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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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23 January 2018

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NOTICE OF MEETING – ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE – 31 JANUARY 2018

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Wednesday 31 January 2018 at 6.30pm** in the **Council Chamber,** Civic Offices, Reading.

AGENDA

received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.

5.	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.		-
6.	Health Scrutiny Item Healthwatch Report – The Experience of People Admitted to Psychiatric Wards at Prospect Park Hospital.	BOROUGHWIDE	7
7.	SCHOOL FUNDING FORMULA 2018/19 A report to the Committee considering the arrangements for the Reading Schools Funding Formula in 2018/19 including updated information from the National Formula consultation and Reading Schools Formula Consultation.	BOROUGHWIDE	51
8.	EARLY INTERVENTION & PREVENTION PARTNERSHIP STRATEGY 2018-21 A report providing the Committee with an overview of the Early Intervention & Partnership Strategy 2018-21.	BOROUGHWIDE	59
9.	LEARNING FROM READING BOROUGH COUNCIL'S APPROACH TO CHILD SEXUAL EXPLOITATION AND NEXT STEPS IN ADDRESSING CRIMINAL EXPLOITATION A report providing the Committee with an overview on the significant improvements that have been delivered in addressing the risk of Child Sexual exploitation (CSE) in Reading.	BOROUGHWIDE	80
10.	PROGRESS ON THE DELIVERY OF THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY 2017 – 2022 A report providing the Committee with an overview of the Early Intervention & Partnership Strategy 2018-21.	BOROUGHWIDE	86

11. PROVISION OF SCHOOL CATERING SERVICES– CONTRACT EXTENSION — BOROUGHWIDE — X

A report setting out the decision to extend the School Catering Contract with the current contractor, Chartwells for the next extension period of two years, from 1 August 2018 to 31 July 2020.

WEBCASTING NOTICE

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ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
12 DECEMBER 2017

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

Apologies: Councillors Hoskin, Stanford-Beale and Vickers.

30. MINUTES AND MATTERS ARISING

The Minutes of the meeting held on 5 October 2017 were confirmed as a correct record and signed by the Chair.

31. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board – 18 October 2017

Resolved – That the Minutes be noted.

32. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

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

Questioner	Subject
Councillor J Williams	Suicides in the Autism Community

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

33. OFSTED UPDATE REPORT

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the most recent Ofsted Monitoring visit report that had been published on 24 November 2017.

The report explained that progress against key areas of improvement had been made in all areas that had been monitored and reviewed by inspectors. The Ofsted Monitoring visit, that had taken place on 25 and 26 October 2017, had recognised that substantial purposeful progress was being made within Targeted Early Help, the Single Point of Access and the Assessment Teams. Ofsted had recognised that the quality and impact of Early Help was influencing outcomes for children and delivery to children and families was purposeful and of a good standard. Management oversight was largely effective and carried out by constructive and purposeful managers and morale across the workforce was high.

There was greater workforce confidence in the Single Point of Access and there was quality and reliability of threshold decision making where referrals were managed promptly and the workforce were experienced and committed at all levels. Regular management oversight was supporting quick identification of risk and allocation. In

the assessment service inspectors had found effective direct work with children, their voices being prominent in assessments. Social workers had reported that they were well supported by managers on a daily basis, underpinned by regular case supervision and assessments were well informed by involved partners. 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. Good progress had been made on recruitment and a more supportive corporate environment was evident across finance, legal, Human Resources and workforce development.

Resolved –

(1) That the improvements made as documented by Ofsted and that there remained much improvement activity still to undertake be recognised;

(2) That the Director of Children, Education and Early Help Services and her team be thanked for their hard work, drive and ambition.

34. READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2016/2017

The Director of Children, Education and Early Help Services submitted a report presenting the Committee with the Reading Local Safeguarding Children Board Annual Report. The Annual Report was presented by Kim Drake, Quality and Improvement Lead, Reading Borough Council, on behalf of Alex Walters, Independent Chair of the LSCB, a copy of the Annual Report was attached to the report at Appendix 1.

The report explained that the Annual Report had focused on the achievements and ongoing challenges for the LSCB and partners specifically against the priorities that had been identified for the 2015/16 year, as follows:

Priority 1 Children's Emotional Health and Wellbeing;
Priority 2 Strengthening the Child's Journey and Voice;
Priority 3 Child Sexual Exploitation;
Priority 4 Neglect;
Priority 5 Improving Cultural Confidence and Competence in the workforce to meet Children's Needs.

