for further information. EB to send Sasha JG's email address.

#### **4. EARLY HELP AND PREVENTION STRATEGY**

The Early Help Strategy is in draft and will be updated further once the Ofsted Monitoring Visit has taken place next week. There will be challenges about the offer of Early Help services and there are some causes of concern. Ofsted will notice that progress has been made but it is too slow.

#### **5. CHILDREN'S SERVICES MOVING FORWARD**

**Reading Children's Company** – The Local Authority submitted a business case to the DfE for the funding to set up the childrens company at the end of August 2017. The DfE have agreed this. AMD advised that if the Local Authority follows the route the DfE want then they will have some influence over the direction. There are numerous work streams in terms of the company. CSB advised that it is important to look after staff through this process as the feedback from colleagues in Slough when transferring to a Trust was not positive.

JL asked if the company includes education; AMD advised that it does, as it will provide a more cohesive service for children if all the childrens services stay together.

The governance of the company will be via a management board and not the elected members however they will still hold the company to account on the provision of childrens services and they will be expected to report to a committee for scrutiny.

**Timescales:** Report to Minister in November 2017 about the position and where we are. Consultation with partners, DfE and the council is taking place from September 2017 to November 2017. Consultation with staff will take place from November 2017 to January 2018. Communication with service users will take place November 2017 to January 2018. Management will be appointed in the spring of 2018.

Appointments to the Board and the Chair can be decided by the Local Authority (Council Leader, Chief Executive and the DfE) however if the Minister does not agree with the decision then this could change. The first person to be appointed will be the Chair of the Board. Once a Chair is in place the non-executive directors will be appointed and then they will recruit the management team. This is a DfE timetable and not one set by the Local Authority. The new Children's Company should be fully operational by October 2018.

#### **Strategic Intent**

AMD asked each agency to identify what their strategic intent was moving forward.

**Homestart** - To get as many families, at home or in groups, the support they need so that children have a better life experiences.

RCVYS - To establish strong relationships, connections and partnerships to support the young people and families.

JSB – To support individuals who live with autism, whether this be a child, an adult, parent or family to live happy and fulfilled lives.

LSCB – To ensure that partners are working together to deliver services to children in an effective appropriate and timely way to keep them safe.

AMD asked what the strategic intent of Children’s Trust Board is and whether there is a role for this moving forward. JL said there have been quite a few meetings recently where key agencies haven’t been represented and gradually attendance has drifted. JL said the Children’s Trust Board is the only meeting where she has met people from different agencies and felt that there needs to be some kind of forum to get people together. AMD advised that the Local Authority will be moving into a different landscape with the LSCB as it will move to being a west of Berkshire Board. The Children’s Trust Board may then be an essential forum to talk about local issues. AMD asked the group to consider putting the future meetings on hold until the west of Berkshire LSCB has been fully established.

JL feels that there is a need for a hybrid safeguarding partnership board so that local issues do not get lost. JG said we need to find the most effective way to deliver our strategic intent.

**Children’s Trust structure going forward:**

- Can we develop a shared strategic intent?
- Communication and engagement with CYP and families?
- Communication and engagement of key stakeholders?
- Clarity regarding the role of the CTB role priorities?
- Do we need a CTB moving forward? – What is the motivation to being around the table today? Would there be priority areas of work. There needs to be more of understandings as to why people aren’t attending these meetings and we need to be sure that as a partnership we are using time effectively.

It was agreed that a decision can’t be taken today as the meeting is not well attended today. There needs to be further work undertaken.

Colleagues were asked to feedback some questions for the wider partnership about the future of the Children’s Trust Board as this needs further discussion at the January 2018 meeting. JG to write to partners once the questions and content of discussion has been agreed.

**6. CHILDREN’S SERVICES UPDATE**

BC advised that the move to the CSPoA has been very positive. Feedback is being received on referrals and outcomes. It would be good to look at statistics about where contacts are coming from in the future.

**7. INFORMATION ITEMS**

Not discussed.

**8. ANY OTHER BUSINESS**

RCVYS will be closing down and the funds they have left will be distributed. BC and JL thanked the Local Authority for their help and support; they have achieved some wonderful outcomes over the years. BC is moving on to a new post Yorkshire. JL advised that this will be the last meeting they attend. The voluntary sector still want to be involved but this will look different moving forward. AMD thanked RCVYS for their help and support and extended thanks to them on behalf of Children's Social Care.

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT, CHILDREN AND EDUCATION COMMITTEE		
DATE:	12 DECEMBER 2017	AGENDA ITEM:	7
TITLE:	OFSTED UPDATE REPORT		
LEAD COUNCILLOR:	CLLR GAVIN	PORTFOLIO:	CHILDREN AND FAMILIES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	ANN MARIE DODDS	TEL:	01189 372421
JOB TITLE:	DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES	E-MAIL:	Annmarie.dodds@reading.gov.uk

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to update Adult, Children and Education Committee on the most recent Ofsted Monitoring visit (25<sup>th</sup> and 26<sup>th</sup> October) report published on 24<sup>th</sup> November. (Appendix A).

#### 2. RECOMMENDED ACTION

- 2.1 That Committee recognise improvements have been made as documented by Ofsted and there remains much improvement activity still to undertake.

#### 3. POLICY CONTEXT

- 3.1 Ofsted's original inspection findings (report dated 5 August 2016) identified that the safeguarding needs of children were not addressed through consistent and prompt enquiry. Inspectors found children in situations where they had not been seen by social workers in situations where their risks were not understood and acted upon with sufficient urgency.
- 3.2 As a result of the August 2016 'Inadequate' judgement Ofsted is scheduled to undertake 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 the third on 31 May and 1 June 2017 and the most recent visit on the 25<sup>th</sup> and 26<sup>th</sup> October 2017. The next monitoring



visit will take place during February 2018. The February 2018 visit is expected to be the final monitoring visit before a full re-inspection.

#### 4. THE PROPOSAL

- 4.1 Progress against key areas of improvement has been made in all areas monitored and reviewed by inspectors.
- 4.2 The monitoring visit recognised that substantial, purposeful progress is being made within Targeted Early Help, the Single Point of Access and the Assessment Teams.
- 4.3 Ofsted recognised that the quality and impact of Early Help is influencing outcomes for children. Delivery to children and families is purposeful and of a good standard. Management oversight is largely effective carried out by constructive and purposeful managers. Morale across the workforce is high.
- 4.4 There is greater workforce confidence in the Single Point of Access. There is quality and reliability of threshold decision making where referrals are managed promptly. The workforce are experienced and committed at all levels. Regular management oversight is supporting quick identification of risk and allocation.
- 4.5 In the assessment service inspectors found effective direct work with children, their voices being prominent in assessments. Social workers reported they were well supported by managers on a daily basis underpinned by regular case supervision. Assessments were well informed by involved partners.
- 4.6 The ability to quality assure work with children and families was recognised as effective within a framework of continuous development demonstrating proficiency, reflection and an outcome.
- 4.7 Good progress has been made on recruitment and a more supportive corporate environment is evident across, finance, legal, HR and workforce development.

#### 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:
  - a. Safeguarding and protecting those that are most vulnerable;
  - b. 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 original judgement.
- 6.2 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.

## 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.  
August 2016

<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>

Second Ofsted letter to the Local Authority - March 2017

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/reading/054\\_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/reading/054_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf)

Third Ofsted letter to the Local Authority - June 2017

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/reading/055\\_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/reading/055_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf)

Current (Fourth) Ofsted Letter to the Local Authority - November 2017

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/reading/056\\_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/reading/056_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf)

## READING BOROUGH COUNCIL

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

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	12 DECEMBER 2017	AGENDA ITEM:	8
TITLE:	READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2016/2017		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	ESTHER BLAKE	TEL:	X73269
JOB TITLE:	BUSINESS MANAGER FOR READING LSCB	E-MAIL:	<a href="mailto:Esther.blake@reading.gov.uk">Esther.blake@reading.gov.uk</a>

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Reading Local Safeguarding Children Board is the key statutory partnership whose role is to oversee how the relevant organisations co-operate to safeguard and promote the welfare of children in Reading and to ensure the effectiveness of the arrangements. (Working Together To Safeguard Children 2015).
- 1.2 This Annual Report is being presented to the Adult Social Care, Children's Services and Education Committee to ensure members are informed about the work of and achievements of the LSCB for the 2016/2017 financial year. The Annual Report has a wide distribution and is sent to key stakeholders and partners so that they can be informed about the work and use the information in planning within their own organisations to keep children and young people safe.

#### 2. RECOMMENDED ACTION

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

#### 3. POLICY CONTEXT

- 3.1 As required by Working Together 2015, the LSCB Chair is required to publish an annual report on the effectiveness of child safeguarding arrangements and promotion of the welfare of children in Reading. The report must be presented to the Health and Wellbeing Board, the CEO of the Local Authority and the Police and Crime Commissioner.
- 3.2 In line with this statutory guidance the report is presented to the Adult Social Care, Children's Services and Education Committee for information. It will also be presented to the Health and Wellbeing Board in January 2018.

#### 4. THE REPORT

- 4.1 Partnership working underpins an effective LSCB and this report contains information on some of the activities and achievements which have taken place that demonstrate this and the impact this has on practice. Board members both

champion and lead the safeguarding agenda within their agency and bring to the LSCB issues regarding safeguarding that relate primarily to their own agency, but which have implications for the co-operation between agencies and the monitoring role of the Board.

#### 4.2 Priority areas for 2016/2017:

The report focusses on the achievements and ongoing challenges for the LSCB and partners specifically against the priorities identified for the 2016/17 year. These were:

Priority 1. Children's Emotional Health and Wellbeing - there are increasing numbers of children and young people presenting with emotional health and wellbeing issues, both locally and nationally.

Priority 2. Strengthening the Child's Journey and Voice - we need to evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.

Priority 3. Child Sexual Exploitation - we must ensure that all children and young people who are vulnerable to exploitation are identified and protected through the co-ordination and provision of effective multi-agency service provision.

Priority 4. Neglect - neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect is the highest category for children and young people in Reading on a Child Protection Plan (53.8% in 2016/17) and has been for some time.

Priority 5. Improving Cultural Confidence and Competence in our Workforce to meet Children's Needs - Reading is hugely diverse made up of many cultures and ethnicities. We need to ensure all children and young people are protected, no matter what their ethnic group.

4.3 The LSCB achievements and progress for 2016/17 are listed within the annual report under the priority headings. Also specified are the ongoing concerns which the LSCB will continue to challenge in 2017/18, and associated actions, all of which are included within the LSCB Business Plan or via other partnership groups.

#### 4.4 Ofsted Inspection in May 2016

In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading. The inspection determined that Reading LSCB requires improvement and made five recommendations which were incorporated into an action plan. More information can be found on page 13 of the report.

4.5 The Ofsted inspection found that RBC Children's Services were inadequate and the recommendations made were incorporated into the Children's Learning and Improvement Plan. The LSCB Chairs sits on the Children's Services Improvement Board, and the LSCB is actively involved in the improvement journey, especially with regards to threshold application and early help services. The LSCBs role is to engage and bring together partners to progress solutions and changes in practice and to monitor improvements.

#### 4.6 Board Structure:

The Board has nine sub-groups that drive forward the business of the Board. These sub-groups report directly into the Reading LSCB, although six work across either the west of Berkshire or pan Berkshire to ensure consistency and efficiencies with our neighbouring LSCBs. Two LSCB sub groups have significantly improved their review processes during the year. The revised cases for consideration process for the West of Berkshire Case Review Group has ensured clear and timely

documentation has been presented to the group for review and decide if a formal case review (or Serious Case Review) is required. The Pan Berkshire Policy and Procedures Sub Group have taken a pro-active role in identifying chapters of the child protection procedures that require review and ensuing updates are agreed and key local issues addressed.

#### 4.7 Progress since April 2017:

The Annual Report relates specifically to the 2016/17 year; however there have been a range of developments since April. These include:

- The appointment of a new LSCB Chair from September 2017, Alex Walters.
- The Children's Single Point of Access continues to improve with new pathways including CSE, missing children and domestic abuse. Partner involvement with this service is vital to ensure success.
- Briefings are taking place regularly to encourage partners to find out more about Children's Single Point of Access, who works there, what they do and how to make contact.
- Thames Valley Police have implemented a fortnightly disruption meeting to identify and plan all CSE related disruption activity
- LSCB Forum sessions have continued to be organised and well attended from across the partnership. These free two hour sessions have included topics on disguised compliance, Fabricated and Induced Illness and CSE.
- Training sessions are organised for the Graded Care Profile. This is an assessment tool that helps professionals measure the quality of care being given to a child and helps them to spot anything that's putting that child at risk of harm.
- A pilot multi-agency reflective case meeting for families where long term neglect is an issue is being organised.
- Use of a multi-agency chronology will be piloted on a few selected cases of neglect to assess how this can be used and identify improvements in decision making.
- The Reading Special Educational Needs and/or Disabilities Strategy has been written. There is a strategy group chaired by the RBC Director with 4 work strands (and associated working groups) - Data/needs analysis, early intervention, utilising specialist resources and transition to adulthood.

#### 4.8 The future of the LSCB:

National: Consultation is currently underway on the new version of Working Together 18, the statutory guidance for children's services and LSCBs. It contains a range of changes for LSCBs, including the requirement for the three Safeguarding partners (Local Authority, Clinical Commissioning Groups and Police) to agree and publish arrangements to safeguard children and LSCBs will no longer be a statutory requirement. The establishment of a new national Child Safeguarding Practice Review Panel to undertake reviews of serious cases and the transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners under the governance of the Department of Health. The three safeguarding partners will be expected to jointly ensure safeguarding practices are maintained, monitored and improved. The changes will be considered by the Reading LSCB when it meets on 7<sup>th</sup> December.

4.9 Local: In line with recommendations made by partners involved in the three West of Berkshire LSCBs (Reading, West Berkshire and Wokingham), the new LSCB Chair is developing and proposing plans to merge the three Boards into one Berkshire West Safeguarding Children Board. Initial discussions are taking place with the Directors of Children's Services in each Local Authority, and leads in the key partner agencies. Proposals will initially be discussed at the LSCB meeting in January 2018.

5. CONTRIBUTION TO STRATEGIC AIMS

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

6. COMMUNITY ENGAGEMENT AND INFORMATION

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

7. EQUALITY IMPACT ASSESSMENT

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

8. LEGAL IMPLICATIONS

- 8.1 There are no legal implications with this report. Working Together to Safeguard Children 2015 requires that the LSCB to produce an annual report.

9. FINANCIAL IMPLICATIONS

- 9.1 None

10. BACKGROUND PAPERS

- Reading LSCB Annual Report 2016/17

# **Reading Local Safeguarding Children Board**

## **Annual Report 2016-2017**

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Welcome to the Annual Report of Reading Local Safeguarding Children Board (LSCB) which covers the period from April 2016-March 2017. The Independent Chair of the LSCB during the period of this Annual Report, Fran Gosling Thomas resigned from this role in May 2017. I was appointed LSCB Chair and took up the position in September 2017 and I am therefore providing the foreword for the Annual Report. The LSCB Vice Chair, Debbie Simmons has provided leadership to the LSCB in the interim period and the LSCB is grateful for her support and that of the LSCB Team and would also wish to acknowledge the contribution of the previous Independent LSCB Chair over the last three years.

During the period of this Annual Report, Ofsted inspected both the Local Authority and the LSCB under its Single Inspection Framework in May and June 2016. The outcome for the LSCB was that it “Requires Improvement” and the LSCB has responded positively to the five recommendations for improvement. The Local Authority was however judged Inadequate and the Children’s Services Improvement Board which is independently chaired and includes multi-agency partners has provided oversight of the responses to the 18 recommendations. In addition the DfE appointed a Commissioner to oversee the improvement journey and Ofsted have carried out two monitoring visits in this timeframe – November 2016 and February 2017.

It has become increasingly clear that there is a need to align some of the areas for improvement identified during the inspection process for both the Local Authority and the LSCB where the LSCB has a clear role in leadership and oversight. This work to join up and ensure synergy is currently underway and includes the recommendations around Early Help and Thresholds, Child Sexual Exploitation and Missing Children and Domestic Abuse. The LSCB will also continue to provide oversight, support and challenge to the Local Authority’s Improvement journey and the LSCB Chair is a member of the Children’s Improvement Board.

This Annual Report 2016/17 sets out the progress made by the LSCB in 2016/17 which has been significant in a number of priority areas identified in the LSCB Business Plan. Some key examples include:

- All secondary schools have received training in Psychological Perspectives in Education and Primary Care to help staff recognise and understand mental health difficulties in children and young people and offer appropriate support and guidance.
- Development and launch of the Female Genital Mutilation Risk Assessment Toolkit which includes risk factors, guidance and pathways. Plus free online training module to support staff using the tool.
- Development and roll out of free online Safer Recruitment Training.
- Delivering new free two hour ‘forum’ sessions, open to all staff across the West of Berkshire.
- Review of the LSCB Learning and Improvement Framework and delivery of a range of audits included within this report.

Whilst recording my thanks to members of the Board and those supporting the work of its sub groups, I would like to of course state my gratitude to all those staff and volunteers within the local workforce for their commitment, to safeguarding children and young people in Reading. I am looking forward to the opportunity provided by this role as Independent Chair to support and maximise the collective responsibility we all share to secure improvement for the effective safeguarding of children.



**Alex Walters**  
**Independent Chair of Reading LSCB**

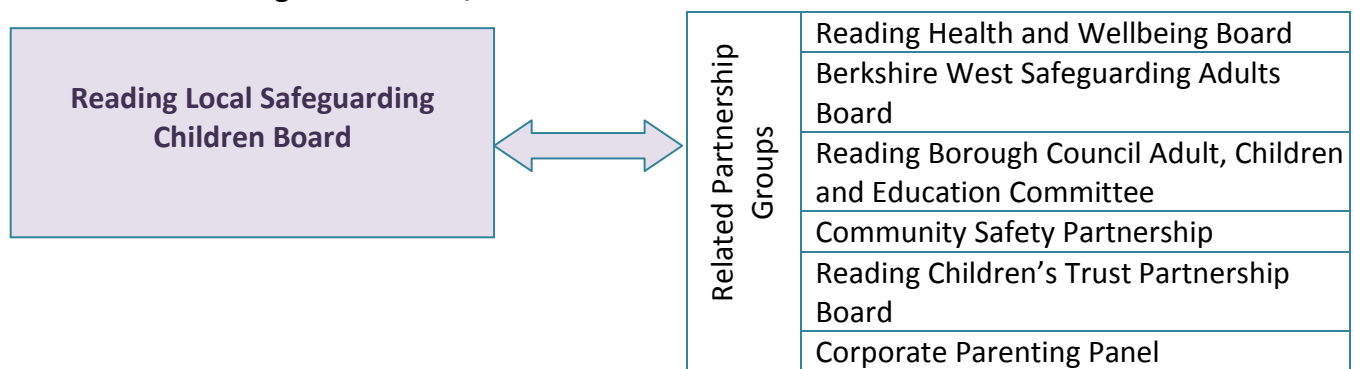
Reading Local Safeguarding Children Board (LSCB) is the key statutory body overseeing multi-agency child safeguarding arrangements across Reading. The work of the Board is governed by statutory guidance Working Together to Safeguard Children 2015.

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

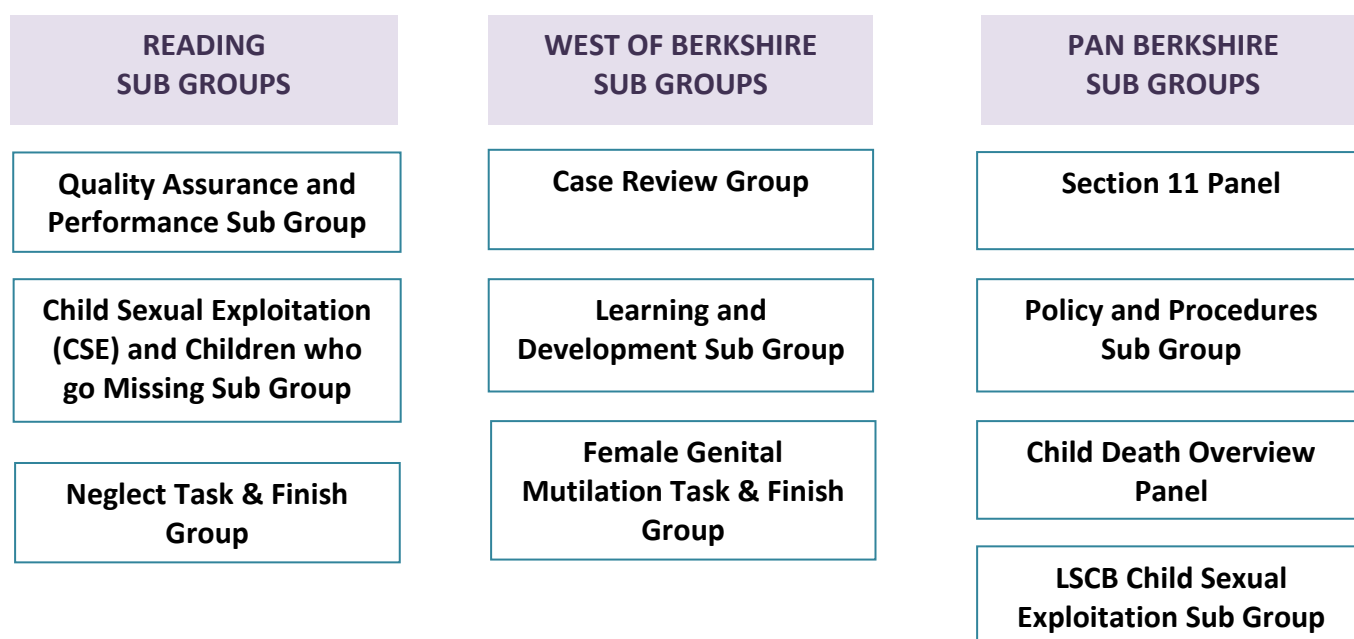
- to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in their area; and
- to ensure the effectiveness of what is done by each such person or body for those purposes.