The report stated that the LSCB achievements and progress for 2016/17 had been listed in the Annual Report under the priority headings. Also specified were the ongoing concerns which the LSCB would continue to challenge in 2017/18 and associated actions, all of which had been included within the LSCB Business Plan or via other partnership groups.

The report also provided details of the Ofsted Inspection in May 2016, Board Structure and progress since April 2017. With regard to the future, consultation was currently underway on the new version of Working Together 18, the statutory guidance for Children's Services and LSCBs, the changes were due to be considered by the LSCB at its meeting on 7 December 2017. Locally, in line with

recommendations that had been made by partners involved in the three West of Berkshire LSCBs, the new LSCB Chair was developing and proposing plans to merge the three Boards into one Berkshire West Safeguarding Children Board. Initial discussions were taking place with the Directors of Children's Services in each local authority and leads in the key partner agencies. Proposals would be discussed initially at the LSCB meeting in January 2018.

Resolved – That the Reading Local Safeguarding Children Board Annual Report be noted.

35. CHILDREN'S SERVICES IMPROVEMENT BOARD – REPORT OF THE INDEPENDENT CHAIR

The Independent Chair of the Children's Services Improvement Board (CSIB) submitted a report that covered the period from April to November 2017; the report was presented by the Chair of the CSIB. A copy of the objectives for the CSIB was attached to the report at Appendix 1.

The report stated that during the period from April to November 2017 the CSIB had overseen the development of a revised Children's Services Learning and Improvement Plan that had built on the improvements that had already been secured and moved beyond the narrow focus of the Ofsted recommendations that had been made in their report of August 2017. The CSIB had monitored progress against the plan and reviewed a comprehensive range of performance indicators at each of its monthly meetings. A highlight report had been produced for each CSIB meeting that had summarised progress against each of the actions and had indicated a RAG rating. A storyboard approach to understanding and scrutinising key priority areas had been developed and had included a range of qualitative and quantitative evidence to map the improvement journey relating to a particular priority. This evidence had been used to outline and evaluate progress and to identify next steps to secure further improvement. The CSIB had reviewed storyboards that related to Child Sexual Exploitation/Missing, Recruitment and Retention, MOSAIC and Early Help. In addition to monitoring the Learning and Improvement Plan, the CSIB also focused on quality assurance evidence in relation to improvements in social work practice.

The report stated that the period covered by the report had been characterised by increased stability in leadership of Children's Services, active corporate support, better partnership engagement and increased focus on improving practice. As a result, this had been a period of tangible progress in improving services for children and young people.

Resolved – That the report be noted.

36. SCRUTINY REVIEW – CONTINUED HEALTHCARE FUNDING

Further to Minute 12 of the meeting held on 12 July 2017, the Director of Adult Care and Health Services submitted a report providing the Committee with details on delivering the key actions from the Continuing Health Care (CHC) Action Plan. A copy of the NHS Continuing Healthcare Joint Action Plan for Reading and

Wokingham Local Authorities was attached to the report at Appendix 1 and a copy of a Management Plan was attached to the report at Appendix 2.

The report stated that work on the Action Plan had begun in October 2016 and the CCG had reported to the Task and Finish Group that had been set up to investigate CHC Funding that the majority of actions had been completed. Work on the three actions that had not been completed within the Action Plan had been set out in the report.

The CHC shared service had been commissioned from Wokingham Borough Council to process CHC applications on behalf of the Council. However, following a review of the service it had been decommissioned by the Council and notice had been given to Wokingham to end the service on 31 December 2017 but, due to a number of staff changes with the shared service, Wokingham Borough Council had only been able to deliver a service to Reading until 20 October 2017. The shared service handed over 41 applications to the Council that were being processed and there were eight cases that had been assessed as eligible for CHC that were currently being validated to ensure that the correct funding stream had been set up and the CCG had been invoiced where appropriate. The CHC process for the Council would be managed by the locality teams as part of their day-to-day responsibilities and a Management Plan was in place.