Reading LSCB has an independent chair and members who are senior representatives from a range of agencies. The Board is collectively responsible for the strategic oversight of local safeguarding arrangements. It does this by leading, co-ordinating, challenging and monitoring the delivery of safeguarding practice by all agencies across Reading. Our current membership is listed in the appendices.

**Structure of Reading LSCB in 2016/17**



**SUB GROUPS**



**Day to day, the LSCB:**

- Undertakes multi-agency audits to review the effectiveness of services and make recommendations. Details of the audits from 2016/17 are given throughout this report.
- Reviews and analyses partnership data to ensure the LSCB understands the needs of the local population.
- Provides a multi-agency safeguarding training programme based on the needs of our local workforce.
- Ensures partners are fulfilling their statutory obligations in relation to safeguarding and promoting the welfare of children within their organisations.
- Undertakes serious case reviews or partnership reviews of cases to ensure that we learn and improve services as a result.

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

**Joint working:**

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

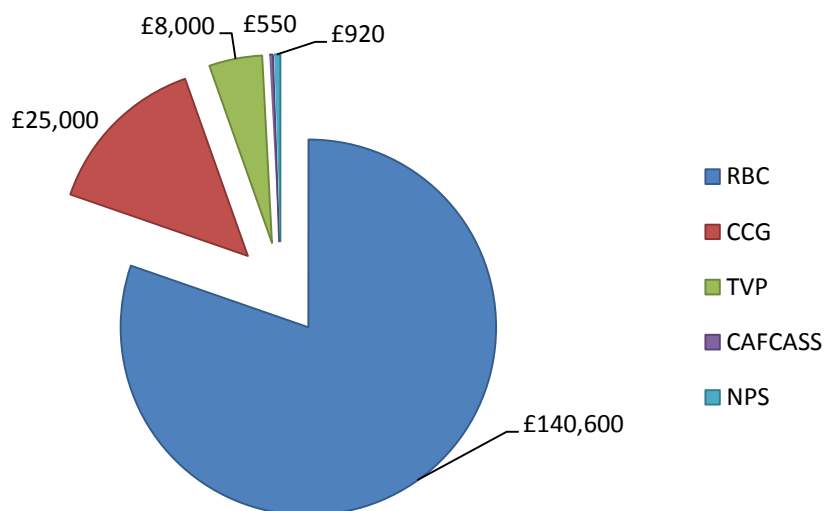
To ensure the best use of resources there are shared sub-groups operating either across the whole of the county or the west of Berkshire. Sub groups for quality assurance and performance, child sexual exploitation and neglect are Reading specific to maintain a local focus on current issues.

LSCB Business Managers and Chairs from across Berkshire meet regularly to share and discuss specific issues, protocols and developments, along with examples of good practice. Reading LSCB also works closely with a number of partnership boards in the area including the Health and Wellbeing Board, Reading Children’s Trust and the Berkshire West Adult Safeguarding Board.

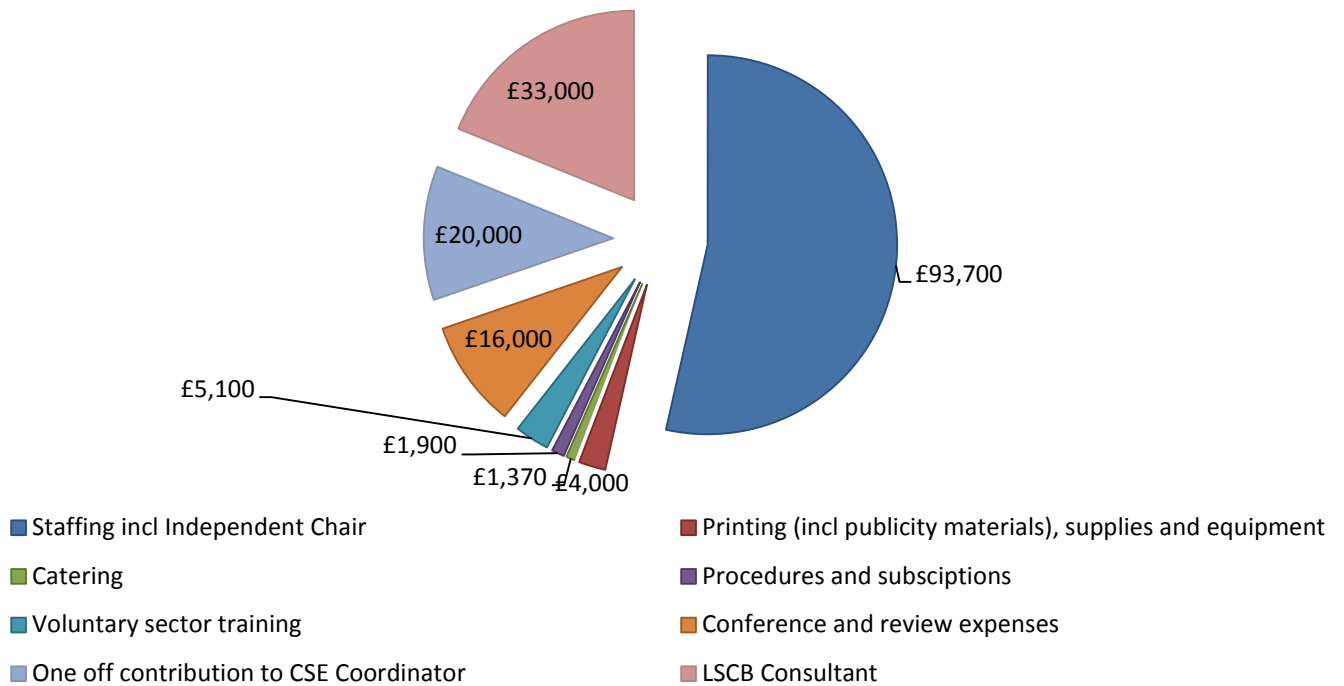
**Finance:**

Partners in the Board financially contribute specifically to the LSCB to enable it to operate and undertake work against the priorities. The budget for Reading LSCB in 2016/17 was £175,070.

Contribution:



Expenditure:



There were no serious case reviews undertaken in 2016/17, and therefore no costs represented above. The LSCB budget has a separate contingency fund allocated for potential serious case reviews or partnership reviews.

In 2015 the LSCB Chair raised a clear concern that the current budget is not in line with similar authorities and does not allow the LSCB to address its key priorities. As a result, for the 2016/17 year additional contributions were received from Thames Valley Police and Reading Borough Council. This allowed for marketing campaigns and materials, and funding to launch the Female Genital Mutilation risk assessment toolkit. However, the Reading Borough Council contribution has since been reviewed and reduced significantly for 2017/18. This is an ongoing challenge for the LSCB and whether it can meet its statutory duties.

**Ongoing Challenge/Actions:**

- The agreed budget for 2017/18 is significantly lower than previous years and has been highlighted as a risk.

**Ofsted Inspection in May 2016**

In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading. The inspection determined that Reading LSCB requires improvement and made five recommendations which were incorporated into an action plan. More information can be found on page 13.

The Ofsted inspection found that RBC Children's Services were inadequate. 18 recommendations were made which have been incorporated into the Children's Learning and Improvement Plan. An independently Chaired Children's Services Improvement Board, which includes senior members of partner agencies alongside Children's Services management, meets monthly to review and challenge progress against the Improvement Plan.

As a result of the inspection, the Minister of State for Children and Families appointed a Commissioner for Children's Services to oversee the improvement journey. Alongside this, Ofsted have carried out regular monitoring visits (November 2016, February and May 2017), each one focussing on a different area of the child's journey through services. A further visit is scheduled for October 2017.

**Children's Single Point of Access**

Throughout the 2016/2017 year, evidence through audits and inspections found that the existing referral pathways hindered appropriate referrals into Children's Services. As a result, in June 2017 the new Children's Single Point of Access was launched, with the full support of LSCB partners. Monitoring of this service, appropriateness of referrals and application of thresholds will continue to be scrutinised by the LSCB through data reporting and audits.

**Female Genital Mutilation Risk Assessment Tool and Pathways**

In 2015 and 2016 LSCB partners audited the prevalence of this issue within Reading, tested existing referral pathways and developed a risk assessment toolkit for practitioners to use, alongside clear pathways for dealing with concerns. In June 2016 the toolkit was launched, shortly after an online training module was developed to support practitioners to identify risk factors and complete the toolkit. Partners have also been able to secure funding to provide a Rose Centre (from September 2017) for any woman who has experienced female genital mutilation and requires support, guidance, or medical help. See page 25 for more information.

**Sub Group Process Improvements**

Two LSCB sub groups have significantly improved their review processes during the year. The revised cases for consideration process for the West of Berkshire Case Review Group has ensured clear and timely documentation has been presented to the group for review. See page 34 for more information. The Pan Berkshire Policy and Procedures Sub Group have taken a pro-active role in identifying chapters that require review and ensuing updates are agreed and key local issues addressed. See page 27 for more information.

**One of our Lay Members, Anderson Connell, writes:**

'As lay members and full members of the board, we have had an important role to play in the work of the Board in setting and delivering on its key priorities for safeguarding Reading's children and young people over the past year. Our contribution in this work covered a number of dimensions that included, but was not limited to;

- Providing oversight, scrutinising and challenging decisions and policies made by the Board and partnering agencies, ensuring they are having the desired impact on our children and young people
- Providing an alternative professional and community based perspective outside of the local authority or partnering agency's professional position to ensure a community and public view is observed in our decision making.

Although Ofsted's outcome on their review of the Board's effectiveness is, 'requires improvement' around the services for children in need of help and protection, children looked after and care leavers in Reading was disappointing, it was encouraging that our own self-assessment was in-line with this outcome. It was also encouraging to see Ofsted highlighting a number of positive comments on the Board's effectiveness and that all recommendations were embedded in our Improvement and Development Plan for 2016/17.

We are particularly pleased that as lay members, we are developing a stronger and more challenging voice within the Board and able to contribute positively in making improvements in safeguarding of children and young people in Reading.

Over the coming year, we must continue to scrutinise and challenge all our actions and policies, where necessary, keeping at the forefront their impact on children. We must strive to ensure continuing improvement in the process of measuring this impact on children through enhanced data collation and reporting.'

Reading is a vibrant multi-cultural town: the second most ethnically diverse in the South East outside London. Reading is home to approximately 35,850 children and young people under the age of 18 years. This is 22% of the total population in the area. (ONS Mid-Year Population Estimates 2014).

### What are the needs? (Figures as at 31<sup>st</sup> March 2017)

Approx. 18% of children in Reading lived in low income families

192 children and young people were living with their families in

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

265 Looked After Children

1232 children and young people identified as 'Children in Need' by Children's Services

661 identified Young Carers

6 Cases of Female Genital Mutilation were identified in the Reading locality (Q4 16/17)

182 Victims were referred to Berkshire Women's Aid (Q4 16/17)

56 families were accepted as homeless (Q4 16/17)

23 Looked After Children had a Disability (Q4 16/17)

57 Looked After Children have a Statement of Education, Health and Care Plan (March 2017)

32% of Looked after Children were placed 20 miles + from home

121 children were reported missing in Q4 16/17, 55 received a Return Interview within 72 hours of returning home

Between April 2016 and March 2017, 334 children were in the households discussed at MARAC

15 young people identified as at risk of Child Sexual Exploitation (March 2017)

143 Children were referred to Tier 3 CAMHS Services with 75 of them being referred to the Specialist Team (Q4 16/17)

73 Police Domestic Violence notifications sent to Multi-Agency Safeguarding Hub led to a referral (March 2017)

28 children had been subject to a Child Protection Plan for 18 months or longer (Q4 16/17)

70% of Looked After Children were in stable placements

There were 3 Child on Adult Domestic Abuse Incidents in Q4 16/17

Out of the 746 Children and Young People reported missing (TVP Data 2016/2017) 298 were female, 446 were male and 2 were gender unknown

88 referrals to Children's Social Care from the Royal Berkshire Hospital Emergency Department, 43 of them being CAMHS related (Q4 16/17)

3 known Privately Fostered Children

65 (28%) of cases referred to the MARAC were repeat cases

Out of the 23 open CSE & Missing Cases 12 are White British, 5 are Dual Heritage, 2 are Asian/Asian British and 4 are Black or Black/British (March 2017)

3 CP Cases and 186 CIN Cases had a disability (Q4 16/17)

16 Looked After Children and 57 Child Protection Cases are involved with the CAMHS Service (Q4 16/17)

Of the 352 children and young people subject to a Child Protection Plan 184 are under the category Neglect

# Journey through Children's Services

## Early Help:

There are well-established Early Help Services across Reading which include 5 children's centre hubs delivering services to families across the area. These children's centres have good attendance rates across the clusters, particularly from targeted groups. 9847 children have used the Children's Centres.

Early Help referrals and the number of Common Assessments (CAF) completed in 2016/17 totalled 637. All CAFs continue to be quality assured at point of submission to ensure that the importance of the Voice of Child, multi-agency contributions and clear analysis leading to a plan of support is in place.

Cases are 'stepped up' to RBC children's social work services where required, with all 'step up' referrals submitted through the Multi Agency Safeguarding Hub (MASH) to ensure a consistency of thresholds and decision making

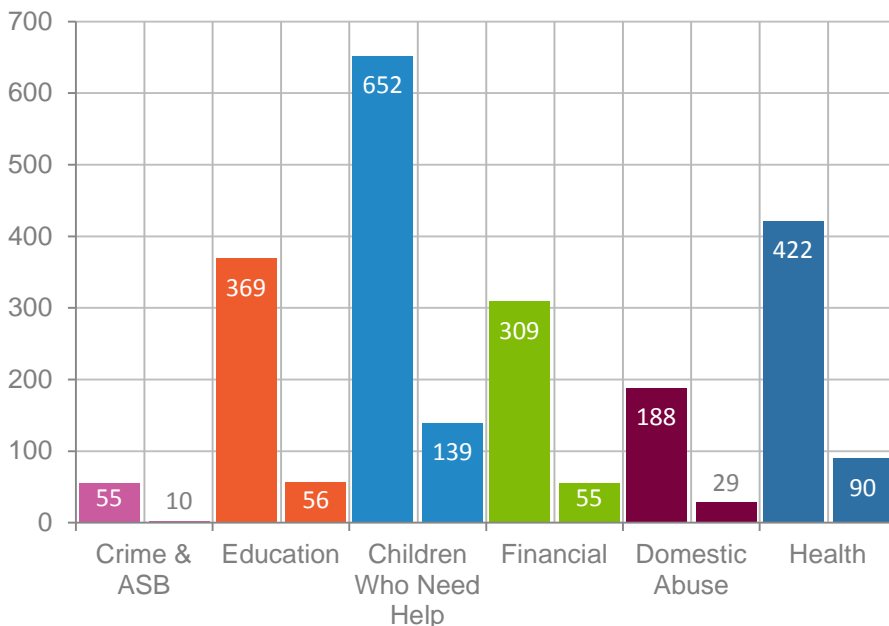
A revised Early Help pathway was implemented in July 2017 which saw children's services providing the community and partners with a single point of access (CSPOA). Phase two of the CSPOA will be launched on the 29<sup>th</sup> September, this phase will see greater integration of partners into the CSPOA, supporting the multi – agency safeguarding hub, decision making and clarifying pathways for CSE and Domestic Abuse.

The Children's Action Teams (CATs) are multi-professional teams that link into existing local resources to provide holistic family support, early intervention and prevention services for children 0 to 19 year old and their families. Alongside the CATs, Specialist Youth Services provide more targeted support to the most vulnerable young people, such as those at risk of teenage pregnancy or sexual exploitation, young people with drug and alcohol misuse issues, young parents, young carers and LGBT young people.

For more vulnerable families where children are close to social care involvement, services and interventions such as the Edge of Care team and Multi Systemic Therapy Team work with families and provide more intensive, high-level support alongside other agencies.

### Troubled Families

**Families worked with to Troubled Families principles and later claimed as turned around (Phase 2 as at 1 April 2017)**



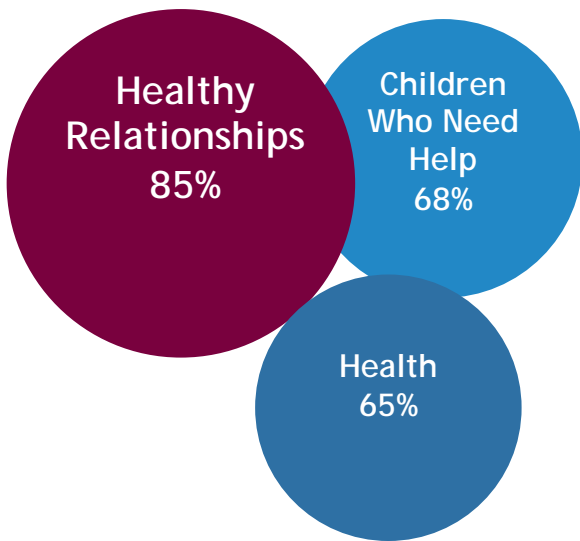
Of 652 families we worked with, 139 have achieved significant progress and sustainable change.

90 families have improved health outcomes and attendance was improved to 90% over three consecutive terms for 56 families.

44 families have moved off out-of-work benefits and have sustained work.

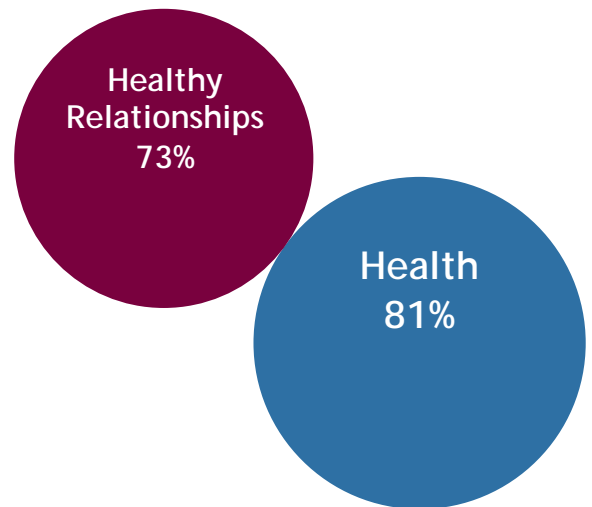


Percentage of parents who have made positive changes after attending Triple P Courses (for families with school age children)



Triple P is a flexible, practical way to help parents develop skills, strategies and gain confidence to handle any parenting situation. The courses have shown many positive effects on families including building on healthy relationships, improving health and overall outcomes for children. The Troubled Families Employment Advisor has adapted similar techniques to engage parents and assist families back to work.

Percentage of parents who have made positive changes after attending Webster Stratton Courses (for families with children under 5)



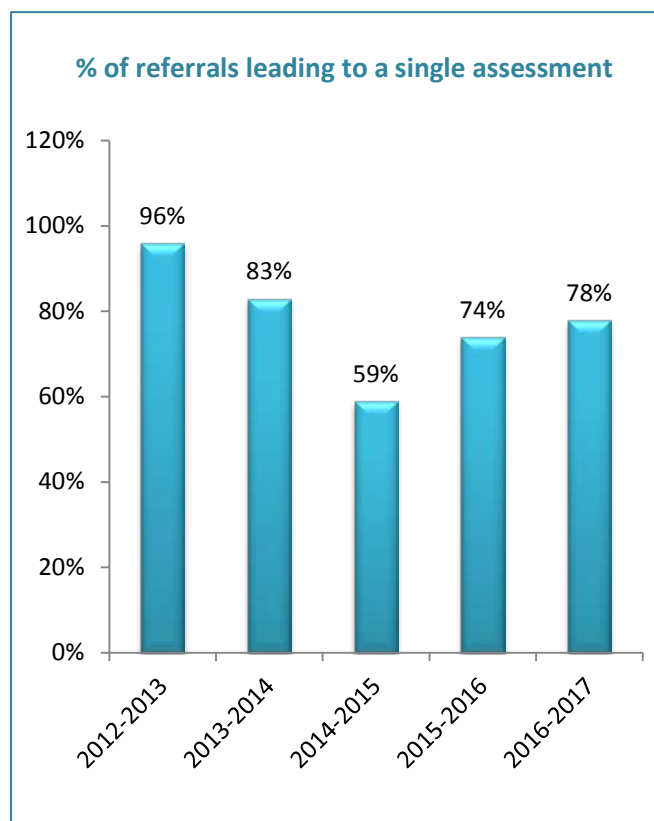
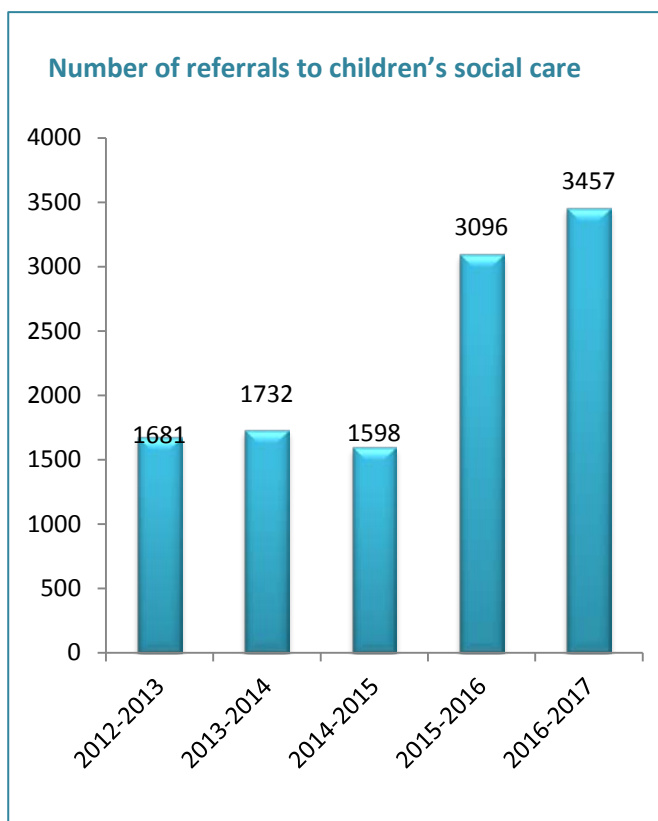
Webster Stratton is a research-based program aimed at reducing children’s aggression and behaviour problems and increasing social competence at home and at school. This course for parents with children aged 0-5 has shown positive effects on the family unit including building on healthy relationships and targeting specific health outcomes such as anxiety, stress and depression.