The report included a table that provided a snapshot of CHC eligibility for quarter one 2017/18 (April to July 2017) and showed that Reading CHC eligibility had remained lower that its neighbours and the national average. The reasons for this would be explored as part of the Reading Integration Board. The CCG forecast spend for the North and West and South Reading CCGs on CHC in 2017/18 was £8.96m, an increase of 1.5% on the 2016/17 outturn. The percentage of individuals eligible for CHC had risen from 6% of all checklist CHC referrals (113) in 2016/17 to 29% of all checklist referrals (29) to the end of quarter two in 2017/18. Nationally the conversion rate from checklist to full CHC eligibility was 17% and in addition to checklist CHC referrals, 95 fast track referrals had been received in 2016/17 and 53 fast track referrals had been received to the end of quarter two in 2017/18. Fast Track referrals were made for individuals with rapidly deteriorating conditions that might be entering a terminal phase and might require 'fast tracking' for immediate provision of NHS continuing healthcare.

The Committee discussed the report and agreed that a further update report should be submitted to the meeting on 5 April 2018 including a detailed analysis of the data and an investigation of children's CHC funding and an explanation as to why so few children in the Borough were meeting the threshold.

Resolved –

(1) That the progress of the Continuing Health Care Funding Review and completion of the agreed Joint Action Plan be noted;

(2) That the changes to the Council and Continuing Health Care application process and new Action Plan be noted;

(3) That further work be carried out to identify why Reading still had a relatively low level of Continuing Health Care funding compared to neighbours and the national average, and to take further action to address as required;

(4) That a further update/progress report, including a detailed analysis of the data, be submitted to the meeting on 5 April 2018;

(5) That the report to be submitted to the meeting in April 2018 also include an investigation of children's CHC funding and an explanation as to why so few children in the Borough were meeting the threshold.

37. READING SCHOOLS: OFSTED JUDGEMENTS AS AT 30 NOVEMBER 2017

The Director of Children, Education and Early Help Services submitted 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 had been published. Tables setting out Ofsted judgements and gradings as at November 2017 were appended to the report.

The report detailed the performance of schools in the Borough for the following Key Stages:

Pre-School Settings – Ofsted ratings of early years settings in the Borough were strong with 93.7% of schools having been rated as good or better as at November 2017 compared with 87.9% in August 2015. However, settings elsewhere, in the south east and nationally, had improved at a more rapid rate, and hence there had been a fall in ranking. All nursery schools were now outstanding.

Primary Schools – The performance of schools in their latest Ofsted inspections had improved strongly between 2015 and 2017 with 89% having been rated as good or better as at November 2017 compared to 73% in August 2015. However, the percentage of schools that had been rated 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, the headlines were as follows:

- Maintained schools overall had improved strongly in terms of the percentage graded good or better;
- Seven academy schools out of nine had been inspected and three of the seven had been judged as Requiring Improvement;
- Overall, the Borough's primary schools were close but not quite at the national average.

Challenges now were to support good maintained schools that were vulnerable to a judgement of Requires Improvement, support the remaining Requires Improvement maintained schools to progress to become good at their next inspection, assisting the Regional Schools Commissioner (RSC) to ensure the primary school in special measures was matched with a strong sponsor and supporting and challenging the RSC to support, challenge and intervene where necessary.

Secondary Schools – Far fewer secondary schools were now rated 'good' or better than had been the case two years ago and the Borough's academy schools were only 63% good or better. The Borough's single maintained school was good. Officers had discussed with the RSC what action was being taken with regard to academies that were not yet good or were vulnerable at the next inspection to being graded as less than good, the RSC had responded positively setting out plans for weaker academies to become part of a multi-academy trust.

Special Schools – Special schools had all been rated at least good in the period and were first ranked. However, the Borough's only alternative provision, Cranbury College, had been graded requires improvement in its last inspection.

Finally, the report explained that it had identified 13 schools as system leaders, 28 as developing capacity, two as requiring support and eight as schools causing concern.

Chris Kiernan, Interim Head of Education, informed the Committee that following the poor Ofsted inspection of St Mary and All Saints Church of England Voluntary Aided Primary School a new Headteacher would be in post from 1 February 2018 and The White Horse Federation, a Multi Academy Trust that supported Primary, Secondary and Special Schools in the south of England, would be taking over the school. At their recent inspections John Madejski Academy had been judged as requires improvement, improving from its previous judgement of inadequate, and St Michael's Primary School had been judged as good. The authority had also developed a good relationship with the RSC and a protocol had been set up for cases where the authority had concerns about an academy school.

Councillor Jones also informed the Committee that there was a need for a six form entry stand-alone secondary school in the Borough for which an academy sponsor/partner would have to be found and a site on which to build the school would need to be identified. This was to meet demand in the central corridor of the Borough along the Oxford and Wokingham Roads.

Resolved –

(1) That the report be noted;

(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.

38. SCHOOL FUNDING FORMULA 2018/19

Resolved – That a report on the School Funding Formula 2018/19 be submitted to the meeting on 31 January 2018.

(The meeting commenced at 6.30 pm and closed at 7.43 pm).

The Experience Of People Admitted To Psychiatric Wards At Prospect Park Hospital In Berkshire

Inside: Views of more than 40 people collected by the six local Healthwatch in Berkshire, October 2017

healthwatch Bracknell Forest

healthwatch Reading

healthwatch Slough

healthwatch West Berkshire

healthwatch Windsor, Ascot and Maidenhead

healthwatch Wokingham Borough

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Contents

About This Report

Prospect Park patient experience project summary

Where: Bluebell, Daisy, Rose & Snowdrop wards, Prospect Park Hospital, Berkshire Healthcare NHS Foundation Trust, Honey End Lane, Reading, RG30 4EJ

When: 11 visits between Monday 23 October and Sunday 29 October 2017, of 1.5 hours duration each, either at 9.45am, 2pm or 7.45pm.

Who: 41 adults (24 female, 17 male), a mix of voluntary or 'sectioned' inpatients, completed surveys, plus eight people took part in a group talk.

Why: All six local Healthwatch in Berkshire wanted to jointly:

- Look at inpatient experience for people with serious mental health needs
- Find, highlight and share examples of good practice
- Allow patients' voices to be heard, including any ideas for improvements
- See how dementia friendly the Rowan Ward is (see separate report)
- Find out what might have prevented people from needing hospital care
- Inform BHFT and clinical commissioning groups as they plan mental health care

How: The six Healthwatch used their statutory Enter and View function to jointly request and obtain prior agreement of BHFT to visit. Healthwatch teams asked patients to complete an anonymous survey and/or to take part in one-to-one or group conversations.

All six Healthwatch - Bracknell Forest; Reading; Slough; West Berkshire; Windsor, Ascot and Maidenhead; and Wokingham Borough - have individually agreed this report's collective findings and recommendations.

Main findings:

- 81% of people (29 out of 36) said they felt hospital staff treated them with dignity and respect
- 80% of people (32 out of 40) said they had not been given a date for their discharge from hospital
- 75% of people (30 out of 40) said they took part in activities at the hospital
- 69% of people (27 out of 39) said they had been told about their right to have an independent mental health advocate (IMHA)
- 67% of people (27 out of 41) said they had been in contact with a community service before coming into hospital
- 62% (24 out of 39) people said they had not had their care and treatment plan explained to them in hospital
- **Staff attitude, care or friendliness was the most common response from patients asked to identify one good thing about the hospital,** followed by: getting treatment they needed, feeling safe, support from other patients, the environment, the hospital's location, and the care on Rose Ward.
- **More staff, was the improvement most suggested by patients,** followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support.

Introduction

This report presents findings of a unique patient experience project. For the first time, all six local Healthwatch in Berkshire* worked together, to visit and capture views of people staying as inpatients at Prospect Park Hospital in Reading, run by the county's main mental health provider, Berkshire Healthcare NHS Foundation Trust (BHFT).

This joint working means we were able to collect the views of a large number of people – more than 40 – as well as observe the environment they were cared in. This is believed to be the biggest number of psychiatric inpatients interviewed at one time for any similar project carried out by any of the 153 local Healthwatch in England.

Undertaking this project is evidence of our commitment to one of the core values of the entire Healthwatch network - to be inclusive. Healthwatch England describes this as 'listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them'.

The successful reach of this project was also due to the 'open door' response from BHFT to our requests to visit. Local Healthwatch have statutory Enter and View powers to visit NHS or social care providers to capture patient or service user experience at the point of delivery. This can be done unannounced; however, we chose to work with the hospital in advance to plan logistics and safety, prepare staff and patients, and to develop mutual trust about the benefits of allowing patients to share their experiences with independent interviewers.

***Healthwatch Bracknell Forest**

Healthwatch Reading

Healthwatch Slough

Healthwatch West Berkshire

Healthwatch Windsor, Ascot and Maidenhead

Healthwatch Wokingham Borough

Acknowledgements

We wish to thank:

- all the patients who trusted us with their experiences
- unpaid Healthwatch volunteers who helped interview patients;
- ward staff for liaison with Healthwatch teams during individual visits;
- and Alison Durrands, Interim Locality Director for Inpatient mental health at Prospect Park, for her welcoming and facilitating approach to this project.