85% of referrals to Early Help access a service or intervention depending on the presenting need. As at March 2017, only 7% of closed CAT cases were referred back to social care within 3 months of closure.

### Children’s Social Care:

The MASH team provides the entry point to Children’s Social Care. Between 1st April 2016 and 31st March 2017 there was 8625 contacts into Children’s Social Care of which 3457 led to a referral. 2697 (78%) progressed to a single assessment

There was on average 288 referrals a month, with this figure remaining quite steady during the middle and latter parts of the financial year. There was a peak in referrals in quarter 1 of 2016 with 304, 338 and 325 referrals respectively. The volume of referral resulted in a rate per 10,000 of 844.8 for Reading with our Statistical Neighbours figure being 528.6 and National figure being 532.2 for 2015/16.



35% of referrals originated from the Police (1208 during 2016-2017) with Education being the second highest referrer at 16% (561 during 2016-2017), closely followed by Health Services with 14% (485 during 2016-2017).

Domestic Violence has remained the highest reason for referral with 25.86%, Physical Abuse being the second highest reason with 15.4%, which has increased slightly from 2015-2016. Referrals concerning Neglect (8.3%) have dropped slightly from the 2015-2016 data reported.

The number of strategy discussions held within the period April 2016 to March 2017 was 1374, during this period 1066 section 47 enquiries (undertaken where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm) were initiated. In the same period in 2015/2016 973 Section 47 enquiries were initiated.

The number of Initial Child Protection Case Conferences increased further in 2016-2017 with 472 children and young people considered.

The total number of child protection plans and breakdown of category as of 31st March 2017 are:

Category	Total
Emotional Abuse	148
Neglect	184
Physical Abuse	7
Sexual Abuse	13
<b>Total</b>	<b>352</b>

As at 31<sup>st</sup> March 2017, there were 1232 children categorised as In Need (rate per 10,000 child population is 513; Statistical Neighbours is 392.7 for 2015/2016). At the end of March 2016 68% of Reading children had CIN plans and 59% received CIN visits on time.

At 31<sup>st</sup> March 2017, there were 265 children and young people Looked After, an increase of 45 compared to the same point in 2016. This number represents 60 children per 10,000 population, identical to the National Average but lower than our Statistical Neighbour average rate of 65 per 10,000. 62 of Readings Looked After Children have Statements or Education, Health and Care Plans

The shortage of local placements in the Reading Borough Council area means that 32% of our Looked After Children are placed more than 20 miles away from their home address. While this may be for a positive reason such as children in adoptive placements or in specialist residential settings, we are working to reduce this figure to retain further stability in education provision, receive local health services and remain in contact with their family and community when safe to do so. It should be noted that placement stability for these young people remains high.

Since April 2016 there have been 15 adoptions and 7 children became subject of special guardianship orders.

At the end of March 2017 there were 137 young people open to Leaving Care Services. 86% had a Pathway Plan which sees an increase of 6% in from March 2016. 94% were in suitable accommodation which is higher than the National Average at 82% and our Statistical Neighbour average at 81%.

44% were not in suitable employment, education or training which is slightly higher than the National Average of 40% but lower than our Statistical Neighbour average of 51%. All care leavers had a Personal Advisor and 86% of care pathway plans were up to date.

In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading. The inspection determined that Reading LSCB requires improvement.

Ofsted made five recommendations in relation to the LSCB:

- Develop an overarching process to ensure that learning from quality assurance activity is properly shared, tracked and reviewed. This should include clear and relevant actions from single and multi-agency case audits.
- Implement a clear and transparent process for referring serious incidents to the case review sub-group for detailed consideration of whether a serious case review is needed.
- Ensure that the work of the learning and development sub-group has a sharper focus on the particular learning and training needs of Reading professionals, including overseeing and, where appropriate, influencing the provision of single agency training.
- Undertake a review of local safeguarding thresholds, including the effectiveness of the early help pathway, and the understanding and application of thresholds at all the key points in a child's journey.
- Secure regular and consistent attendance and engagement at the Board and sub-groups by Children's Social Care, to increase the Board's ability to contribute to improvements in core social work practice.

All five recommendations were in line with the self-assessment that had been carried out by Board members. The LSCB Ofsted Improvement Plan was written to ensure actions were identified and tracked and these actions were also captured within the Business Plan for 2016/2017.

As at June 2017, of the 15 specific actions identified, 11 were recorded as complete. Two recorded as red relate to actions which could not be progressed until the Children's Single Point of Access was established and embedded. Two were recorded as amber, one refers to the need for adequate budget to ensure flexible Reading focussed LSCB training is provided. The remaining amber action relates to the requirement for consistent Children's Social Care attendance at LSCB Sub Group Meetings. Changes in staff meant securing attendance had to be re-addressed and as at June 2017 we could not evidence improvement.

It is recognised that further work is required to ensure consistency in the work of the Board, for example with regards to the learning and dissemination of learning from audits and case reviews. The QA&P Sub Group recognise this needs to improve, however a period without a permanent Chair for this group delayed progress in this area.

There remains a key issue for the LSCB in the assertion by Ofsted that 'partner agencies remain uncertain about referral thresholds, and that statutory social work with many children at risk is still not effective in reducing serious concerns about their safety and well-being.' The LSCB has a critical role in supporting and challenging improvements in Children's Services going forward.

**Ongoing Challenge:**

- The understanding and application of Thresholds continue to be raised as a concern. This issue needs to be understood and LSCB partners work together to resolve the problem.
- RBC have agreed that the Children's Services Quality and Improvement Lead will chair the Quality Assurance sub group to enable this key function of the Board to be effective, provide clear learning and impact positively on practice. This will start from September 2017.
- A re-fresh of the Ofsted Improvement Plan is required to move past the establishment of processes into a phase of robust challenge, where impact and partnership support can be evidenced.

**Actions:**

- An audit of the Children's Single Point of Access has been identified for September 2017.
- LSCB Ofsted Action Plan will be reviewed with the incoming LSCB Chair alongside the Children's Learning and Improvement Plan.

**Priority 1: Children's Emotional Health and Wellbeing**

A survey completed by 2,343 young people in Reading in 2015 stated that mental health issues are the 'biggest risk to stopping young people achieving the life they want'. This is within a context of growing concerns about the increasing number of children and young people presenting with emotional health and wellbeing issues, both locally and nationally. The 'Future in Mind' Government paper recommended the establishment of a local Transformation Plan in each area to deliver a local offer in line with the national ambition. The West of Berkshire Future in Mind Group includes key members of Reading LSCB and was the key delivery vehicle for priority 1.

**Future in Mind**

Future in Mind challenges all partners to focus on improving a number of key areas:

- How quickly and easily service can be accessed when they are needed
- The quality of services
- Better coordination between services and
- Providing services to meet needs regardless of the background of the children/ young person.

What has been delivered:

**Offer in Schools**

- Reading set up a Schools Link project in 2016/17 that aims to build the knowledge and skills of teachers and associated school staff in identifying and responding to early mental health concerns. As at March 2017 9 participating schools (8 primary, 1 secondary) were trained in the regional PPEPCare approach. Psychological Perspectives in Education and Primary Care (PPEPCare) helps staff in primary care and education to recognise and understand mental health difficulties in children and young people and offer appropriate support and guidance to children, young people and their families using psycho-education and relevant psychological techniques. (By the end of the academic year all secondary schools had received training). In addition there has been a push to provide information into schools.
- Mental Health has been identified as one of the 4 key issues that School Nurses need to spend more time working on. The recommissioned School Nurses service (from Oct 2017 onwards) will enable School Nurses to provide more PHSE (Personal, Health, Social and Economic) sessions with pupils, consult with colleagues in Schools about emerging Mental Health cases, to provide direct work interventions as a Nurse that meets low level mental health needs or escalate/ signpost where necessary.

**Offer in tier 2 (prevention and early identification).**

- Reading continues to offer a good Primary Mental Health Worker (PMHW) and Education Psychology (EP) service. Reading young people have access to counselling services in the town and the majority of secondary schools offer on-site access to trained counsellors.
- Co-working with the University of Reading, the Local Authority has provided 4 Webster Stratton parenting programmes for parents of 3 – 11 year olds. This has been added to the Triple P parenting offer already in place and the University is researching the impact of this project on children with emerging challenging behaviour.

### **Offer in tier 3 (Specialist CAMHs offer from BHFT)**

- There has been a reduction in waiting times with more children and young people receiving timely, evidence based treatment across all care pathways.
- The Common Point of Entry (CPE) is now open 8am until 8pm Monday to Friday which has positively impacted on waiting times for referrals which are 4 weeks (currently the national average waiting time for a first CAMHs appointment is 9 weeks.)
- The CCGs have commissioned additional short term capacity for the Anxiety and Depression pathway to reduce the number of children waiting for treatment, following receipt of short term funding from NHS England. This low intensity psychological therapy intervention pilot is being delivered on a stepped care basis mirroring adult IAPT services.
- Waiting times on the autism assessment pathway have reduced but remain the most challenging to improve. Currently lower than the national average but longer than we would like locally. Additional funding has been made available to expedite reduction in autism assessment waiting times for children under the age of 5 years by running additional weekend clinics. A multiagency working group has started to map current care pathways in each local area, identify what a good service looks like, identifying gaps and possible areas that need to improve practice.
- The CAMHs Urgent Response Pilot, integrated with Royal Berkshire Hospital, has a full rota in place, providing timely mental health assessments and care. Short term intensive interventions in the community are provided to young people who have experienced a mental health crisis. The service also provides wrap around support when there are delays in sourcing a Tier 4 CAMHS inpatient bed.
- Closer links between partners will enable swifter assessment and discharge of young people requiring social care support and interventions.

### **Offer in Tier 4**

- Berkshire Adolescent Unit is now a 7 day, 24 hour a day service that is now a registered tier 4 provision in Berkshire. The number of beds has also now increased from 7 to 9.

What has been the impact:

Offer in Schools – Following whole school training, the pre and post feedback evaluations have been very positive with significant gains in knowledge and skills reported.

Offer in tier 3 (Specialist CAMHs offer from BHFT):

- The reduction in waiting times enables more children and young people to receive a timely evidence based treatment across all care pathways.
- The current average waiting time for referrals to CPE is 4 weeks, compared to the national average waiting time for a first CAMHs appointment of 9 weeks. More children are being assessed more quickly.
- The CAMHs Urgent Response Pilot has meant the response time to assessment has reduced and length of stay in both A&E and the paediatric wards has reduced with improved facilitation of admission to Tier 4 units.

### **Learning from audits – THRIVE Audit (February 2017)**

West Berkshire, Reading and Wokingham LSCBs agreed with leaders within Berkshire Healthcare Foundation Trust (BHFT) and Berkshire West Clinical Commissioning (CCG) Future in Mind group, to undertake an audit of children and young people with significant emotional health needs, requiring the support of other statutory partner agencies.

The purpose of the audit was to:

- 1) explore how well we identify emotional wellbeing and mental health difficulties, as individual services and collectively across multiple-agencies
- 2) evaluate how effectively partner agencies identified need and risk
- 3) assess the impact and effectiveness of single and multi-agency planning and impact on outcomes for children
- 4) test the applicability of the THRIVE model in supporting enhanced inter-agency early identification and intervention, assessment and planning; to improve outcomes for children

Learning:

- There were examples of significant inter-agency discussion of need and risk; and evidence of joint contribution to assessment activity across the partnership, to triangulate analysis of need and risk. Where this did not happen, there were significant delays in assessment with potential negative impact on the child.
- There was clear evidence of the impact of parents' wishes influencing and in some cases, overshadowing the voice of the child. The audit group all agreed that in these cases, the parents dominance of risk planning diverted attention from what was in the best interest of the child.
- The THRIVE model could have particular benefit in early help and targeted prevention services, with specific reference to:
  - Improving a shared understanding of levels of emotional health need
  - Improving shared language in the description of emotional health need
  - Improving the effectiveness of identification and planning.

The theme of the 2017 Joint Annual Conference is Mental Health. The first LSCB Forum focussed on Disguised Compliance, including understanding the issue (with Serious Case Review examples) and how to work with the issue. The presentation from the session is available on the LSCB website:

[www.readinglscb.org.uk/readinglscb-training/](http://www.readinglscb.org.uk/readinglscb-training/)

#### **Ongoing Challenge:**

- How to improve the collaboration and collective action to prevent the escalation of a small cohort of young people that are often accessing RBH on the back of a mental health episode
- Ensure that more School Nursing time can be protected to deliver more PHSE, consultation and direct delivery in schools around Mental Health.
- The number of referrals into CAMHs Year to date have increased by 4.5% since the 2014/15 baseline. The service is also seeing an increase in complexity of cases.

#### **Actions**

The LSCB have agreed that Children's Emotional Health and Wellbeing will no longer be a key priority for the Board, although remains a vital area of work. All actions will continue to be monitored and delivered through the Berkshire West Future in Mind group and reported into the Health and Wellbeing Board. Any issues regarding safeguarding concerns will be fed into and discussed by the LSCB as required.



## Priority 2: Strengthening the Child's Journey and Voice

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

### Young Carers

The Reading LSCB Business Plan identified that Young Carers should be identified quickly and offered support.

To enable partners to identify young carers, understand their needs and its impact on their long term wellbeing, in January 2017 the LSCB produced and disseminated a clear fact sheet. Partners have also received information on the changes in legislation. The fact sheet is available on the Reading LSCB website: [www.readingscb.org.uk/lscb-fact-sheets/](http://www.readingscb.org.uk/lscb-fact-sheets/)

The Young Carers legislative guidance is also now detailed on the pan Berkshire online procedures.

The Youth Service has reported that professionals from a range of backgrounds are completing the tool and more whole family assessments are taking place. Over the year, the number of known young carers increased from 589 in quarter 1 to 661 in quarter 4.

### Evaluation of Thresholds

Over the summer 2016 the Thresholds were reviewed in LSCB sub-group meetings including Neglect and Child Sexual Exploitation. Meetings took place with Domestic Abuse and Housing colleagues, plus key Children's services staff with responsibility for the MASH and Early Help front doors. The risk factors were specifically reviewed for priority issues of Female Genital Mutilation, Child Sexual Exploitation, Prevent and Neglect. Partners who were not represented at sub-groups were individually emailed asking for input/ comments.

As a result, updated documentation was presented and agreed by the Board in September 2016. The updated Thresholds poster and Guidance booklet (which includes the threshold risk factors, as well as the protective factors that can sit alongside them) was disseminated and can be found on the LSCB website: [www.readingscb.org.uk/information-professionals/threshold-criteria/](http://www.readingscb.org.uk/information-professionals/threshold-criteria/).

Following the Thresholds review, two audits were carried out to review effectiveness:

### Learning from audits – Multi-Agency Effectiveness of MASH and Early Help Pathways (June 2016)

The purpose of the audit was to explore the effectiveness of the MASH and Early Help Pathways. In particular the effectiveness of the initial point of contact into children's services, the impact of thresholds and the effectiveness of the response to previous referrals.

What we learnt:

- Approximately half of the contacts into MASH were deemed not to require a Children's Social Care assessment and whilst some of those were information requests, it poses the question of whether individuals really understand the threshold document.

- Of those contacts deemed to be inappropriate by the auditors the majority were from the Police and schools.
- The vast majority of referrals had sufficient information in the initial contact for a decision to be made.
- For all cases looked at, the decision made by the MASH Manager in relation to the threshold decision was correct and there were no cases in which it was felt the decision by MASH was inappropriate.
- The number of referrals sent to Early Help from MASH appears low; however there were valid reasons for this relating to the 24hr deadline in MASH and the need for gaining consent which parents are not always willing to give over the phone.

### **Learning from audits – Inappropriate referrals to MASH (October 2016)**

The purpose of the audit was to evidence the concerns in regards to the number of contacts being made into the MASH Service with the expectation that they meet “level 3 or 4” of the Reading Threshold Guidance. However, a significant number of these do not proceed to the referral stage and passed to Access and Assessment; instead they are stepped down to Early Help Services.

What we learnt:

In October 2016, contacts and referrals into MASH were reviewed with the following findings.

- 210 contacts were received by MASH from the Police, 65 contacts were received from Health Services, Schools/Education Services made a total of 137 contacts.
- Of these 412, 257 (62%) were signposted to Universal Services, Early Help or Information Request.
- Of the 257, 158 were signposted following MASH screening;
- Over 60% of contacts received into the MASH Service from the Police, Health Services and Schools/Education do not meet level 3 or 4 of the Reading Threshold Guidance.

Key recommendations from both audits:

- Introduce a single front door for both safeguarding and early help services, so that universal services or members of the public do not need to make the decision whether the concern is for MASH or Early Help.
- Professionals working with children in the community need to be skilled and have a sound understanding of the entry into the MASH Service as well as Universal Services and Early Help.
- Review the messages being given in safeguarding training
- Ensure professionals within the front door have the right skills to support colleagues making referrals.

**What has been done:**

The recommendations from the audit were taken into consideration and on 30th June 2017 Reading Children’s Services moved to the Single Point of Access. This is the front door service for reporting any new concerns in relation to child protection or requests for additional support needs. All Universal Safeguarding Training and other Safeguarding courses as relevant have been updated in line with the new process.

The Thresholds documentation was updated in June 2017 to reflect the process for the Children’s Single Point of Access. Communication with partners focussed on the new process and how thresholds can support colleagues with decision making and expected outcomes when making a referral.

**Ongoing Challenge:**

- Ofsted continues to raise the correct application of thresholds across the partnership as an area of weakness. Partners report that this is not an issue with neighbouring authorities however the LSCB must work alongside the Children's Single Point of Access to understand why this issue has not yet been resolved. (See also 'Our Performance, Ofsted Inspection May/June 2016, page 13).

**Actions:**

- Phase 2 of the Children's Single Point of Access was implemented in June 2017. Improvements will continue to be made as Phase 2 is progressed.

## Private Fostering

Private fostering numbers continue to remain low (3 as at March 2017). In June 2016 a webpage on the Reading LSCB website was created and a Private Fostering factsheet produced and disseminated to all partners with the Reading Borough Council leaflet.

Safeguarding courses trainers have been informed to emphasise private fostering and the leaflet is sent as post course material for all delegates who attend.

In February 2017 the Service Manager with responsibility for fostering wrote to all GPs and schools via the Looked After Children (LAC) Nurse and Virtual Head, to remind them of the regulatory requirements around private fostering. The link to the LSCB website was provided and the RBC guide for professionals included.

In September 2017 the LSCB will receive further reports in relation to Private Fostering to discuss this issue further and to seek guarantees from partners that they have disseminated the information.

**Ongoing Challenge:**

- Private Fostering numbers remain low. We need to better identify these vulnerable young people and ensure front line staff understand what constitutes a private fostering arrangement, and what to do if they suspect an arrangement is in place.

**Action:**

- The LSCB to discuss the Private Fostering annual report when received in September 2017 and agree how to better identify these vulnerable children.
- This is recorded as an action in the Children's Learning and Improvement Plan to progress joint working with partners.

### Priority 3: Child Sexual Exploitation (CSE)

The sexual exploitation of children is sexual abuse. Reading LSCB seeks to ensure that all children and young people who are vulnerable to exploitation are identified and protected through the co-ordination and provision of effective multi-agency service provision.

#### Multi-agency approach to CSE

This year the focus has been to improve:

- The comprehensive SEMRAC data dashboard to provide a profile of CSE in Reading and enable us to more effectively target interventions
- Use of CSE Risk Indicator (screening) Tool
- Support and recovery pathway for all victims of CSE
- Structure and process in place for responding appropriately to all CSE cases

What has been delivered:

- The LSCB has continued to fund the Chelsea's Choice drama production in Reading secondary schools, delivered to all 9 secondary schools in March 2017. The production is aimed at Year 8 pupils and was shown to the entire year group in each school. Reading's pupil referral unit, due to the low number of pupils and the vulnerability of these pupils showed the production to the whole school.
- Implementation of SEMRAC (Sexual Exploitation & Missing Risk Assessment Conference) triage, escalation policy and audit process
- The CSE Champions group meet bi-monthly. This group includes members from across partner agencies and voluntary sector and enables key staff to be kept update with the latest information and best practice.
- Development of CSE Strategy action plan for 2016/2017
- The Pan Berkshire CSE Risk Indicator Tool was reviewed, updated, implemented and included on the online pan Berkshire Procedures
- Expansion of the training pathway to include offer to night-time and other economies, including taxi drivers, bus drivers, internet cafes and hotels.

What is the evidence:

- Minutes of SEMRAC meetings evidence attendance, referral numbers and actions/safety planning for children
- The SEMRAC data dashboard is reported to CSE & missing strategic group and the Children's Services Improvement Board
- There has been a consistent number of referrals to SEMRAC as knowledge of indicators and process improves
- Training figures and the offer from all partner agencies are reported to the CSE & Missing strategic group. In 2016-2017 we ran 6 courses and a total of 112 delegates attending.

What has been the impact:

- SEMRAC is running more efficiently enabling professionals to better identify and protect children
- Data produced for SEMRAC is helping with understanding risk and reduction
- Improved quality and quantity of CSE Risk Indicator Tools being completed. We now have 91% of cases presented at SEMRAC with a completed risk indicator tool.

## Learning from audits - Missing Children, Return Interview Quality Audit (August 2016)

The purpose of the audit was to assess the quality of the interviews being carried out. The audit was looking for key areas that the interviewer would be asking the young person in order to gather information which can help to assess ongoing risk.

What we learnt:

- A new interview form was needed that asks more direct questions in order to obtain basic information more consistently. Training to support interviewers in the use of the new form was required to ensure consistency.
- Without gaining a holistic assessment of the current situation for each missing episode from a variety of sources, the analysis of risk and need may be insufficient.
- The national guidance states that the interview should be conducted within 72 hours of being returned home. This is not the case for 77% of interviews audited.
- Escalation procedure is required to ensure that workers are aware of the process that will take place if the standard of expectations is not met without reason.

**What have we done:**

A new interview form and training on how to use this was implemented in September 2016. A new standard of expectations has been written and delivered and since this the timeliness of interviews has improved. Since the audit was completed the timeliness of completion of interviews within 72 hours has increased to 70%. An escalation policy has been written should the standards of service not be met. The Missing Coordinator has met with Long Term Team Managers to discuss how recommendations from interviews can form part of assessment and planning.

### Ongoing Challenge:

Child Sexual Exploitation

- Requirement of a robust problem profile for Reading to enable us to better understand the local issues and development of disruption dataset
- Ongoing analysis of data through newly revised dashboard
- Development of direct work resources and good practice guidance for children's social care staff and targeted youth workers for use with all children identified with vulnerabilities and/or identified as level one risk at SEMRAC
- Improve uptake from schools in CSE training and preventative education programme
- Increase intelligence reports submitted to TVP to identify and disrupt perpetrators

Local CSE and Missing Group:

Following business planning discussions the LSCB has revised the priority for 2017/18 to encompass wider issues of exploitation. There is a challenge around whether the existing group can accommodate this wider remit, and whether the membership is still appropriate. Chairing of this group will pass to Thames Valley Police, who will progress this discussion.

**Action:**

- Develop a Reading problem profile
- Develop a CSE hub within the Children's Single Point of Access, alongside a review of the CSE pathways

## Priority 4: Neglect

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

It was recognised by the Board that there had been a lack of progress and pace in relation to neglect in 2015/16. To ensure progress in 2016/17 the Independent LSCB Chair agreed for a task and finish group to be set up, following a partnership workshop that took place in March 2016.

### **What has been delivered:**

The Neglect strategy was written and agreed by the Board in July 2016. The strategy and action plan have been reviewed at each task and finish group meeting with actions assigned to group members

The focus during the year has been work to raise awareness of neglect. This has included:

- The Thresholds document has been specifically reviewed to ensure neglect signs and symptoms are clear. These updates were part of the revised documentation for 2016/17 and in line with the recommendation made by Ofsted as part of their inspection.
- Consistent chronology guidance has been written and reviewed by members of the task and finish group. The document is available on the LSCB website, and will be used as part of the neglect audit learning events to further raise awareness.
- Neglect leaflet has been updated and available on the website. Partners from the task and finish group have disseminated to their organisations.
- A specific Neglect webpage for professionals was developed on the LSCB website in May 2016.
- A Neglect briefing session has been delivered to designated safeguarding leads in Schools, which highlighted the resources on the LSCB website.
- Neglect is included in all universal safeguarding training.
- The sub group has supported preparation for the roll out of the Graded Care Profile 2. This is an assessment tool that helps professionals measure the quality of care being given to a child and helps them to spot anything that's putting that child at risk of harm. A Graded Care Profile plan is written and this action will continue into the 2017/18 year. This has been captured within the 2017/18 LSCB Business Plan.

### **Ongoing Challenge:**

- Clear links required between the Neglect Task and Finish Group and the Learning and Development Sub Group to ensure progress with key actions around learning opportunities and raising staff awareness.
- Implementation of the Graded care Profile in Reading to support key practitioners to identify and work with families where neglect is an issue.
- Enabling staff across the partnership to hold anxiety and feel confident enough to have difficult conversations with families.

### **Actions:**

- Share learning from the joint neglect audit with West Berkshire and Wokingham (reporting in September 2017) to staff across the partnership.
- Learning from the audit to specifically reference the LSCB chronology guidance.
- Review membership of the Neglect Task and Finish Group to ensure representation from Workforce Development.

## Learning from audits – Ofsted Recommendation 8 (an audit of all cases where neglect or domestic abuse was a key factor - quarter 3 2016)

The Ofsted inspection of Reading Borough Council’s Children’s Services published in August 2016 recommended that ‘Reading review all cases where children are exposed to domestic abuse and neglect, to ensure that their needs have been thoroughly assessed and that they are safeguarded, where appropriate’.

In response between September and December 2016, RBC commissioned independent consultants to audit 718 cases, ranging from cases in assessment through to those on a child protection plan. The executive summary of the findings stated that there was some good practice, often where social work staff had been consistent and were known to the families. However, there were a range of significant concerns raised about the quality and consistency of social work practice, frequent changes in social workers and team managers, as well as the absence on social work files of challenge and contribution from other agencies.

The LSCB Quality Assurance and Performance Group received these reports in February and April 2017 and raised a number of challenges with RBC. The Director of Children’s Services acknowledged the concerns raised and provided assurance that all recommendations have been included within the Children’s Learning and Improvement Plan, and that all cases where immediate concerns were raised were swiftly acted upon. In addition, the Chair of the Children’s Services Improvement Board has attended an LSCB Board meeting to provide assurances to the LSCB that the Improvement Plan is being robustly monitored and challenged.

### **Ongoing challenge as identified in the audit recommendations:**

- All partners must continue to work together to improve front line practice across the workforce. It is vital that the focus remains on ensuring positive impact on children’s lives, rather than the process of improvement itself.
- Partners must support, and challenge, social work practice to enable improved outcomes for children. Partners must actively participate in, report to and attend core groups and child protection conferences.
- Staff at all levels, from Board members to front line practitioners must keep lines of communication between agencies open. Colleagues must have the courage to initiate, and be willing to accept, honest and challenging conversations.

### **Actions:**

- RBC to develop, with LSCB partners, local protocols for assessment to improve the quality and timeliness of Early Help Assessments, statutory Social Work Single Assessments and Education, Health & Care Assessments (from pre-birth to 18 years/25 years for young people with SEND). This activity will ensure that all assessments address referral issues and concerns and include a comprehensive analysis of the child’s needs, risks and circumstances, set out the desired outcomes to be achieved and routinely take full account of the: Child’s individual characteristics; Family background and relationships; Chronology of significant events; Child’s views, wishes and feelings and their day to day lived experience; parenting skills and capacity to change, including consideration of any additional needs; Multi-agency checks and assessment.
- RBC Children’s Learning and Improvement Plan includes a range of actions to improve practice and outcomes for children, with the support and challenge from partners.



## Priority 5: Improving Cultural Confidence and Competence in our Workforce to meet Children's Needs

Reading is hugely diverse made up of many cultures and ethnicities, it is the second most ethnically diverse in the South East outside London. 49.4% of school population belongs to an ethnic group other than White British.

### Female Genital Mutilation (FGM)

The population profile of Reading indicates that female genital mutilation could be an issue for certain groups of girls in the town. The LSCB recognised that a co-ordinated strategic direction was required to progress local developments to ensure girls who might be at risk are identified and protected. A west of Berkshire LSCBs task and finish group was established and a strategy and action plan was developed.

#### Key areas of progress:

- **Understanding local prevalence** – initially the LSCB had very little information to confirm if female genital mutilation was an issue and if the hospital and Children's Services at Reading Borough Council were responding appropriately to concerns. An audit by Public Health (detailed below) confirmed our understanding and directly influenced the production of local guidance.
- **Guidance** – There was a need to create shared pathways for all staff to be able to follow, plus a risk assessment toolkit to allow staff to make informed safeguarding decisions. This detailed guidance document and associated risk assessment toolkit was completed in June 2016 and launched at an event to 70 managers and practitioners from across the west of Berkshire. Feedback from the event was overwhelmingly positive with all feedback sheets recording the session as 'good' or 'excellent'. This documentation is available on the Reading LSCB website on a new page set up specifically to provide information on this subject. All local FGM training links to this web page: <http://www.readinglscb.org.uk/information-professionals/fgm/>
- **Policies and procedures** - The Berkshire online policies and procedures were updated to reflect our guidance and new legislation. In addition, it was important that the information sharing framework allowed staff to confidently share concerns and information. The revised Information Sharing Agreement has been signed off by all six LSCBs and will be uploaded to the online procedures in July 2017.
- **Training** - The LSCB training Programme continues to offer half day training sessions on FGM. This has been supplemented with the information from the launch event, access to the Home office online training and most recently we have developed an online package to support practitioners when completing the risk assessment toolkit. In addition we have spoken, and continue to speak regularly on this topic with School Designated Safeguarding Leads.
- **Numbers of referrals** - This continues to be a highly hidden form of abuse, but we are confident that the training and resources are now available and accessible to front line practitioners. This is evidenced in the increased numbers of referrals where FGM has been ticked on the contact. By calendar year, in 2015 in Reading the number was 18 referrals, which increased to 114 in 2016.

### Learning from audits - Multi-Agency Female Genital Mutilation Audit (June 2016)

The purpose of the audit was to assess the Royal Berkshire Hospital Safeguarding Service's and Reading Social Care Services teams' adherence to the 2015 LSCB Guidelines on female genital mutilation. To assess the need for additional training, support for staff regarding FGM to ensure the guidelines are being met.

#### What we learnt:

- The nationality of the women concerned, and the types of female genital mutilation they have been subjected to, are in line with national statistics.



- All cases identified were appropriately referred to the hospital safeguarding team for scrutiny and referrals to Children’s Social Care for assessment were made when appropriate.
- All cases of female genital mutilation were self-reported cases apart from one.
- None of the cases involved women who were born in the UK.
- Based on the estimated figures the 24 Reading cases are about half of what would be expected.
- Procedures are being followed.

**What have we done:**

The findings from this audit informed the Female Genital Mutilation Action Plan and the formulation of the West of Berkshire FGM Pathways and Risk Assessment Toolkit launched in July 2016, this can be found on the LSCB Website: [www.readinglscb.org.uk/information-professionals/fgm/](http://www.readinglscb.org.uk/information-professionals/fgm/) where you can also find an FGM Factsheet. New local online training in relation to female genital mutilation was commissioned and details on how to access this can also be found on the above web page.

**Actions:**

- The challenge will be to maintain the momentum achieved by the launch in 2016, but we will continue to raise this issue at the School Designated Safeguarding Leads meetings, and will send round emails to school and other LSCB colleagues before main holiday periods.
- The main area of outstanding work is the establishment of the Rose Project that would include a FGM clinic within it. A business plan has been created by the CCG that identifies the full scope and funding requirements for a centre of excellence Rose Project. A working group between statutory partners and ACRE, will meet again in 2017/2018 to continue to review progress together.
- With the majority of work completed on the action plan the LSCB agreed in May 2017 to close the FGM task and finish group. Annual updates for the LSCB will be provided through the governance of the Rose Clinic when established, but if this is not set up then for the 3 LSCBs to meet in January 2018 to review the:
  - use and impact of the training
  - numbers of both adults and children being flagged up for concern due to FGM
  - ensure guidance in the tool kit and training is up to date and agree changes from partners’ recommendations.

**Prevent**

Reading LSCB agreed that we needed to support schools to understand their responsibilities towards the assessment and prevention of radicalisation.

As a result we have:

- Delivered a detailed session to School Designated Safeguarding Leads in July 2016 including tools and risk assessment forms. This session provided clarity on the statutory responsibilities on schools from government Prevent guidance and Keeping Children Safe in Education 2015.
- Created a ‘Prevent’ page on the LSCB website populated with information from the presentation to Designated Safeguarding Leads.
- Produced a ‘Prevent’ factsheet which has been disseminated to the Board and through the Designated Safeguarding Leads network.

The School safeguarding audits 2016 reflect that staff have been trained in Prevent and schools are confident in their responsibilities.

A report from the Channel Panel will be presented to the Reading LSCB in September 2017.

**Statutory Legislation**

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

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

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

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

**Policies and Procedures Sub Group (Pan Berkshire)**

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

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

Issues:

- The forward work programme and expectations on group members were not always clear.
- The relationship with the procedure provider had not been consistent, leading to difficulties in maintaining a cumbersome set of procedures and the sub group feeling disempowered.

Summary of activity/achievements:

- The new online format for practitioners across Berkshire with a set of agreed core policies and procedures has been received positively.
- A sub group that is structured and contributes effectively to the ongoing plan to maintain and update the policies and procedures for child protection.
- Safeguarding and child protection policies and procedures remain in line with key national policy and legislative changes.
- A consistent relationship with the provider has enabled a more robust process for agreeing recommended changes and understanding of responsibilities.
- A Policy and Procedures Newsletter has been created for circulation following each procedure update, for onward dissemination to staff via all six LSCB Boards.

Specific updates agreed within the 2016/2017 year include:

- Information Sharing Agreement - All six LSCBs signed off a revised Information Sharing Agreement. This will provide a clear framework for information sharing between agencies across Berkshire.
- Escalation Policy – A recent serious case review within Berkshire led to the creation of the pan Berkshire Escalation Policy.

- Wording changes with key chapters such as female genital mutilation, domestic abuse, child protection enquiries and management of allegations.

**Ongoing Challenge:**

- Ensuring sub group members are able to give the time and resource to review changes to policies and procedures prior to the meetings.
- Although there has been an escalation policy in place in Reading since May 2016 it has not been used.

**Action:**

- Pan Berkshire Escalation Policy will be recirculated to all Board members.

**Section 11 Panel (Pan Berkshire)**

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

**Pan Berkshire Approach**

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

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

Summary of activity/achievements:

- There is a strong core membership of experienced individuals who have been in the group for some time so this provides consistency. Other organisations continue to support and continuity of attendance has been good. We have had an additional lay member join with a voluntary sector background. This provides additional experience and challenge.
- The panel have questioned how robust the process is in seeking further evidence and assurances about the information being provided. As a result it has been agreed to test out some of the links embedded in submissions in our preparation and to seek further evidence if it is not sufficient.
- The feedback from presenters from the organisations has been generally positive and the panel members feel that the format and audit tool is robust.
- In an effort to strengthen the tool further, we have revised the guidance notes on the tool to be more explicit and have asked organisations to list at the beginning who has conducted the audit and for LAs we have asked them to indicate which directorates were involved.

**The activity and output of the panel is set out below.**

At six S11 panel meetings between March 2016 and March 2017 the audits from the following organisations have been reviewed:

South Central Ambulance Service	Calcot Services for Children Residential Provision
British Transport Police	SWAAY – Residential provision
Berkshire Healthcare Foundation Trust	West Berkshire Council
Royal Berkshire Hospital Foundation Trust	Bracknell Forest Council
Berkshire West Clinical Commissioning Groups	Royal Borough of Windsor and Maidenhead Council
Berkshire East Clinical Commissioning Groups	Reading Borough Council
Care UK-Sexual Health Referral Centre	Wokingham Borough Council
Frimley Health Foundation Trust	

**Themes:**

- The general quality of audit returns has been good and the model of supplementing the written submission with a verbal presentation works well and allows more in depth questioning.
- There is a challenge for large organisations to ensure the audit is completed by all departments and directorates and then collated in advance of being presented to the panel. The strongest submissions have been able to evidence how the audit was completed and which departments contributed. The most comprehensive audit was provided by Reading Borough Council who presented a very honest assessment and the presentation included data about compliance which was a helpful addition.
- In all local authority (LA) submissions, safer recruitment seems to be well embedded with employees but the knowledge about the safer recruitment and training of volunteers within LAs was less assured. This theme will be revisited in the review cycle.
- Some very good practice was noted in relation to evidence of the child’s voice being central to processes.
- As this Panel only considers Berkshire wide organisations, we would like some assurance that S11 audits are being done locally and that LSCBs have a process in place for monitoring this.

**Ongoing Challenge/Actions:**

- Maintaining robust challenge. The panel has received a challenge in relation to one organisation’s S11 audit which the panel judged to be good but was later judged not to be compliant in another process. In order to strengthen the scrutiny of the S11 process, the panel will be requesting evidence of compliance in each area of safeguarding and sample checking the evidence provided.
- To start the mid-term review cycle in September 2017.
- To seek and collate more detailed feedback from agencies on their experience when they submit S 11 audits to the panel.

**Local Approach**

Reading LSCB is responsible for the undertaking S11 returns for local organisations not included in the S11 Panel above. In 2016 all academies and maintained schools were asked to complete an annual safeguarding audit and by July 2017 90% of returns had been received. These have all been monitored by the Virtual Head for Children Missing out on Education and feedback has been given to each school on their audit. Themes were raised via the Designated Safeguarding Leads meeting and findings were considered at the Quality Assurance and Performance sub group in June 2017. In 2017 the audit will be strengthened by ensuring the questions ask ‘how do you implement...’ rather than ‘the schools has a policy for...’

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

**Ongoing Challenge/Actions:**

- Improve the questions within the school safeguarding audit to provide greater evidence of compliance.

**Action:**

- Compliance with safeguarding training requirements for school staff to be queried with all schools where this was not clear.

**Child Death Overview Panel (Pan Berkshire)**

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

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

The purpose of the CDOP, (as required by the Local Safeguarding Children Boards Regulations 2006) is to collect and analyse information about each child death with a view to:

- Identifying any changes that we can make or actions we can take that might help to prevent similar deaths in the future.
- Sharing this learning with colleagues regionally and nationally so that the findings will have a wider impact.

**CDOP activity:**

The group has met regularly throughout the year with good partnership representation. There were 46 deaths within 2016/17, which reflects a downward trend since April 2011. In 2016/17 CDOP has reviewed 53 cases, including some deaths notified in the previous year but not reviewed until this year. Nationally 76% of cases are reviewed within 12 months; however, locally we have achieved closure on 92% of cases within 12 months.

In 2016-17 68.8% of actual deaths in year were in children under 1 year which is broadly consistent with the national figure (66%).

Neonatal deaths - In response to the high proportion of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel to better enable the CDOP to consolidate the possible learning. Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight. The findings were fed back to the CDOP panel with the focus on themes and trends rather than individual cases and were well received.

Modifiable factors - defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced'. Nationally the proportion of deaths which were assessed as having modifiable factors has remained unchanged at 27% in the most recent year. Locally in 2016/17 of the cases reviewed there were 7 cases that had modifiable factors (11%).

The modifiable factors included co-sleeping with an infant, alcohol consumption, consanguinity, untreated UTI in mother before delivery and missed opportunity.

Unexpected death - defined as 'the death of an infant or child which was not anticipated as a significant possibility.' In 2016/17, 11 cases where there were unexpected deaths were reviewed. All have documented rapid response reviews. During the last six years the number of unexpected deaths continues to show a downward trend. Over 90% of all deaths now occur within the hospital setting.

### Learning

Learning from the other deaths reviewed led to procedural changes for health services (particularly hospitals or ambulance services). These were:

- A consultant and anaesthetist should always be called for a second opinion following a sudden deterioration.
- A member of staff should be appointed to take notes e.g. junior nurse, A & E nurse or junior doctor to ensure case documentation is accurate.
- All second presentations at A&E should have a senior review
- A review of the Sepsis triage tool and a collaboration of practice over the county.
- Training for health care professionals should include recognition of shockable heart rhythms and defibrillation.

Other learning included:

- A recommendation that if a general pathologist carries out a post mortem on an adolescent in circumstances of a medical death they should consider seeking the opinion of a paediatric pathologist.
- Complete agreement with Police advice to never use a mobile phone while driving.

The full annual report will be published on the CDOP website:

<http://www.westberkslscb.org.uk/professionals-volunteers/cdop/>

### Priorities for 2017/18

- The 2ND annual multi-agency CDOP training day will take place on Wednesday 07/03/2018 at Easthampstead Park Conference Centre, Wokingham.
- The CDOP will continue to build on our successful work to date in supporting a reduction in mortality from SUDI and accidents.
- We will look to reduce risk factors for preterm and low birth weight deaths and to continue our work with families and communities to reduce risk of congenital / genetic abnormality.

For 2017/2018 we will be carrying out thematic reviews on the following:

- Sepsis management/effectiveness of paediatric early warning and sepsis tools
- Knife crime (because nationally there is a rise)
- Children with life limiting conditions and deteriorating neurological conditions – now the largest group we review other than neonatal
- Better community understanding of Safe Sleeping
- Home educated children, as they can become invisible.