Disclaimer

The report findings relate only to views collected at particular times and dates and are not a comprehensive judgement on the overall quality of the service.

Background Information

About Local Healthwatch

The national Healthwatch network was launched in 2013, with some statutory powers, to act as the 'consumer champion for health and social care'. Every local authority in England receives funding from central government to commission a local Healthwatch service.

These local organisations – across Berkshire, as well as nationally - take various forms. Some are newly created charities, while some are taken on as an extra service by existing charity, advice or advocacy organisations. Regardless of their makeup, they follow core Healthwatch values: to be Inclusive, Influential, Independent, Credible and Collaborative.

Why Did We Want To Visit Prospect Park Hospital?

All six local Healthwatch in Berkshire regularly receive a mix of feedback from the public about various NHS and social care services.

People had been raising issues with us such as staff attitude, inconsistency of staff, safety concerns, and other concerns about treatment or the environment. We felt this warranted a more detailed examination of patient experience to build up a greater body of qualitative evidence showing what is working, and what needs to improve, at the hospital.

We also wanted to give a voice to the 'seldom heard'. Mental illness can isolate people due to factors such as symptoms, medication side-effects, lack of work or social opportunities, societal stigma, and place of care – which could be a locked ward. Some of these factors will prevent people from speaking up, or talking coherently about their care. Other barriers may be assumptions that people on psychiatric wards are 'too ill' or are 'unable' to give their opinion, or that it is too time consuming or difficult to collect these experiences. Healthwatch aims to challenge assumptions and be as inclusive as possible, by going to where people are, and enabling them to have their say.

Finally, we aim to influence future local mental health care policy, by sharing our findings with BHF , and Berkshire's NHS clinical commissioning groups that are responsible for planning and funding mental health services for our populations.

Existing evidence on patient experience of Prospect Park

As part of our project we reviewed a range of local and national evidence:

Local Healthwatch evidence: a mix of positive and negative feedback

"I was an inpatient here for seven months and my team took very good care for me got to know me and figure out how to help me when I'm in a crisis."

"Something is not right on the wards. They change psychiatrists like they change underwear, when it is crucial for the recovery of mental health patients to have continuity and not destabilise an already very unstable illness. In general, the hospital treats the patients more like inmates."

Reading NHS Complaints Advocacy Service (run by Healthwatch Reading)

Individual complaint details are confidential, but recent themes have included people feeling unsafe due to other patients' behaviour, or alleged assault by staff.

NHS Friends and Family Test

Nearly three-quarters (74%) of BHFT mental health inpatients surveyed in 2016-17 said they would recommend the service to a family or friend. The survey response rate was low – only 141 mental health inpatients, compared with more than 11,000 people giving a view about BHFT community services. Satisfaction was also less than the 90%-plus scores for non-inpatient mental health services.

Care Quality Commission (CQC)

BHFT was rated overall as 'good' during its most recent comprehensive inspection by the national regulator of NHS services, the CQC, in 2015 and 2016.[1] In August 2017, the CQC published a Quality Report of BHFT's acute wards for adults of working age and psychiatric intensive care units.[2] This report said while staff numbers had improved, the trust had to take action on seven regulation breaches. These included staff not always undertaking or recording patient risk assessments, staff not always reporting incidents, staff not always recording patients' mental capacity or consent, and some dirty patient and staff areas.

Berkshire Coroner

A legal representative of the family of Sarah-Jane Williams - a patient who died on Daisy Ward at Prospect Park on December 6, 2015 in a fire she was believed to have started - said they felt more could have been done to prevent her death, and deal with concerns about an alleged assault on her by staff. The details emerged in a news article[3] about a public pre-inquest review hearing in October 2017. The Berkshire Coroner indicated he would send the case to a jury inquest, once the CQC had completed its own investigation.

Overview of Prospect Park Hospital

BHFT is the main provider of NHS community and mental health services for the 900,000 people living across Berkshire. It employs around 4,300 staff and its services are funded by seven different clinical commissioning groups (CCGs).