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

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

Summary of activity/achievements:

- **Training Needs** - the annual West of Berkshire LSCB training programme has not always been needs led, offering the same courses for a number of years and likely contributing to low attendance on some courses. In November 2016 a Training Needs Analysis (TNA) form was completed by Local Authorities, Health, Probation, Education and Voluntary sector partners with the results influencing the 2017/18 programme. In addition to some new subjects, the 2017/18 programme will include more short courses and workshops, making it more accessible to members of the workforce that may previously not have utilised the programme on offer.
- **Attendance and Evaluation**  
Figures for 2016/17
  - 20 Courses ran – two were cancelled early in the year due to low numbers
  - 274 Staff attended
  - 1611 staff completed the Universal safeguarding children online course
  - 437 staff completed the Introduction to CSE e-learning – across West of Berkshire.

Attendees at face-to-face courses are asked to self assess their understanding before and after training to provide us with some immediate impact. 70% reported significant improvement in their understanding, 27% reported some improvement and 3% reported a very significant improvement.

The L&D group have agreed a standard Impact Evaluation template. This will be emailed out to all delegates 3 months after attending an LSCB course. Questions on the evaluation form aim to identify the difference that attending the course has made to professional practice, whilst also identifying any organisational barriers to implementing learning. From July 2017 ( 3 months after the launch of the 2017/2018 programme) these impact evaluations will be imbedded in to the L&D process for all LSCB courses.

- **LSCB Forum** - In January 2017 we ran the first LSCB forum. These 2 hour events will take place quarterly and will be hosted by each LA and Royal Berkshire Hospital. The January event theme was Disguised Compliance, as suggested by Business Managers. The Forum was hosted in Reading and facilitated by Reading LSCB Business Manager and Chair of the L&D sub group. 74 staff attended including a number of GP's, who historically have found it impractical to access the LSCB training programme. Feedback has been extremely positive.
- **Training Audit** - In November 2016, partners completed a Training Audit which provided assurance that adequate and appropriate safeguarding training is provided to staff and volunteers across the partnership.
- **Training Pathway** – In January 2017 the L&D sub group agreed a Training Pathway document. This provides clear guidance on what staff should be completing what level of safeguarding training, and also highlights any refresher requirements. By having this in one document it provides a consistent



message across the West of Berkshire and enables the annual training programme to be pitched at the correct level.

- **Safer Recruitment** - Safer Recruitment training was identified as a gap as a result of Section 11 audits in 2015, particularly for non-school settings. Therefore Reading Borough Council developed an online Safer Recruitment course which was reviewed and signed off by members of the L&D group. This online course was launched in October 2016 and to April 2017 has been completed by 66 staff (RBC, Hospital, RBHFT, CCG, PVI, other Local Authorities). The Reading Local Authority Designated Officer will monitor and progress any Reading focussed issues.
- **Sub Group Induction** - an induction pack has been developed to clarify to new (and existing) members of the group how the L&D fits within the LSCB structure and its role and accountability to the Boards.

#### **Ongoing Challenge:**

- Post course evaluation – this process needs to be strengthened to provide assurance to the sub group and Board that courses have improved professional practice and are appropriate for Reading.
- It is apparent that there are still professionals across the workforce that are unaware of the Safeguarding training offer provided by the LSCBs. This is evidenced by the results of the recent Training Needs Assessment and reflected in LSCB course delegate numbers.

#### **Actions:**

- In 2017/18 information from the new post course evaluations will be scrutinised at each sub group meeting and reports provided to the Board.
- All Board members are to promote the annual LSCB programme across their agencies. This can be via email distribution and should be included in newsletters, bulletins, reference to courses in meetings and uploading the programme on their websites.

### **Learning from audits - Multi-Agency Safer Recruitment Audit (May 2016)**

#### **Audit Purpose:**

In 2015 the Pan-Berkshire Section 11 Panel identified via agency audits that safer recruitment training was not easily accessible and nor was it always clear to agencies what constituted safer recruitment or that it was being consistently being taken up. It was agreed to undertake an audit to measure LSCB agencies awareness of and completion of safer recruitment training to ensure compliance with the s11 requirement.

#### **What we learnt:**

- Agencies themselves do not seem to have fully understood the requirement for safer recruitment training as part of the recruitment process for those in regular contact with children.
- LSCB members needed to ensure that managers are identified and signposted to the training and ensure their staffs attend.

#### **What we have done:**

The West of Berkshire Learning and Development Sub Group ensured that further Allegations Management and Safer Working Practices courses were commissioned in the 2017/2018 LSCB Training Programme. New online training in relation to Safer Recruitment was identified and details on how to access this training can be found on the Reading LSCB website, along with further information and guidance: [www.readinglscb.org.uk/safer-recruitment-safer-working-practices/](http://www.readinglscb.org.uk/safer-recruitment-safer-working-practices/)



**Action:**

- A re-audit of partners will be undertaken in late 2017/2018 to ensure that the additional training opportunities and awareness raising have improved the understanding of safer recruitment.

**Training for the Voluntary and Community Sector (VCS):**

Reading LSCB have worked in partnership with Reading Children's and Voluntary Youth Services (RCVYS) to implement and embed a programme which meets the safeguarding training needs of the local Voluntary Sector. Reading LSCB funds RCVYS to provide additional safeguarding training opportunities to the VCS. The programme started as a trial in 2015, but its success has enabled continued funding for 2016 and 2017.

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

The following courses/workshops were delivered as part of the programme this year:

Universal Safeguarding Children Training - 6x courses	Safeguarding for Trustees - 1x course
Designated Persons Training - 2x courses	Are they Safe? - 1x course
Disclosure & Barring Service Workshop - 3x courses	Safer Recruitment Training - 2x courses

What has been the impact:

- **Keep children safe by training front line workers in safeguarding awareness** - In total, 168 different people from 77 different Voluntary Sector organisations received safeguarding training to help them improve the way they keep children safe in Reading.
- **Ensure that more Voluntary Sector organisations can refer appropriately into MASH or the Early Help Hub, and to the Local Authority Designated Officer (LADO)** - 139 people from 64 different organisations attended a training course which provided them with the tools and information to refer safeguarding concerns appropriately.
- **Increase Voluntary Sector organisations' ability to manage safeguarding in their organisation.** - Representatives from 85 different organisations attended a training course which helped to increase their ability to manage safeguarding in their organisation.
- **Increase Voluntary Sector organisations' ability to recruit their staff and volunteers more safely** - Representatives from 46 different organisations attended a training course which helped to increase their ability to manage safeguarding in their organisation.
- **Increase trustees' awareness of their safeguarding responsibilities** - 12 people representing 11 different organisations attended, and after the course, all of them reported feeling confident about actively promoting good practice in safeguarding children in their organisations.

This year reflected an increase in attendance in all RCVYS safeguarding training, and a number of organisations booking courses in advance in 2017. 2017 will be a period where we move towards endeavouring to make the Safeguarding Training Programme as self-sustainable as possible, with an expectation that LSCB funding may be reduced in the near future. We have also decided to provide more 'fixed date' Universal Safeguarding Children Training courses, to reduce the maximum number of attendees. This will hopefully increase the take up of the training over the year, but make the courses a little more manageable for the trainers.

The collecting of the '6 months on' follow up feedback has remained the most challenging element of this programme, and a careful balance has had to be managed between expending time, effort and costs to gather this information. However the overwhelmingly positive feedback and real examples of impact provides invaluable evidence.

For more information please visit the RCVYS website: [www.rcvys.org.uk/services/training/safeguarding](http://www.rcvys.org.uk/services/training/safeguarding).

### Case Review Group (West of Berkshire)

The Case Review Group (CRG) receives and reviews all cases referred to the group where staff from any partner agency of the Safeguarding Children Boards in the West of Berkshire have identified potential learning. Recommendations are made to the LSCB Chair when the group agrees that the criteria has been met to undertake a serious case review (SCR) as defined in Working Together (2015).

#### **Summary of activity/achievements:**

The group has met regularly, with generally good representation. Membership has been regularly reviewed to try to ensure appropriate representation and commitment from all agencies.

The group has continued to review those cases referred in as potentially requiring either formal serious case review or other form of multiagency consideration. In 2016/2017 six cases were submitted, all from Reading. These included two cases of sexual abuse, two cases where a baby had sustained head injuries, one case which was eventually recorded as sudden infant death syndrome and one case of a sexual assault. Of these cases, one has been referred to the Child Death Overview Panel to include in an audit of similar deaths, to establish local learning, and one case was recommended for a serious case review. The SCR was initiated in December 2016 and is ongoing at the time of writing this report.

As can be expected in this challenging area, several of the cases discussed were complex, with differing professional views either about whether the threshold was met for serious case review, or regarding what type of review would be appropriate. The group took external advice from the LSCB chair and legal team where appropriate.

The process for referring cases in for group discussion has been strengthened to ensure that any case causing concern regarding multi-agency working to a partner agency is able to be discussed by the group, with an emphasis on an open approach to enable cases to be discussed in a supportive manner.

The group has taken an oversight on monitoring action plans from previous reviews to ensure that they have been fully implemented.

The group has undertaken regular review of national SCRs to extract learning and action points to incorporate into local training. Opportunities to link work plans with other subgroups should continue to be developed. Following discussions within this sub group, the Learning and Development Sub Group agreed that the first West of Berkshire LSCBs forum should focus on disguised compliance.

**Ongoing Challenge:**

- Many of the themes in national SCRs, such as the vulnerability of infants, poor mental health in teenagers, impact of neglect and drift in multiagency management of child protection cases continue unchanged, and it is a challenge to all case review groups to try to extract relevant learning points, and disseminate them to the children's workforce in a way which supports professionals to protect and make effective change for children at risk of harm.
- Any cases to be reviewed by independent authors require significant funding and partners should be aware that this request could be made retrospectively. The group is clear that cases must and will be undertaken when SCR criteria are met or significant learning is apparent, but all partners must be aware of the cost implications.

**Action:**

- The group will focus on identifying themes and concerns in national SCRs that resonate with local issues and challenge partners to provide assurances, or actions to improve local practice.

**Quality Assurance and Performance Sub Group (Reading)**

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

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

The role of the Reading LSCB Quality Assurance and Performance Subgroup is to ensure there are sound mechanisms for monitoring, evaluating and auditing safeguarding activity in place, particularly in relation to front line services, and ensuring that improvements are made to deliver better outcomes for children. Also, its role is to demonstrate that the LSCB is a 'learning partnership' that has a strong focus on impact and effectiveness, and when necessary, escalate any identified risk in order to provide assurance to the Board to enable them to carry out their statutory responsibilities. This requires LSCB partners to challenge and scrutinise their peers and where assurances are not robust, to hold those partners to account. This is achieved through a supportive environment and a committed core group of QA partners, however in order to have a wider and stronger impact, there needs to be significant representation from all key players.

The QA group undertakes multi-agency auditing and encourages partners to bring their single agency audits to share with the partnership for learning and assurance.

The key audits undertaken and reviewed by the group have been incorporated throughout this report and learning has been shared with Board members. These audits include:

- Multi-agency effectiveness of MASH and Early Help pathways
- Inappropriate referrals to MASH
- Missing children, return interview quality audit
- Multi-agency Female Genital Mutilation audit
- Multi-agency Safer Recruitment Audit

Recommendations from these audits have directly led to improved support for practitioners such as online training in safer recruitment and female genital mutilation (FGM), the FGM risk assessment toolkit and children's services single point of access. However, the auditing process is not yet robust

enough to evidence positive improvements in front line practice. A process that better enables multi and single agency audit learning as a combined programme, that learns from each other and influences each other, is required to drive improvements in practice.

The group has continued to meet with core membership remaining stable, however representation has not been consistent from key services and this has had a detrimental impact on the effectiveness of the group.

**Ongoing Challenge:**

- From December 2016 the group was without a permanent chair, hampering progress. However this has since been resolved with the RBC taking on this responsibility.
- Develop a process that better enables multi and single agency audit learning as a combined programme that learns from each other and influences each other, to drive improvements in practice.
- Completion of the audit programme for the year within agreed timescales is a challenge for all members of the sub group due to competing demands. Moving forward, it is essential that multi-agency auditing continues, but with a focus on quality and depth of audit work, as opposed to quantity.
- Learning from audits must be more effectively disseminated and embedded into practice, however this must be completed at no cost and LSCB partners must take joint responsibility for this work. The action plans must be monitored through to completion.
- Audit work needs to focus less on processes themselves and more on their outcomes for children. The voice of the child in audits must be routinely included, better reported and directly influence recommendations and actions.
- The data set continues to be improved in its design and presentation to enable it to assist the sub group in its scrutiny of the data and subsequent presentation to the Board, to achieve a document which has ease of use, which demonstrates trends and encourages partners to scrutinise and challenge the data where necessary. Although progress has been made and moving in the right direction, there remains a challenge in receiving commentary and agreeing the formats that is workable within timescales (quarterly/Yearly) and the structures of each agency.

**Action:**

- Head of Service for Quality and Improvement will chair the group from September 2017, plus the Quality Assurance lead for Children's Services will regularly attend.
- Audit leads from RBC and partners will contribute to the audit programme to ensure cross-referencing of all auditing, to better focus resources and avoid duplication.
- Learning from each audit will be disseminated to partners to share with staff, or via practitioner forums.

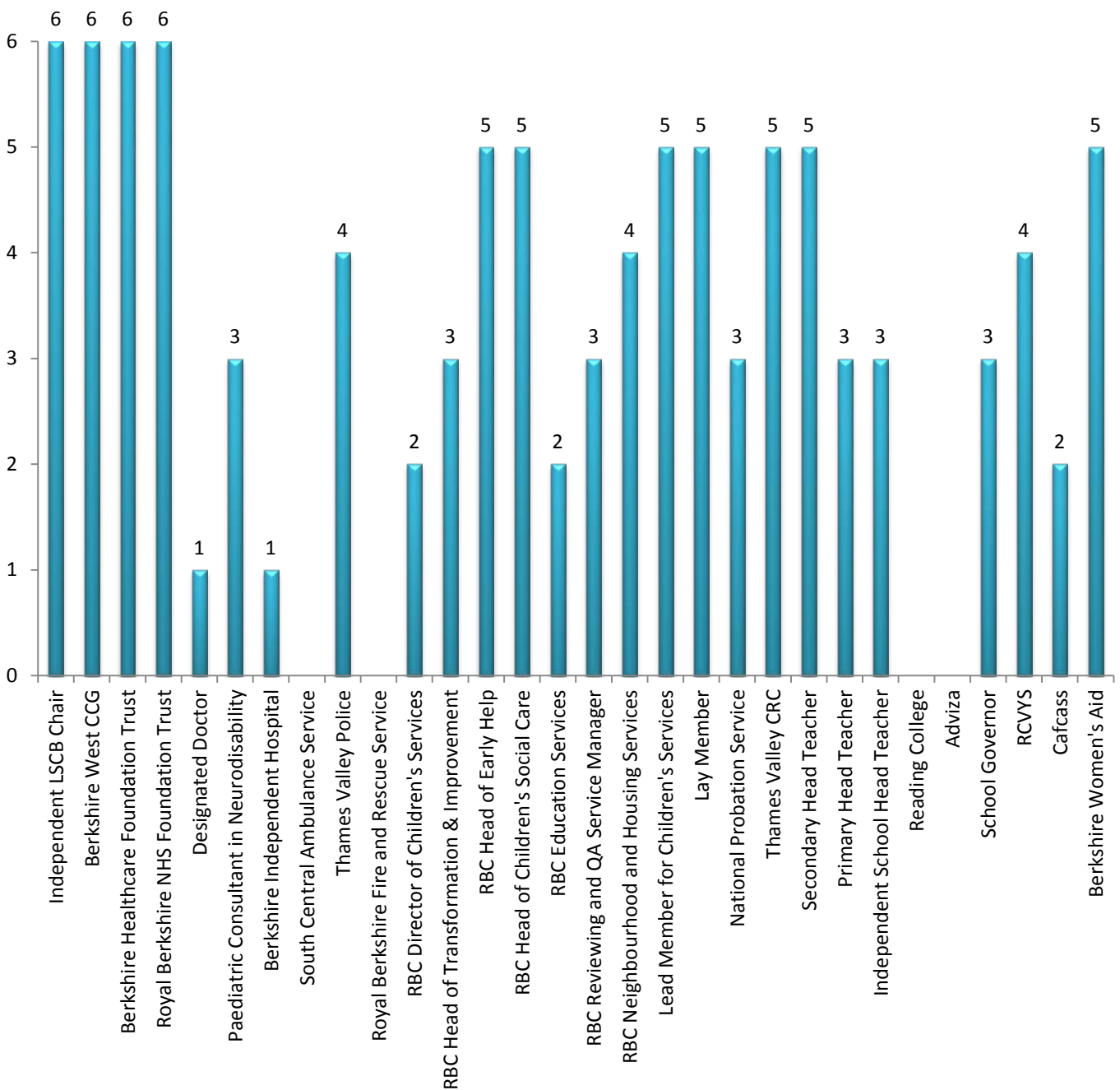
Name	Agency
Francis Gosling-Thomas	Independent LSCB Chair
Ann Marie Dodds	Director of Education, Adult and Children's Services, RBC
Rachel Dent	Head Teacher, Abbey School (Independent School Rep)
Elaine Redding	Consultant for Safeguarding and Improvement, RBC
Anderson Connell	Lay Member
Anne Farley	Lay Member
Anthony Heselton/Kat Jenkin	South Central Ambulance Service
Ashley Robson	Reading School
Liz Batty	Joint Legal, RBC
Katy Nesbitt/Shawn Fox	Activate Learning, Reading College
Christina Kattirzki	Kendrick School
Debbie Simmons	CCG
John Ennis	National Probation Service
Cllr Jan Gavin	Lead Member, Participant Observer
Sarah Tapliss	Housing, Neighbourhoods and Communities, RBC
Gerry Crawford	Berkshire Healthcare Foundation Trust
Hannah Powell	Thames Valley Community Rehabilitation Company
Helen Taylor	RCVYS
Patricia Pease	Royal Berkshire Hospital Foundation Trust
Liz Warren	Royal Berkshire Fire and Rescue Services
Stan Gilmour	Thames Valley Police
Becky Herron	LSCB Learning and Development Sub Group Chair
Kevin Gibbs	Cafcass
Kim Wilkins	Public Health, RBC
Ruth Perry	Caversham Primary School
Julie Skinner	Adviza
Emma Kettle	Berkshire Women's Aid
Bob Kenwick	School Governor
Grace Fagan	Service Manager for Quality Assurance and Reviewing, RBC
Andy Fitton	Head of Service for Early Help, RBC
Sarah Hughes	Paediatric Consultant in Neurodisability, RBHFT

## Board Meeting Attendance

Reading LSCB members have a responsibility to attend all meetings and disseminate relevant information within their agency. Attendance at meetings is monitored to ensure attendance is regular and at an appropriate level.

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

Attendance figures by agency, based on six meetings held from April 2016 to March 2017, are shown below.



## Reading LSCB Board Information

Independent Chair:	Alex Walters	<a href="mailto:LSCBChair@reading.gov.uk">LSCBChair@reading.gov.uk</a>
Reading LSCB Business Manager:	Esther Blake	<a href="mailto:esther.blake@reading.gov.uk">esther.blake@reading.gov.uk</a> 0118 937 3269
Reading LSCB Coordinator:	Donna Gray	<a href="mailto:LSCB@reading.gov.uk">LSCB@reading.gov.uk</a> 0118 937 4354

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Reading, Berkshire, RG1 2LU  
Website: [www.readinglscb.org.uk](http://www.readinglscb.org.uk)

Berkshire Local Safeguarding Children Boards  
Child Protection Procedures available on line:  
<http://berks.proceduresonline.com/index.htm>

Author: Esther Blake, Reading LSCB Business Manager  
Date published: 29<sup>th</sup> September 2017

If you have any queries about the report please contact Esther Blake at the contact details above. If you require this information in an alternative format or translation, please contact Esther Blake.

## READING BOROUGH COUNCIL

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

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	12 DECEMBER 2017	AGENDA ITEM:	9
TITLE:	CHILDREN'S SERVICES IMPROVEMENT BOARD - REPORT OF THE INDEPENDENT CHAIR		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGH WIDE
LEAD OFFICER:	PETER SLOMAN	TEL:	0118 937 2067
JOB TITLE:	CHIEF EXECUTIVE	E-MAIL:	<a href="mailto:Peter.Sloman@reading.gov.uk">Peter.Sloman@reading.gov.uk</a>

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is one of a series of reports to ACE Committee from the Independent Chair of the Children's Services Improvement Board (CSIB). The CSIB was established to oversee the implementation of the Improvement Plan and service improvements in Children's Social Care.
- 1.2 The CSIB meets monthly and this report covers the period from April to November 2017
- 1.3 During this period, the CSIB has overseen the development of a revised Children's Services Learning and Improvement Plan. The original Learning and Improvement Plan was developed in response to the 18 recommendations for improvement identified in the Ofsted report of August 2017. The revised Learning and Improvement Plan builds on the improvements already secured and moves beyond the narrow focus of the Ofsted recommendations to establishing the foundations for delivering Children's Services that are 'good' overall.
- 1.4 The CSIB monitors progress against the plan and reviews a comprehensive range of performance indicators at each of its monthly meetings. A highlight report is produced for each CSIB meeting summarising progress against each of the actions and indicating a RAG rating. Where actions have been RAG rated RED or AMBER management action to secure improvement is included.
- 1.5 A storyboard approach to understanding and scrutinising key priority areas has been developed. The storyboards include a range of qualitative and quantitative evidence to map the improvement journey relating to a particular



priority. This evidence is used to outline and evaluate progress and to identify next steps to secure further improvement. The CSIB has reviewed storyboards relating to CSE/Missing, Recruitment and Retention, MOSAIC and Early Help.

- 1.6 In addition to monitoring the Learning and Improvement Plan, the CSIB also focusses on quality assurance evidence in relation to improvements in social work practice.
- 1.7 The period covered by this report has been characterised by increased stability in the leadership of children's services, active corporate support, better partnership engagement and increased focus on improving practice. As a result, this has been a period of tangible progress in improving services for children and young people.

## 2. RECOMMENDED ACTION

- 2.1 That the report be noted.
- 2.2 That Members identify any issues that they would like to see as a focus in any future report from the CSIB.

## 3. POLICY CONTEXT

- 3.1 At the ACE Committee on 29th June 2015 it was agreed that a Children's Services Improvement Board be set up to oversee the implementation of the Children's Services Improvement Plan. Since the publication of the Ofsted report in August 2016 the CSIB has focussed on providing support, challenge and oversight of the Children's Services Learning and Improvement Plan.
- 3.2 The Terms of Reference and objectives are attached at Appendix 1.
- 3.3 The Board continues to be supported and attended by key partners and is well served by officers.

## 4. CONTRIBUTION TO STRATEGIC AIMS

- 4.1 The work of the CSIB is aligned with the Strategic Priorities of Reading Borough Council as set out in the Corporate Plan and in particular 'safeguarding and protecting those that are most vulnerable'.

## 5. PROGRESS ON PRIORITIES

- 5.1 The CSIB has had a keen focus on securing a skilled and stable workforce at every level as this is essential to ensuring sustainable improvement in children's services. Stability in leadership of children's services over the last period has been a significant factor in increasing the pace of improvement particularly in relation to the quality of social work practice. Recruitment and retention remains a priority for CSIB and a storyboard approach has been used to aid understanding of the issue and to inform a more strategic approach. Although there has been some recent success in recruiting permanent

managers and social workers, the drive to reduce over reliance on temporary staff remains essential to securing embedded and sustainable improvement.

- 5.2 The Chief Executive attends and actively supports CSIB. He has promoted broad corporate support for the improvement programme and this has been most evident in relation to improvements in the functionality of MOSAIC (the case management system) and an increased focus on the issue of recruitment and retention.
- 5.3 Support from partners to the work of the CSIB has been more visible in recent months and there is good engagement from police and health representatives. A stronger working relationship between the CSIB and the LSCB has been established and this is contributing to more effective multi-agency working. The CSIB has actively promoted and influenced the establishment of the single point of access (SPoA) which has been an important development in securing more consistent threshold decision making and improved engagement from partner agencies. The work of SPoA has also contributed to improved timeliness of decision making and in their recent visit Ofsted found evidence of better joint working around complex cases including domestic abuse and missing children. Further work is now being undertaken by SPoA to improve the understanding of issues relating to re referral.
- 5.4 The CSIB has prioritised work on CSE and Missing and scrutinised a storyboard which demonstrated an improved partnership approach to this important issue. Children's social care and the police have worked proactively with support from the Chief Executive of Reading Borough Council and the corporate team. More robust arrangements are now in place to support the understanding of CSE in Reading and the development of effective multi-agency arrangements to address this issue. There is now daily liaison between the police and SPoA to ensure improved responsiveness to missing incidents. CSE awareness raising has been undertaken and all secondary schools have been involved. Improved arrangements for collecting data on CSE and Missing are now in place and regular analysis is being used to inform further developments in addressing this issue. The CSIB will maintain critical oversight of this important issue.
- 5.3 The Learning and Improvement Plan is complemented by a comprehensive performance data set. A RAG rating approach has been adopted to evaluate the status of individual performance indicators. Detailed management action is required where performance is identified as a Red risk and the CSIB scrutinises the effectiveness of this action. An area of Red performance that the CSIB is currently focussed on is the timeliness of planning for Children in Need (CIN), Child Protection (CP) and Looked After Children (LAC). Children's Services leaders are working to clarify and improve practice standards around planning so that social workers and managers are able to develop and implement SMART plans within defined timescales.
- 5.4 The introduction of a new quality assurance framework has supported the CSIB in its understanding of the quality of social work practice. The quality of the reporting on audit activity has improved and there is greater rigour in the evaluation of practice. The development of the 'Beyond auditing' model has provided CSIB with insight into how the approach is contributing to improvements in practice through live coaching and reflection with the worker

and manager. There is clear evidence that this approach is supporting a positive learning culture. This work has particularly impressed partners who have expressed increased confidence in the work to improve the quality of frontline practice. Quality assurance activity also supports the identification of areas requiring improvement. Some issues to do with compliance remain a challenge and there is evidence that management oversight needs to be more consistent, analytical and outcomes focussed.

- 5.5 The CSIB is well supported by officers from the Council. The DCS and her leadership team provide a range of regular reports and performance information which enable the CSIB to monitor, evaluate and challenge improvement. The quality of the reporting has become increasingly focussed and analytical over time, demonstrating a much clearer understanding of the strengths and weaknesses of the service. This clarity of understanding is a firm platform upon which to build further sustainable improvement in children's services.

## 6. EQUALITY IMPACT ASSESSMENT

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

## 7. LEGAL IMPLICATIONS

- 7.1 There are no known legal implications.

## 8. FINANCIAL IMPLICATIONS

- 8.1 The CSIB has no budgetary responsibility.

## 9. BACKGROUND PAPERS

- Minutes of CSIB meetings
- The Children's Services Learning and Improvement Plan updates, storyboards and reports presented by other officers to the CSIB have been used to complete this report.

## Appendix 1

### Reading Borough Council Children's Services Improvement Board

#### Objectives for the CSIB

The main objectives for the Board are to ensure that:

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

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	12 DECEMBER 2017	AGENDA ITEM:	10
TITLE:	SCRUTINY REVIEW - CONTINUING HEALTHCARE FUNDING		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	LEGAL & DEMOCRATIC SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICERS:	SEONA DOUGLAS	TEL:	01189372094
JOB TITLE:	DIRECTOR OF ADULT CARE AND HEALTH SERVICES	E-MAIL:	<a href="mailto:Seona.douglas@reading.gov.uk">Seona.douglas@reading.gov.uk</a>

#### 1. EXECUTIVE SUMMARY

- 1.1 At the ACE Committee meeting on 17<sup>th</sup> July 2017 Members requested a progress report to the 12<sup>th</sup> December 2017 ACE Committee meeting on delivering key actions from the Continuing Health Care (CHC) Action Plan, which had been recommended by the Councillor task and finish group.
- 1.2 This report provides details on progress to date on delivering the CHC Action Plan.

#### 2. RECOMMENDED ACTION

- 2.1 That the progress of the Continuing Health Care Funding Review and completion of the agreed Joint Action Plan be noted;
- 2.2 Changes to RBC CHC application process and new action plan be noted;
- 2.3 That further work is undertaken to identify why Reading still has a relatively low level of CHC funding compared to neighbours and the national average, and to take further action to address as required.

#### 3. BACKGROUND

- 3.1 Continuing Health Care (CHC) is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a 'primary health need'
- 3.2 The Adult Social Care and Education Committee on 2<sup>nd</sup> February 2016 commissioned a Councillor Task and Finish Group to carry out a scrutiny review. This was following a report on Continuing Health Care Funding, which stated that in 2012 a review had been carried out by the Department of Health that had noted that Berkshire had the lowest level of eligible recipients of CHC in England, with the East ranking 148 out of the then 150 Primary Care Trusts, and the West

Berkshire, the Clinical Commissioning Group (CCG) for Reading, ranking 150 out of 150.

3.3 NHS Continuing Healthcare Joint Action Plan for Reading and Wokingham Local Authorities (Appendix 1) was agreed to address the issues, noted in section 4

3.4 The request from ACE on 17<sup>th</sup> July 2017 was that this report provides information on the following:

3.4.1 That the joint Action Plan be implemented as agreed and reviewed by the CCG and local authority on a monthly basis; joint action plan implemented, section 4 provides an update on progress;

3.4.2 That a report be submitted to the 12 December 2017 meeting detailing progress in delivering the Action Plan with an explanation if any actions had not been achieved or only partially achieved; answered in section 4

3.4.3 That benchmarking data be obtained on a three monthly basis from the CCG as agreed; answered in section 7

3.4.4 That as part of the report to the 12 December 2017 the most recent data on the provision of CHC be included to allow comparison with the data provided within section 2 of the Report by Task and Finish Group On the 12<sup>th</sup> July 2017; answer in section 7

3.4.5 That a review of the provision of CHC for children and young people be commissioned in consultation with the Lead Councillors for Children's. Discussed in section 6

3.5 This report also provides an update, in Section 5 on the Shared Team, a service commissioned by RBC from Wokingham Borough Council (WBC), to process CHC applications on behalf of RBC, known as the Shared Team.

4 NHS Continuing Healthcare Joint Action Plan for Reading and Wokingham Local Authorities

4.1 Action plan contained within Appendix 1

4.2 Work on the Action Plan began in October 2016. The CCG reported to the Councillor Task and Finish Group in December 2016, and noted that the majority of actions had been completed, relationships and communication had developed and successes against the action plan were:

4.2.1 Consent and Checklists: processes have been improved to reduce delays in assessment

4.2.2 Continuing Health Care referrals are now made by RBC and WBC to the Shared Team direct from Hospital, to support timely assessment and discharge from hospital.

4.2.3 28 day timeframe: 96% for North and West Reading and 92% in South Reading referrals were completed in 28 days in Quarter 2 2017/2018. The CCG have a robust process in place for sourcing evidence to support the 28 day timeframe.

4.2.4 Amendments to the Dispute Process have revised the timeframe for Disputes which is commensurate with other Dispute Processes in the South Region.

- 4.2.5 Regular meetings between the Council and CHC Shared Service resolve issues and outstanding case concerns. However, this arrangement will need reviewing and in the light of changes to the joint arrangement with Wokingham Borough Council, see section 5.
- 4.2.6 Reading Borough Council has appointed the Director of Adult Care and Health and is meeting regularly with the CCG Director. The joint Action Plan requires review in light of internal changes with Reading Borough Council. In the meantime the outstanding actions are being worked on as detailed in section 4.3. The completed actions were reviewed to ensure that they were continuing. Agreed actions in respect of practice have been tested in referrals and assessments. This is following the review and revision of the referral pathway which is now working well. An agreed set of leaflets have been produced for the public about the CHC processes including appeals.
- 4.2.7 Information on the CCG and Reading Borough Council website has been refreshed and has to date information.

4.3 For the 3 actions that have not been completed within the action plan:

- 4.3.1 Bench marking data. A quarterly benchmarking template was agreed at the December 2016 Councillor Task and Finish Group, and the information will be available to a reformed oversight group. It is recommended that this sits within the Integration Board, rather than a separate group. The joint oversight arrangements which were proposed in the action plan will be implemented to ensure that Reading Borough Council Head of Service and CCG Director jointly review CHC activity and expenditure on a quarterly basis to report to the Reading Integration Board.
- 4.3.2 Training. - The revised National Framework for CHC is due to be published in 2018, which will assist in informing the revised joint training programme. During the transition period the previously jointly agreed training programmes are available for staff in line with the current National Framework for CHC. In the meantime the existing training remains available and transition arrangements are as per the current National Framework for CHC.
- 4.3.3 End of Life, meetings have been scheduled between CCG and RBC to deliver the outstanding actions. These are planned for December 2017.

## 5 CHC Shared Service

- 5.1 The CHC Shared Service was a shared service commissioned from Wokingham Borough Council to process CHC applications on behalf of RBC. Following a review the service RBC de-commissioned the service. Notice was given to Wokingham to end the service on the 31<sup>st</sup> December 2017, however due to a number of staff changes within the shared service; Wokingham Borough Council could only deliver a service to RBC until the 20<sup>th</sup> October 2017.
- 5.2 The shared service provided a detailed handover of progressing CHC cases to RBC; this is now being allocated within the Adult Social Care Teams as this is part of the assessment and care planning function.
- 5.3 The CHC Shared Service handed over 41 applications to RBC that are being processed. In addition there are 8 cases assessed as eligible for CHC that are currently being validated to ensure that the correct funding stream has been set up and CCG invoiced where appropriate.

5.4 The CHC process for RBC will be managed by the locality teams as part of their day to day responsibilities. DMT have agreed to appoint a resource to support the administration of all CHC applications.

5.5 A management plan is in place and can be seen in Appendix 2 of this report.

## 6 Review of the provision of CHC for children and young people be commissioned

6.1 The Childrens directorate had access to the CHC Shared Service. However the number of referrals received by the CHC Shared Service from the Children’s directorate was low. When the decision was made to end the CHC Shared Service a meeting was held between: Jo Hawthorne, Head of Wellbeing, Commissioning and Improvement, and Helen Redding, Senior SEN Consultant. This meeting explored the possibility of ASC providing a service to the Children’s Directorate to process CHC applications on their behalf, via a service level agreement, when the CHC Shared Service ended. It was agreed that at this time during the scoping for the Children’s Services they will manage their own CHC applications. The Directors of both Adults and Childrens have agreed that Adults will provide the administrative support function and advice on the process when needed by Children’s Services. Handover information was shared with the Children’s Directorate when the CHC Shared Service ended.

## 7 Benchmarking Data

7.1 Data is not available to provide a direct comparison between CHC eligibility figures now and the data presented in July 2017 for Quarter 1 2015/16, as per the request of ACE.

7.2 Table below provides a snapshot of CHC eligibility for Quarter 1 2017/18 (April-July 2017)

Organisation	Number Eligible (snapshot) 2017		Numbers assessed as Eligible (in quarter) 2017	
	Total	Per 50k	Total	Per 50k
England	57,165	61.49	25,277	27.19
South Commissioning	12,784	53.70	6,738	28.31
South Central	2,287	37.62	1,199	19.72
Bracknell & Ascot	79	36.00	15	6.84
Newbury & District	28	15.05	6	3.23
North & West Reading	28	16.15	16	9.23
Slough	74	31.78	23	9.88
South Reading	20	8.62	5	2.16
Windsor, Ascot & Maidenhead	97	39.51	24	9.78
Wokingham	46	18.12	8	3.15

Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

7.3 The data evidences that Reading CHC eligibility remains lower than our neighbours and the national average. The reasons for this will be explored as part the Reading Integration Board, as detailed in section 4 of this report.

## 8 CCG Performance information

8.1 The CCG forecast spend for the North and West and South Reading CCGs on CHC in 2017/18 is £8.96m an increase of 1.5% on the 2016/17 outturn.



- 8.2 The percentage of Individuals eligible for CHC has risen from 6% of all checklist CHC referrals (113) in 2016/2017 to 29% of all checklist referrals (29) to the end of Quarter 2 (September 17) in 2017/2018.
- 8.3 Nationally the conversion rate from checklist to full CHC eligibility is 17% In addition to checklist CHC referrals 95 fast track referrals were received in 2016/2017. 53 fast track referrals have been received to the end of Quarter 2 (September 17) in 2017/2018.
- 8.4 Fast Track referrals are made for individuals with a rapidly deteriorating condition that may be entering a terminal phase and may require 'fast tracking' for immediate provision of NHS continuing healthcare. The Fast Track Tool is completed by an appropriate clinician, who provides the reasons why the person meets the criterion required for the fast-tracking decision. The purpose of the Fast Track Tool is to ensure that individuals with a rapidly deteriorating condition are supported in their preferred place of care as quickly as possible.

## 9. REPORT AND RECOMMENDATIONS

9.1 That the progress of the Continuing Health Care Funding Review and progress on the agreed joint action plan be noted.

9.2.1 Changes to RBC CHC application process and action plan be noted

## 10. CONTRIBUTION TO STRATEGIC AIMS

10.1 The review of Continuing Health Care contributes to the strategic aim to promote equality, social inclusion and a safe and healthy environment for all.

10.2 The Council is committed to:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the Council is financially sustainable and can continue to deliver services across the town.

## 11. COMMUNITY ENGAGEMENT AND INFORMATION

11.1 Any community engagement as part of the scrutiny review was considered.

## 12. EQUALITY IMPACT ASSESSMENT

12.1 Implementation of the policy impacts on those with long term health needs and those at the end of their life. The very low level of funding of CHC from CCG could indicate that there may be some patients who may not be getting specialist healthcare that they need, or they are individuals who are being charged for care services when in another geographical area they would be seen to be eligible for free care

## 13. LEGAL IMPLICATIONS

13.1 From a revenue point of view Reading has had the lowest level of eligible recipients of CHC in England. CHC funding of cases has increased over the last 12 months (1.5% or £135,000 forecast increase based on CCG figures) though the latest benchmarking indicates that Reading still has a relatively low level of CHC funding compared to many other Councils. Further work is planned to identify why this remains the case through the Reading Integration Board, and if necessary, further action taken to address the low level

of CHC funding. The withdrawal from the shared service agreement gives an opportunity for more direct control to ensure that robust challenge is taking place on all CHC assessments and ensure that both the individual's and Council's interest are protected and potential CHC cases are appropriately assessed and determined. The introduction of a revised CHC referral pathway and the robust Reading Borough Council Eligibility, Risk and Review Panel process is identifying those people who could be eligible for CHC funding in a timely manner.

#### 14. FINANCIAL IMPLICATIONS

- 14.1 From a revenue point of view Reading has had the lowest level of eligible recipients of CHC in England. However, with introduction of a revised CHC referral pathway and the robust Reading Borough Council Eligibility, Risk and Review Panel process is identifying those people who could be eligible for CHC funding in a timely manner.

#### 15. BACKGROUND PAPERS

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

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf)

- 15.2 ACE Committee 17<sup>th</sup> July 2017 Minutes and report.

- 15.3 Joint action plan - Appendix 1

- 15.4 RBC CHC Action plan - Appendix 2

Ref.	Issue:	Action taken:	Assigned to:	Specific Case Issues:	Date to be completed:	Status:	
1	<b>CHECKLISTS AND CONSENT</b>						
1a	Agree to accept Social Services consent forms provided these sufficiently cover CHC	<p><b><u>CHC Service and L.A. have agreed:</u></b></p> <p>SS consent not suitable.</p> <p>ER &amp; JG agreed new simplified BI consent - start 1<sup>st</sup> Jan 2017</p> <p>May 2017 – Update It was confirmed that the new Best Interest Consent form has been in operation for some time and it has been well received. The previous version of a BI consent is no longer accepted.</p> <p>It was confirmed that the new BI Consent form is covered in current CHC training. Other training issues would be addressed under item 14 – Training.</p> <p>It was noted that a document explaining the process for those completing Checklists had been prepared by the LA and distributed to the RBC and WBC team managers. CHC have not been copied into this document.</p> <p><b>7 September 2017 – Update</b></p>	ER/JG		START 1 <sup>ST</sup> Jan 2017 then on-going. Review effectiveness – 6 months – July 2017	Completed	

		Continuing to work well				
1b	Look at how it might be possible to move the CHC process forward whilst written consent is finalised.	<p><b>CHC Service and L.A. have agreed:</b></p> <ul style="list-style-type: none"> <li>Where there is a minor technical issue but it is clear that consent has been given to begin the process whilst consent is resolved – admin staff in place.</li> <li>Liaise with L.A. team where appropriate</li> <li>Where there is doubt on whether there is consent no action taken other than to return to the referrer to remedy</li> <li>Full compliant consent must be in place before the MDT takes place</li> </ul> <p>7 September 2017 - Update</p> <p>Dedicated admin staff in place – working well</p>	ER/JG		<p>START November 2016 then on-going.</p> <p>Review – 6 months</p>	Completed

<p><b>1c</b></p>	<p>Have mechanism between CCG and LA to agree whether checklist should be returned and any learning from this</p>	<p><u>CHC Service and L.A. have agreed:</u></p> <ul style="list-style-type: none"> <li>• Checklist over banded but screens in – checklist accepted – letter to referrer to highlight over banding and issues to be resolved at MDT.</li> <li>• Checklist over banded but does not screen in or outcome unclear - T/C to referrer – follow up with letter and AP/JG to discuss at regular meetings</li> <li>• Learning to be collated at regular CHC and L.A. meetings – addressed via training</li> </ul> <p>Shared learning from meetings with AP and JG to be circulated appropriately</p>	<p><b>ER/JG</b></p>	<p>Two legacy cases identified by the LA – have already been allocated to a nurse to review.</p> <p>The LA have identified four new cases however a review of actions show that three cases are currently proceeding . The fourth case is to be discussed by JG from the LA and AP from CCG as per the agreed action.</p>	<p><b>START NOVEMBER 2016 then on-going.</b></p> <p><b>Review – 6 months</b></p> <p><b>Training to be addressed later in action plan.</b></p>	<p><b>PART 1 Legacy Cases Completed</b></p>
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		<p><b>NOTE:</b></p> <p>Telephone call to the referrer is not always successful and to avoid delay the issue is then addressed in a letter. Some discussion with regard to whether this could be improved but no appropriate solution could be found at this time.</p> <p>7 September 2017 - Update</p> <p>This issue and identified cases is being successfully managed through joint CHC and LA meetings</p>				<b>PART 2</b> Completed
	<b>RE-REFERRALS AT CHECKLIST STAGE</b>					
2a	Agree that if someone has had a DST they should only have another full assessment	<p><b><u>CHC Service and L.A. have agreed as per the slide and:</u></b></p> <ul style="list-style-type: none"> <li>Referral to document the change in need including where the evidence can be found</li> </ul>		The LA have identified three new cases one of which was not known to the LA at the time the previous DST had	<p>START – as required.</p> <p>Review – 6 months</p>	Completed

	<p>where there is a relevant and evidenced change in need – agree mechanism between health and social care to discuss these cases before a decision is made to either reject or agree to a new full assessment.</p>	<ul style="list-style-type: none"> <li>Cases to be discussed at fortnightly meetings (or by phone if urgent) between CHC and L.A. (Senior level)</li> <li>Discussion with CHC, outlining the changes, before checklist. If progressing complete checklist jointly.</li> <li>Learning to be collated at regular CHC and LA meetings – addressed via training</li> <li>Possible Information Governance issue identified. LA has on several occasions requested duplicate documentation and the CCG has requested assurances that PID is kept securely. LA advised that document are now stored electronically but were previously send to secure archive.</li> </ul> <p>7 September 2017 - Update</p> <p>Identified cases completed and this issue kept under review where necessary through joint meetings</p>		<p>been completed and thus the LA had no previous knowledge that the individual had been assessed.</p> <p>Two other cases known both to LA and CCG.</p> <p>All three scheduled to be discussed between JG/AP for agreement and progress.</p>	<p>Training to be addressed later in action plan.</p>	
2b	<p>Wherever possible agree to jointly complete the Checklist in such</p>	<p>AGREED AS ABOVE</p>				<p>Completed</p>

	situations.					
2c	Agree also to work jointly on cases where process issues clearly seem to have influenced the outcome – on a planned and phased basis.	<p><b><u>CHC Service and L.A. have commenced this work:</u></b></p> <ul style="list-style-type: none"> <li>• 12 cases identified to date – 5 RBC, 7 WBC:</li> <li>• Update (May 2017) – Further Individual cases also identified in this Plan</li> <li>• Query – whether there are any more cases. Update (May 2017) – more cases are being added definitive list needed.</li> <li>• Meetings already scheduled to discuss and progress</li> <li>• Learning to be collated at regular CHC and L.A. meetings – addressed via training</li> </ul> <p>7 September 2017 - Update</p> <p>Identified cases are completed. Any process issues addressed through regular joint meetings</p>			START October 2016 – then ongoing	Completed and Ongoing
2d	Reviews					
3	<b>REFERRALS FROM LA WHEN INDIVIDUAL IS IN AN ACUTE HOSPITAL SETTING</b>					
3a	It has already been	Staff need to have completed either the local			COMPLETED –	All



	agreed that referrals from social care staff in hospital will be accepted	<p>Berkshire Checklist training and/or the National e-learning (Local Berkshire West training is available dates are circulated regularly).</p> <p>It was noted that as e-learning is not yet available. If an individual has not completed the training, they can have the Checklist countersigned by someone who has completed the training.</p>			October 16	Berkshire actions completed . National e-learning tool out of local control
3b	Cathy will check that the IG issues around LA accessing records in hospital are being addressed.	<p>RBH have confirmed that LA staff can access the relevant records to enable them to checklist where appropriate.</p> <p>ER advised that CEO CW has confirmed her understanding that the LA does have access to all records.</p>			COMPLETED – October 16	Completed
3c	If checklists are disputed between hospital staff and LA these will be escalated to CHC team	<p><b>CHC Service and L.A. have agreed:</b></p> <ul style="list-style-type: none"> <li>Acute and LA Disputed Checklists to be escalated to CHC Service</li> <li>Tri-partite (L.A.CHC and Acute) completion of these checklists.</li> <li>Learning to be collated at regular CHC and L.A. meetings – addressed via training</li> </ul> <p>7 September 2017 – Update</p>			<p>START – as required – then on-going</p> <p>Training to be addressed later in action plan.</p>	Process completed – no cases to date

		Process tested through individual cases and working well				
4	<b>CO-ORDINATION OF CASES AFTER 28 DAYS</b>					
4a	The CCG no longer operates a 28 day close down but we agree the need for a mechanism between health and social care to address situations where there are difficulties obtaining necessary information between positive checklist and DST	<p>CHC Service and L.A. have agreed:</p> <p>CHC evidence letter offers assistance in evidence provision</p> <p>Each letter followed up with T/C</p> <p>Final letter copied to individual and/or their representative</p> <p>CHC Service to consider arranging to collect records</p> <p>Where LA funded, LA can chase for records</p> <p>CHC evidence request letter sent x 3 and offers assistance in evidence provision. Each letter followed up with a telephone call</p> <p>7 September 2017 - Update</p> <p>Dedicated admin staff member in place and relationships being formed with care homes etc. leading to more provision of information.</p>	ER/JG		START – November 2016 – then on-going	Completed

5	<b>ELIGIBILITY DECISION MAKING BEFORE MDT</b>					
5a	CCG agree that prior work should not include prejudging domain weightings and recommendation	<p><b>CHC Service to address this:</b></p> <ul style="list-style-type: none"> <li>• QA process before draft DST is circulated</li> <li>• Draft evidence summaries to be clear they are based on written evidence received to date.</li> <li>• It is possible these will change following MDT discussion – to be monitored if issues arise</li> <li>• ER sent QA form to JG</li> </ul> <p>7 September 2017 - Update</p> <p>LA have not identified any concerns with the QA form</p>	ER/JG		START – November 2016 then ongoing	Completed
5b	Intent of Framework is for a meaningful discussion at MDT about correct weightings and recommendation	<b>CHC Service and L.A. both agree this principle to be addressed through nos 6 – 9 in this action plan</b>				
6	<b>CORRECT INVOLVEMENT OF MDT MEMBERS</b>					

6a	<p>Accept Framework doesn't envisage a hierarchy of professionals within the MDT but also recognise need to develop trust between organisations – MDT members should be involved in 4 key indicator discussion and recommendations</p>	<p><b>CHC Service and L.A. agree:</b></p> <ul style="list-style-type: none"> <li>• Current practise records, in each domain, the views of Individuals and/or their representative</li> </ul> <p style="text-align: center;"><b>And</b></p> <ul style="list-style-type: none"> <li>• All appropriate and relevant professionals <b>that are known to the CHC Service</b> are invited to the MDT. – This practice to continue.</li> <li>• In addition the CHC Service will ensure all professionals are present at and are in involved in the in 4 key indicator discussion and recommendations.</li> <li>• There are cases where the CHC and LA representatives disagree with regard to what was and was not said at the MDT meeting</li> <li>• <b>These cases will need to be managed on a case by case basis as the Decision Support Tool is not the right place to document what is essentially a disagreement between Health and Social Care.</b></li> </ul> <p><b>7 September 2017 - Update</b></p> <p><b>Identified cases completed through regular</b></p>	ER/JG	<p>The LA have identified two legacy cases. One of which has proceeded through the Appeal process and may go to IRP and the other where the person has had a change in circumstances and required a new assessment. In both cases the LA have fully articulated their views.</p> <p>The LA have identified one new case where an administrative error meant that the referrer was not invited to the MDT. Remedial action including reconvening the MDT has taken place to resolve.</p>	<p>Current practice to continue.</p> <p>Current practice to continue</p>	<p>Completed</p>
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		meetings between CHC Services and Local Authorities.				
6b	Can have useful learning from IRPs					Completed
6c	Social Care reps for IRPs would be welcome	<ul style="list-style-type: none"> <li>Both JG and GG have put themselves forward to become IRP Panel members.</li> <li>JG confirmed training sessions completed for JG and GG and they have put forward dates they are available to participate in IRPs.</li> </ul> <p>7 September 2017 - Update</p> <p>Local Authorities reps have now sat as IRP members</p>	JG/GG		November 2016	Completed
6d	Co-ordinators can be members of the MDT	<p>This is current practise in the CHC Service and 6a applies.</p> <ul style="list-style-type: none"> <li>Important to LA that the co-ordinators role does not take more precedent that anyone else.</li> <li>There will be differences but practice is to agree to disagree and document different professional rationales in the DST.</li> </ul>	ER/JG		Current practise to continue	Completed
6e	Agree to work on a joint leaflet and a	Berkshire CHC MDT leaflet already in use – to be reviewed with the L.A. –JL made no comment.	ER/JG		2017 November 2016	Complete

	joint script for members of the public to set the scene for MDT meetings	Leaflet has been sent to JG – awaiting discussion  7 September 2017 - Update Leaflets reviewed by Local Authorities				d
6f	Also look at joint health and social care leaflet for staff	Professionals leaflet drafted by CCG. Comments returned from JL. Sent to JG for comment/discussion.  7 September 2017 - Update  Leaflets reviewed by Local Authorities.	ER/JG			Completed
7	<b>EVIDENCE AT MDT STAGE</b>					
7a	Agree that the MDT does and should collect both verbal and written evidence through MDT process	<p>AGREED and this is current practise in the CHC Service.</p> <p><b><u>CHC Service and L.A. agree:</u></b></p> <ul style="list-style-type: none"> <li>Both written and verbal evidence to be recorded accurately in the DST.</li> <li>Where verbal evidence is not supported by written evidence consider whether a behaviour or 72hrs intervention chart would support the proper assessment of the Individual's needs.</li> <li>Address where Professionals have not</li> </ul>	ER/JG	<p>The LA identified two legacy cases and it was discussed that it will not be possible to revisit all issues related to legacy cases.</p> <p>The LA also identified three new cases. The CHC Service agreed in one case that all the evidence had not been put into the DST.</p> <p>In the other two cases the CHC Service believed it had sought and documented the</p>	Current practise to continue	Completed and ongoing

		<p>recognised or taken action where there is no recording of verbally reported needs.</p> <ul style="list-style-type: none"> <li>Where possible identify at checklist stage and ask for care interventions to be recorded prior to MDT.</li> <li>MDT to be clear what evidence the banding is based on.</li> </ul> <p>7 September 2017 - Update</p> <p>Completed through regular joint meetings. This process has been tested and has been working well.</p>		appropriate evidence. The LA disagreed.		
7b	Agree importance of using professional skills to weigh up evidence in order to gain accurate picture of needs – including eliciting and weighing up evidence from family etc	AGREED as per 7a above				
7c	Agree need for clarity with providers (in	<p><b><u>CHC Service and L.A. agree:</u></b></p> <ul style="list-style-type: none"> <li>This issue to be raised formally with Providers</li> </ul>	ER/JG		Ongoing	Completed

	contract and quality assurance) about need for good quality recording in order to substantiate statements about need	<p>by the relevant Commissioner.</p> <ul style="list-style-type: none"> <li>LA confirmed that they have drafted a letter to providers</li> </ul>				
7d	The issue of recorded evidence may relate to the need to improve professional practice – absence of written evidence is not necessarily evidence of absence of need	<p>Each individual case to be assessed on its own merits.</p>				Completed
8	<b>RECORDING INFORMATION ON DST</b>					
8a	Agree useful to pre-populate DST with information so long as this is shared with MDT members and is open to discussion and appropriate amendment at the	<p>AGREED and this is current practice in the CHC Service.</p> <ul style="list-style-type: none"> <li>Current practise means pre -drafted information can be removed if inaccurate.</li> <li>Discussion on all aspects of the DST and other information to be recorded.</li> </ul>	ER		Current practise to continue	Completed



	MDT stage	<ul style="list-style-type: none"> <li>Post MDT the DST will be updated to reflect discussion.</li> </ul>				
8b	Agree that record of MDT discussion needs to reflect where there are material disagreements	<p>AGREED and this is current practice in the CHC Service</p> <ul style="list-style-type: none"> <li>This applies to all aspects of the assessment, evidence, domain bandings, rationale and eligibility recommendation.</li> <li>The L.A. to provide their notes of the meeting and if disagreement re content is subsequently raised, these can be reviewed.</li> <li>Where there continues to be disagreement this will be discussed at the LA/CHC meeting.</li> </ul> <p>7 September 2017 - Update Specific issues are managed through the regular CHC Service and Local Authority meetings.</p>	ER/JG	<p>The LA identified a new case where they felt it had been difficult to get information into the DST. Agreed JG and AP to review the DST.</p> <p>This has not delayed this case and meeting will provide ongoing learning for LA and NHS.</p>	Current practise to continue	Completed
8c	Agree all MDT members should have opportunity to correct the record of what they said	<p>AGREED and this is current practice in the CHC Service.</p> <p>7 September 2017 - Update Ongoing discussion with LA re time frame for DST comments.</p>			Current practise to continue	Completed and ongoing
9	<b>ACCEPTING MDT RECOMMENDATIONS</b>					

9a	<p>Agree that where there is a disagreement over eligibility or where there are substantial concerns over an MDT recommendation the principles in the Framework will be followed in referring cases back to MDTs where required</p> <p><b>Page 31 (Para 92) of the National Framework Document</b></p>	<p>AGREED and current practise</p> <ul style="list-style-type: none"> <li>Where there is an agreed MDT recommendation – the case is ratified, by the CCG, without the need for Panel process. These cases can be returned to the MDT for additional work if the evidence does not support the bandings or recommendation.</li> <li>CCG ratification process to identify where there are issues.</li> <li>Where the MDT are not agreed in their recommendation , the case can be returned to the MDT if the DST requires more work or if the evidence supports the domain bandings but the recommendation is not agreed, be presented to Panel for an eligibility recommendation.</li> </ul>	ER		Current practise to continue	Completed
9b	<p>Agree to establish regular operational forum/group across health and social care to proactively discuss how to improve processes</p>	<p>Currently fortnightly meeting between ER/JG to take forward this plan and any other CHC issues arising.</p> <p><b>7 September 2017 - Update</b> <b>Regular meetings ongoing and working well.</b></p>	ER/JG		Started October 2016 - ongoing	Completed
10	<b>DISCRIMINATION AT PANEL STAGE</b>					

10a	Agree that the Framework applies equally to adult client groups	AGREED				
11	<b>DELAYS IN RESPONDING TO LA DISPUTES</b>					
11a	View that this has been addressed, but interagency dispute policy to be revisited					
12	<b>INTERAGENCY DISPUTE POLICY</b>					
12a	Agree Jan and Liz to revisit interagency dispute arrangements, particularly in terms of timescales. Maybe consider independent chair arrangements.	<ul style="list-style-type: none"> <li>Interim discussion that timescales need to change particularly around timescale to first and second stages after the dispute is received. Currently 28 days to lodge the dispute and 10 days to first stage meeting. <a href="#">Change from 10 days to 28 days.</a></li> <li>Current process already allows for Independent Chair or Panel.</li> <li>Agreed a shorter dispute notice with detail in the subsequent position statement</li> </ul>	ER/JG		Discussion started – ongoing.	Completed
12b	Agree to look for any useful learning elsewhere	ER to contact other CHC Leads <a href="#">Update (May 2017) ER sent emails to South CHC Leads and those who have responded do not have</a>	ER		October 2016	Completed

		a Dispute Policy that is materially different.				
13	<b>APPEALS BY INDIVIDUALS</b>					
13a	Agree that documentation for individual 'appeals' will be reviewed jointly to ensure they are user friendly, including appropriate language and signposting to advocacy	<ul style="list-style-type: none"> <li>Berkshire CHC Appeal leaflet already in use – to be reviewed with the L.A.</li> <li>Advocacy Services in leaflets – Healthwatch and SEAP</li> </ul> <p>7 September 2017 - Update</p> <p>Leaflets provided to and agreed with LA</p>	ER/JG		2017	Complete
14	<b>TRAINING</b>					
14a	Agree that all relevant health and social care staff should undertake the E-learning	<p><b>CHC Service and L.A. agree:</b></p> <ul style="list-style-type: none"> <li>Currently being reviewed - To discuss with Jim Ledwidge when this may be available for use.</li> <li>Consider developing on-line training ourselves</li> </ul> <p>The review of the National Framework for CHC is due to be published in 2018; in light of this the action is to review the training aspects in line with expected changes.</p>	ER/JG  ER to contact JL		2017	Awaiting outcome of the National CHC Improvement Programme and Review of the National Framework

						Existing training continues
14b	Agree to jointly develop and jointly deliver a training programme	<p><b>CHC Service and L.A. agree:</b></p> <ul style="list-style-type: none"> <li>To explore the development of jointly delivered training in 2017 for date. JG like LA to jointly deliver the training.</li> <li>ER to explore the possibility of an L.D. training event for the CHC and L.A Team.</li> <li>7 September 2017 UPDATE – Option explored - suitable Trainer identified but unfortunately could not be secured.</li> <li>Previously agreed joint CHC training which was initially rolled out by Local Authority and NHS nominated Independent Trainers was rolled out in 2013/2014.</li> <li>75 Reading Local Authority staff has received training.</li> <li>The above joint training has been available throughout the year and/or offered to Teams i.e. Palliative Care Team, Service Navigation or Local Authority Teams.</li> </ul>	ER/JG  ER		2017	As above
15	<b>TENSIONS</b>					

	<b>BETWEEN STAFF</b>					
15a	It is hoped that the other actions agreed will address this issue					
16	<b>BENCHMARKING DATA</b>					
16a	CCG happy to be open over benchmarking data	<p>Template being developed for agreement  <a href="#">May 2017 Update Template agreed to provide quarterly at meeting with Councillors in December 2016</a></p> <p>7 September 2017 - Update</p> <p>Quarterly data collected and provided</p>	CW/GA/ER		START – January 2017	Completed and ongoing
16b	Equally ASC happy to share their data	A meeting has been arranged to agree content and template for sign off.	SD/CW			Work in progress
16c	Agree need to understand benchmarking position relative to other statistical neighbours – this to be monitored through the Joint CHC Oversight Group	<p>Joint CHC Oversight Group to be established</p> <p>7 September 2017 - Update</p> <p>GA has contacted and met recently appointed Director of Adult Care and Health Services. The Head of Service for RBC will continue to progress this work stream. It is recommended that it sits within the reading integration board.</p>	GA/GW  GA/JH			Work in progress
17	<b>END OF LIFE CARE</b>					

17a	Agree to jointly draft a form of words for communication to staff about appropriate use of fast track process and relevance of CHC at end of life	RBC recent end of life letter to be reviewed and agreed  <b>Meeting has been arranged to agree context for the letter which will ensure that the response meets the needs for Health and RBC.</b>	ER/GW  ER/JH			Work in progress.
17b	Where a clinician is not using the Fast Track tool appropriately this will be escalated to the CCG	L.A. staff to be made aware through jointly agreed end of life letter  <b>In the interim the CCG has emphasised to all health professionals including GPs the need for appropriate use of the Fast Track tool.</b>  <b>As per 17a, issues to be discussed at meeting.</b>	ER/GW  ER/JH		START – January 2017	Work in progress.
17c	Vehicle for Implementation and Partnership Development	Joint CHC Oversight Group to be established – integration board  <b>7 September 2017 - Update</b>  <b>As per 16c above.</b>  <a href="#">Take over</a>	GA/GW  GA/JH			Work in progress.
17d	Agree need for joint transition (children to adults) planning protocols across	Current arrangements as per the current National Framework  <b>The review of the CHC National Framework is due</b>	SMc/ER			To be completed following the review

	whole system – Wendy to pick up with Judith	to be published in 2018 in light of this work will				of the National Framework due in 2018
17e	Gabrielle and Jo H to lead on joint plan going forward for CHC – co-opt others as required	7 September 2017 - Update As per 16c above.	GA/JH			Completed and ongoing

Initial	Name	Job Title
ER	Elizabeth Rushton	Assistant Director for Berkshire NHS Continuing Healthcare (Adults and Children)
JH	Jo Hawthorne	Head of Wellbeing, Commissioning & Improvement
SD	Seona Douglas	Director of Adult Social Care & Health Services
GW	Graham Wilkin	Interim Director of Adult Social Care & Health Services (now left)
WF	Wendy Fabbro	Director of Adult Social Care & Health Services (now left)
JG	Janet Gryglaszewska	Manager, CHC Shared Service
GA	Gabrielle Alford	Director of Joint Commissioning – West CCG
CW	Cathy Winfield	Chief Officer Berkshire West CCGs BW ACS Lead
SMc	Simon McGuick	Reading Borough Council Interim Safeguarding Lead
GG	Gemma Garside	Senior Co-ordinator, CHC Shared Service



Transfer from CHC Shared Service to RBC - November 2017

Name Key

LM - Lynne Mason, Senior Commissioner

MA - Mechelle Adams, Team Manager, Short Term Team

PJ - Paula Johnson, Locality Manager, Short Term Services

JP - Jo Purser, Locality Manager, Long Term Services

Action	Reason	Lead	Progress	Status
CHC Shared Service provide handover to RBC on all live CHC applications	To ensure that all applications are continued.	LM/MA/Shared Service	Completed	CHC Shared Service provided update of all live cases on Mosaic and on tracking spreadsheet.
Informing CCG of changes	To ensure CCG have the correct lead names for RBC in relation to CHC	MA/LM	Completed	No further action needed
Working with the CCG	Shared Team met with the CCG's on a regular basis to discuss any issues arising, this needs to be established between RBC and the CCG's	PJ/MA	Due date for commencement - Jan 2018	Dates in the diary
Recruitment of business support	DMT approve admin support for CHC process	MA/LM	In progress	Currently a Business support officer in covering the work until job description is finalised and signed off
Internal Monitoring System Implemented	To ensure that all CHC applications are tracked	MA/LM	Completed	Tracking spreadsheet in place, managed by MA who will have admin support
CHC Training	To ensure staff are appropriately trained to complete the CHC process	MA	In progress	Identifying training gaps and will arrange training to address gaps.

November 2017

Attendance at CHC Panel	Shared Team used to attend panel meetings on behalf of RBC, RBC need to ensure that there is representation	PJ/LM	Completed	MA attends panel, this will be shared across the locality management teams
Ratification of eligible cases	8 cases handed over from the shared service where eligibility has been approved, need to be checked to ensure funding streams have been set up correctly and monies invoiced accordingly.	LM	In progress	Work in progress.
Communication with Locality Teams	Informing of end of Shared Service and how CHC applications will be processed going forward	LM/PJ	In Progress	Initial email sent to all staff informing them of the end of the shared service. A follow up email required to inform staff of ongoing arrangements.
Processing eligible CHC applications	All eligible CHC cases are tracked, a formalised process for ensuring financial systems are set up in a time effective manner are required going forward	LM	To Start	Currently tracked via a excel spreadsheet as MOSAIC options are explored.
Agreeing performance measures	To agree performance data, to be presented to DMT on CHC applications	LM	To Start	Proposal to submit to monthly report to DMT.
Ensuring CHC applications are made as appropriate	All new care packages go through RBC Eligibility, Risk and	Panel	Completed	

	Review panel where CHC eligibility is discussed. If deemed necessary, panel will instruct the CHC application process to continue.			
Review of RBC CHC Process	To ensure that systems set up to replace the CHC Shared Service are working well	LM	Review to take place in April 2018, unless issues identified prior to this date.	

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	12 DECEMBER 2017	AGENDA ITEM:	11
TITLE:	READING SCHOOLS: OFSTED JUDGEMENTS AS AT 30 NOVEMBER 2017		
LEAD COUNCILLOR	CLLR. TONY JONES	PORTFOLIO	EDUCATION
SERVICE:	DCEEHS	WARDS:	BOROUGHWIDE
LEAD OFFICER:	CHRIS KIERNAN	TEL:	01185 9374465
JOB TITLE:	INTERIM HEAD OF EDUCATION	E-MAIL:	<a href="mailto:chris.kiernan@reading.gov.uk">chris.kiernan@reading.gov.uk</a>

1. Purpose of report and executive summary

- 1.1 The purpose of this report is to provide a summary update to the ACE Committee on schools' current Ofsted status. It includes the judgements following inspections of schools in Reading this term where the report has been published.

2.0 RECOMMENDED ACTION

2.1 That the report be noted.

2.2 That a further report be submitted to ACE Committee in the spring term 2018, setting out the validated attainment and progress of pupils, including disadvantaged groups, at the end of their 2017 key stage assessments and examinations, and any changes in Ofsted gradings of schools at that time.

3. Policy context

- 3.1 The local authority (LA) has a legal duty under the section 13a of the Education Act, 1996, as amended by section 5 of the School Standards and Framework Act, 1998, to:

“ensure that their functions relating to the provision of education to which this section applies are (so far as they are capable of being so exercised) exercised by the authority with a view to promoting high standards.”

- 3.2 The LA has further duties under the Education and Inspections Act, 2006, to “intervene where a school is ‘of concern’”, although this does not apply to academies or free schools where the responsibility lies with the Regional Schools Commissioner (RSC).

- 3.3 ‘Intervention’ includes issuing warning notices, appointing additional governors, withdrawing a governing body’s financial and HR powers, and dismissing a governing body, replacing it with an interim executive board (IEB).

4 Ofsted outcomes, 2015 to present

- 4.1 In this section, Ofsted outcomes by phase - pre-school, primary, secondary and special - are set out, comparing the percentage of settings and schools rated good or

better up to the end of November 2017 with the same percentage at the end of the school year 2015. The latest Ofsted rating of each school is included in the attachment to this report (see tabs 1-3 of the spreadsheet the file name of which is school Ofsted update ACE 12-12-17).

4.2 The tables show, respectively, Ofsted outcomes by sector and school name (alphabetic); by maintained / academy school; and finally summarised by sector and school status. It is important to split academy and maintained school categorisation, as while academy schools in the area educate primarily or wholly Reading pupils, the local authority has no powers of intervention. These lie with the DfE and its regional schools commissioner. Therefore, in paragraphs 4.5 and 4.6, and table 3, the Ofsted ratings of maintained and academy schools set out separately and compared.

4.3 The table below lists the schools in the Reading borough council area that have been inspected this terms to date, with the previous inspection result and the most recent result where published (NP in the final column indicates the report has not been published).

**Table 1: Ofsted inspections, 1 September to 30 November 2017 and outcomes**

school	previous inspection		latest inspection	
	date	outcome	date	outcome
Redlands primary school	30/11/2012	2	07/11/2017	2
St. Mary All Saints CE primary school	23/12/2014	4	17/10/2017	4
Manor primary school	14/11/2013	2	02/10/2017	2
Caversham Park primary school	13/05/2013	2	11/11/2017	NP
E. P. Collier primary school	29/11/2012	2	06/11/2017	NP
Katesgrove primary school	19/12/2012	2	28/11/2017	NP
St. Michael's primary school	25/10/2012	2	07/11/2017	NP
Southcote primary school	19/11/2012	2	09/11/2017	NP
Blessed Hugh Faringdon VA secondary school	13/12/2012	2	26/09/2017	2
John Madejski academy	11/01/2016	4	19/09/2017	3

#### PRE-SCHOOL SETTINGS

4.3 Ofsted ratings of early years setting in Reading are strong, as is expected given the good performance of children in the early years foundation stage. However, settings elsewhere, in the south east and nationally, have improved at a more rapid rate, hence the fall in ranking. It should be noted that all nursery schools are now outstanding.

**Table 2: percentage of early years settings rated as good or better**

Reading	south east	Reading rank (/19)	Reading quartile	England	Reading rank (/152)	Reading quartile
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2017 (November)	93.7%	94.3%	15	4	92.8%	65	2
2015 (August)	87.9%	87.3%	8	2	85.0%	32	1
2015 - 2016 difference	5.8%	7.0%	-7	-2	7.8%	-33	-1

#### PRIMARY SCHOOLS

4.4 The performance of Reading schools in their latest Ofsted inspections has improved strongly between 2015 and 2017 (see table 3 below). However, the percentage of schools rated good or better is slightly higher nationally. The inspection outcomes of the primary schools for which Reading LA is accountable (maintained schools) is set out in paragraphs 4.5 to 4.6 and table 4.

4.5 There has been a comparatively large number of inspections in the term to date, but only one - the first inspection of an academy school - has affected the overall good or better percentage, as the schools gradings remained the same in the two reports that have been published.

**Table 3: percentage of primary schools rated as good or better**

	Reading	south east	Reading rank (/21)	Reading quartile	England	Reading rank (/152)	Reading quartile
2017 (November)	89%	91%	12	3	91%	109	3
2015 (August)	73%	82%	21	4	84%	141	4
2015 - 2017 difference	16	9	9	1	7	32	1

4.5 Table 4 below shows the number of maintained schools and academies by each Ofsted grading, using the most recent data available. The headlines are:

- maintained schools overall are have improved strongly in terms of the percentage graded good or better - 93 per cent compared with 89.8 per cent nationally - which is 51<sup>st</sup> out of 152 top tier LAs nationally (second quartile);
- seven academy schools out of nine have now been inspected - RI judgements reflect schools that are 'sponsor-led' - three of the seven have been judged RI, but the percentage of academy schools rated as good or better has improved from 50 per cent to 57 per cent; and
- overall, Reading primary schools are close but not quite at the national average.

**Table 4: maintained and academy schools - Ofsted grades as at November 2017**

#### Primary

maintained                      academies                      Reading total                      Nat

	number	percent	number	percent	number	percent	per cent
outstanding	4	14%	3	43%	7	20%	19%
good	24	79%	1	14%	25	69%	72%
requires improvement	1	3%	3	43%	4	10%	7%
inadequate	1	3%	0	0%	1	3%	2%
totals	30	100%	7	100%	36	100%	100%
good or better no/percentage	28	93%		57%		89%	91%

4.6 The improvement made over the last two years as measured by the percentage of Reading primary schools judged to be good or better is significant - from 73 to almost nine out of 10 schools. The challenges now are to:

- support the good maintained schools that are vulnerable a judgement of RI or worse so that they stay at 'good';
- support the remaining RI maintained school to progress well through its section 8 Ofsted inspection to become good at its next (section 5) (full) inspection;
- assist the RSC to ensure the primary school in special measures is matched with a strong sponsor; and
- support and challenge the RSC to support, challenge and intervene where necessary.

#### SECONDARY SCHOOLS

4.7 Far fewer secondary schools are now rated 'good' or better than was the case two years ago. Reading's academy schools are only 63 per cent good or better. Reading LA's single maintained school is good. LA officers have discussed with the RSC what action is being taken with regard to academies that are not yet good, or are vulnerable at their next inspection to being graded as less than good. The RSC has responded positively, setting out plans for weaker academies to become part of a multi-academy trust.

Table 5: percentage of secondary schools rated as good or better

	Reading	south east	Reading rank (/21)	Reading quartile	England	Reading rank (/152)	Reading quartile
2017 (November)	72%	86	19	4	81%	117	4
2015 (August)	75%	79%	10	2	74%	72	2
2015 - 2017 diff	-12.5	2.6	-9	-2	3.9	-45	-2

#### SPECIAL SCHOOLS

4.8 Special schools have all been rated at least good though the period (see table 5, below), and are first ranked (along with many LAs). However, it should be noted that Reading's only alternative provision (Cranbury college) was graded RI in its last inspection.

Table 6: percentage of special schools rated as good or better

	Reading	south east	Reading rank (/21)	Reading quartile	England	Reading rank (/152)	Reading quartile
2017 (November)	100.0%	96.6%	1	1	94.1%	1	1
2015 (November)	100.0%	90.2%	1	1	91.6%	1	1
2015 - 2017 diff	0	6.4	0	0	2.5	0	0

#### SCHOOL CATEGORISATION

4.9 The local authority has identified 13 schools as system leaders, 28 as developing capacity, two as requiring support and 8 as schools causing concern.

Table 7: school categorisations by sector

categorisation	nursery	primary	secondary	totals
system leader	4	7	2	13
Developing capacity	1	24	3	28
support			2	2
causing concern		8	3	11

#### 5 Contribution to strategic aims

5.1 This report describes progress towards achieving Reading Borough Council's strategic objectives: 'to establish Reading as a Learning city'; to be 'a stimulating and rewarding place to live' and to 'provide the best start in life through education, early help and healthy living'.

#### 6 Community engagement and information

6.1 This report does not impact on community engagement and information.

#### 7 Equality impact assessment

7.1 None required in relation to this report.

#### 8 Legal implications

8.1 There are no legal implications contained within this report.

#### 9 Financial implications

9.1 There are no financial implications based on this report.

#### 10 Background papers

10.1 Previous reports to the ACE Committee in 2015/2016 and July 2017



Reading schools: Ofsted judgements as at November 2017 by grade

School	Type	inspection date	grade
<b>NURSERY SCHOOLS</b>			
Blagdon Nursery & Childrens' Centre	Nursery School and childcare	11/11/2014	1
Blagrave Nursery School	Nursery School	11/03/2013	1
Caversham Children's Centre	Nursery School and childcare	03/05/2017	1
Newbridge Nursery School	Nursery School and childcare	17/11/2014	1
Norcot Early Years Centre	Nursery School and childcare	08/09/2014	1
<b>PRIMARY SCHOOLS</b>			
Alfred Sutton Primary School	Community School	09/11/2012	2
All Saints CE (VA) Infant School	VA School	12/07/2012	2
All Saints Junior	Free School	26/07/2013	1
Caversham Park Primary School	Community School	13/05/2013	2
Caversham Primary School	Community School	18/03/2009	1
Christ the King RC Primary School	VA School	11/10/2013	2
Coley Primary School	Community School	12/11/2014	2
E P Collier Primary School	Community School	29/11/2012	2
Emmer Green Primary School	Community School	14/12/2012	1
English Martyrs RC Aided Primary School	VA School	19/12/2013	2
Geoffrey Field Infant School	Community School	10/07/2013	1
Geoffrey Field Junior School	Community School	09/01/2014	2
The Hill Primary School	Community School	05/12/2013	2
Katesgrove Primary School	Community School	19/12/2012	2
Manor Primary School	Community School	02/10/2017	2
Micklands Primary School	Community School	11/11/2015	2
Moorlands Primary School	Community School	17/06/2016	2
New Christ Church CE VA Primary School	VA School	06/02/2015	2
Oxford Road Community School	Community School	10/11/2014	2
Park Lane Primary School	Community School	24/10/2013	2
Redlands Primary School	Community School	07/11/2017	2
The Ridgeway Primary School	Community School	30/03/2017	3
St Anne's RC Aided Primary School	VA School	08/12/2015	2
St Martin's RC Aided Primary School	VA School	30/03/2012	2
St Mary's & All Saints CE Aided Primary School	VA School	17/10/2017	4
St Michael's Primary School	Community School	25/10/2012	2
Southcote Primary School	Community School	19/11/2012	2
Thameside Primary School	Community School	22/03/2016	2
Whitley Park Primary School	Community School	24/06/2015	2
Wilson Primary School	Community School	07/11/2014	2
Battle Primary School	Academy Sponsor Led	11/01/2017	3
Churchend Primary Academy	Academy Sponsor Led	06/10/2008	1
Civitas Academy	Academy Sponsor Led	no inspection	
The Heights	Free School	23/05/2017	1
Meadow Park Academy	Academy Sponsor Led	09/02/2016	3
New Town Primary School	Academy Converter	no inspection	
The Palmer Academy	Academy Sponsor Led	25/06/2015	2
Ranikhet Academy	Academy Sponsor Led	no inspection	
St John's CE Aided Primary School	Academy Converter	14/10/2008	1
<b>SECONDARY SCHOOLS</b>			
Blessed Hugh Faringdon (VA) Catholic School	VA School	26/09/2017	2
Reading Girls' School	Academy Sponsor Led	08/04/2016	
Highdown School and Sixth Form	Academy Converter	02/06/2015	2
John Madejski Academy	Academy Sponsor Led	19/09/2017	3
Kendrick grammar	Academy Converter	05/11/2008	1
Maiden Erleigh School in Reading	Free School	no inspection	
Prospect	Academy Converter	23/11/2016	3
Reading grammar school	Academy Converter	18/06/2010	1
UTC Reading	Free School	22/06/2015	1
The Wren School	Free School	no inspection	
<b>SPECIAL SCHOOLS</b>			
The Holy Brook School	Community School	21/11/2014	2
Phoenix College	Community School	10/11/2014	2
The Avenue Special School	Academy Converter	01/04/2011	1
Thames Valley School	Free School	26/05/2016	2
<b>PUPIL REFERRAL UNIT</b>			
Cranbury College	PRU	12/04/2016	3

Reading schools: Ofsted judgements as at November 2017 by maintained / academy schools

Maintained schools	inspection date	grade	Academy schools	inspection date	grade
<b>NURSERY PHASE</b>			<b>PRIMARY</b>		
<b>Outstanding</b>			<b>Outstanding</b>		
Blagdon Nursery & Childrens' Centre	11/11/2014	1	Churchend Primary Academy	06/10/2008	1
Blagrove Nursery School	11/03/2013	1	The Heights	23/05/2017	1
Newbridge Nursery School	17/11/2014	1	St John's CE Aided Primary	14/10/2008	1
Norcot Early Years Centre	08/09/2014	1	<b>total outstanding</b>		<b>3</b>
Caversham Children's Centre	10/07/2014	1	<b>Good</b>		
<b>total outstanding</b>		<b>5</b>	The Palmer Academy	25/06/2015	2
<b>PRIMARY PHASE</b>			<b>total good</b>		<b>1</b>
<b>Outstanding</b>			<b>Requires improvement</b>		
All Saints Junior	26/07/2013	1	Battle Primary School	11/01/2017	3
Caversham Primary School	18/03/2009	1	Meadow Park Academy	09/02/2016	3
Emmer Green Primary School	14/12/2012	1	The Palmer Academy	25/06/2015	3
Geoffrey Field Infant School	10/07/2013	1	<b>total RI</b>		<b>3</b>
<b>total outstanding</b>		<b>4</b>	<b>SECONDARY</b>		
<b>Good</b>			<b>Outstanding</b>		
Alfred Sutton Primary School	09/11/2012	2	Kendrick grammar	05/11/2008	1
All Saints CE (VA) Infant School	12/07/2012	2	Reading grammar school	18/06/2010	1
Caversham Park Primary School	13/05/2013	2	UTC Reading	22/06/2015	1
Christ the King RC Primary School	11/10/2013	2	<b>total outstanding</b>		<b>3</b>
Coley Primary School	12/11/2014	2	<b>Good</b>		
E P Collier Primary School	29/11/2012	2	Highdown School and VI form	02/06/2015	2
English Martyrs RC Aided Primary	19/12/2013	2	<b>total good</b>		<b>1</b>
Geoffrey Field Junior School	09/01/2014	2	<b>Requires improvement</b>		
The Hill Primary School	05/12/2013	2	Prospect	23/11/2016	3
Katesgrove Primary School	19/12/2012	2	John Madejski Academy	10/10/2017	3
Manor Primary School	14/01/2013	2	<b>total RI</b>		<b>2</b>
Micklands Primary School	11/11/2015	2	<b>SPECIAL SCHOOLS</b>		
Moorlands Primary School	17/06/2016	2	<b>Outstanding</b>		
New Christ Church CE VA Primary	06/02/2015	2	The Avenue Special School	01/04/2011	1
Oxford Road Community School	10/11/2014	2	<b>total outstanding</b>		<b>1</b>
Park Lane Primary School	24/10/2013	2	<b>Good</b>		
Redlands Primary School	30/11/2012	2	Thames Valley School	26/05/2016	2
St Anne's RC Aided Primary School	08/12/2015	2	<b>total good</b>		<b>1</b>
St Martin's RC Aided Primary	30/03/2012	2	<b>NO INSPECTION</b>		
St Michael's Primary School	25/10/2012	2	Civitas Academy	no inspection	
Southcote Primary School	19/11/2012	2	New Town Primary School	no inspection	
Thameside Primary School	22/03/2016	2	Ranikhet Academy	no inspection	
Whitley Park Primary School	24/06/2015	2	Maiden Erleigh school	no inspection	
Wilson Primary School	07/11/2014	2	The Wren School	no inspection	
<b>total good</b>		<b>24</b>	Reading Girls' School	no inspection	
<b>Requires improvement</b>			<b>total no inspection</b>		<b>6</b>
The Ridgeway Primary School	30/03/2017	3			
<b>total RI</b>		<b>1</b>			
<b>Inadequate</b>					
St Mary's & All Saints CE Aided Primar	23/12/2014	4			
<b>total inadequate</b>		<b>1</b>			
<b>SECONDARY PHASE</b>					
<b>Good</b>					
Blessed Hugh Faringdon (VA) Catholic	13/12/2012	2			
<b>total good</b>		<b>1</b>			
<b>SPECIAL SCHOOLS</b>					
The Holy Brook School	21/11/2014	2			
Phoenix College	10/11/2014	2			
<b>total good</b>		<b>2</b>			
<b>PUPIL REFERRAL UNIT</b>					
<b>Requires improvement</b>					

## Reading schools: Ofsted gradings November 2017

Maintained	grade	% tot	Academy schools	grade	% tot	Overall	grade	% tot
<b>NURSERY</b>								
outstanding	5	100%					5	100%
good	0	0%					0	0%
RI	0	0%					0	0%
Inadequate	0	0%					0	0%
<b>total</b>	<b>5</b>	<b>100%</b>					<b>5</b>	<b>100%</b>
<b>total good/better</b>	<b>5</b>	<b>100%</b>					<b>5</b>	<b>100%</b>
<b>PRIMARY PHASE</b>								
outstanding	4	13%		3	43%		7	19%
good	24	80%		1	14%		25	68%
RI	1	3%		3	43%		4	11%
Inadequate	1	3%		0	0%		1	3%
<b>total</b>	<b>30</b>	<b>100%</b>		<b>7</b>	<b>100%</b>		<b>37</b>	<b>100%</b>
<b>total good / better</b>	<b>28</b>	<b>93%</b>		<b>4</b>	<b>57%</b>		<b>32</b>	<b>87%</b>
<b>SECONDARY PHASE</b>								
outstanding	0	0%		3	50%		3	43%
good	1	100%		1	17%		2	29%
RI	0	0%		2	33%		2	29%
Inadequate	0	0%		0	0%		0	0%
<b>total</b>	<b>1</b>	<b>100%</b>		<b>6</b>	<b>100%</b>		<b>7</b>	<b>100%</b>
<b>total good / better</b>	<b>1</b>	<b>100%</b>		<b>4</b>	<b>67%</b>		<b>5</b>	<b>71%</b>
<b>SPECIAL / AP</b>								
outstanding	0	0%		1	50%		1	20%
good	2	67%		1	50%		3	60%
RI	1	33%		0	0%		1	20%
Inadequate	0	0%		0	0%		0	0%
<b>total</b>	<b>3</b>	<b>100%</b>		<b>2</b>	<b>100%</b>		<b>5</b>	<b>100%</b>
<b>total good / better</b>	<b>2</b>	<b>67%</b>		<b>2</b>	<b>100%</b>		<b>4</b>	<b>80%</b>
<b>OVERALL</b>								
outstanding	9	23%		7	47%		16	30%
good	27	69%		3	20%		30	56%
RI	2	5%		5	33%		7	13%
Inadequate	1	3%		0	0%		1	2%
<b>total</b>	<b>39</b>	<b>100%</b>		<b>15</b>	<b>100%</b>		<b>54</b>	<b>100%</b>
<b>total good / better</b>	<b>36</b>	<b>92%</b>		<b>10</b>	<b>67%</b>		<b>46</b>	<b>85%</b>