These services include Prospect Park Hospital, where people with serious mental health needs stay as inpatients, either on a voluntary basis, or under a section of the Mental Health Act 1983 that allows doctors to compel people to stay in hospital for urgent assessment and/or treatment and/or for their own or others' safety. Prospect Park Hospital is based in west Reading and its wards include:

- Bluebell, Daisy, Rose and Snowdrop for adults with mental health difficultie
- Sorrel ward for adults who need psychiatric intensive care
- Rowan ward for adults with dementia
- Orchid ward for older adults who need to be assessed
- Campion Unit, for adults with learning disabilities and mental health needs
- Oakwood Unit for adults needing short-stay physical rehabilitation

Overall there are 142 mental health inpatient beds.

Dates And Times Of Our Visits

- Mon 23 October, 9.45am-11.15am, Daisy, Bluebell, Rose and Snowdrop wards
- Mon 23 Oct, 1.4pm-3.15pm, Rose, Rowan and Bluebell
- Tuesday 24 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Tues 24 Oct, 7.45pm-9.15pm, Rose, Bluebell, Snowdrop
- Wednesday 25 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Weds 25 Oct, Rowan, Daisy, Snowdrop
- Thursday 26 Oct, 9.45am-11.15am, Bluebell, Daisy
- Thurs 26 Oct, Daisy, Bluebell
- Friday 27 Oct, 9.45am-11.15am, Bluebell, Snowdrop, Rowan, Rose
- Saturday 28 Oct, 1.4pm-3.15pm, Rose and Daisy
- Sunday 29 Oct, 7.45pm-9.15pm, Rose, Snowdrop and Rowan

Main findings

67% of people (27 out of 41) said they had been in contact with a community service before coming into hospital.

Specific services named by people, were:

- Crisis team (9 people)
- Police (6)
- Community mental health team (6)
- Supported Living service (4)
- Psychiatrist (3)
- GP (3)
- Community Psychiatric Nurse (2)
- A&E (2)
- Other hospital (2)
- Care coordinator (1)

"Had a care coordinator but [this professional] has been replaced. Already in hospital and got sent home. My [relative] said it was too early. I was seen by a community person and crashed and burnt so readmitted."

"Crisis team. They are ok, came out and sorted me but can't do much."

"Only the police."

One person described how they had been referred many times over the years to CAMHS and other agencies. The person's parents had repeatedly begged for help but agencies all said the issues were behavioural. Since being in Prospect Park, the patient had been identified with a serious mental health condition.

"Originally here [more than a decade ago]. Now in Supported Living and have a CPN."

"Crisis team, CMHT [for many months]. Trying to get long term therapy."

Another person said their GP had told them they were not unwell. But the person's symptoms had prompted them to visit a mental health unit in another country, where they had received electroconvulsive therapy (ECT). Person now experiences memory loss, self-harm, depression, and isolation from family.

Another person said they had a Supported Living case worker. They had arrived in Prospect Park via police after a public incident. The person said they had had no previous contact with mental health services.

Another person said they had not eaten for weeks and had felt like taking their own life. The CPN had only been available once a month and the person felt like the crisis team didn't respond quickly enough, so they came into the hospital via the police. The person had been admitted five times over six years, and had also stayed many times in a community mental health care home. "But does no good as just go home again and back to square one."

81% of people (29 out of 36 surveys completed on this question) said they felt hospital staff treated them with dignity and respect; 19% (7) said they did not.

"100%, all staff are there for me. Sometimes when they are busy and/or understaffed, they ask me to wait five minutes, but they come eventually."

"The way they speak to me is not condescending in any way."

"So far all the staff have treated me with dignity and respect. I was concerned about this as I had a number of issues with staff on a previous stay [within the last three years] and feared it would be the case this time round. However there has been a big improvement in the attitude and attentiveness of staff. This has eased my stress levels considerably, the only problem is that the ward is often short-staffed so it is the staff who end up getting stressed. More often than not the staff-to-patient ratio is lower than it should be and it can get chaotic on the ward. I sometimes find it stressful watching the staff struggling to cope because I feel sorry for them and don't like asking for help and adding to their workload."

"Absolutely - sometimes they're under pressure. They have the patience of a saint. They do listen to me."

"Staff have been very friendly and kind."

"Some of the staff are really good. Others less so. Night shifts are bad, often too busy to engage with service users."

"Yes and no. I have seen staff laugh at others and not try to help them [but patient hadn't experienced this personally]."

"Most staff are fantastic. Sometimes one member of staff talks down to me."

"I think they try to but there are not enough of them because there are a few staff on 'one-to-ones' with patients who need someone all the time. My key keyworker nurse is full-time but never free to do a one-to-one [with the patient]."

"If you are kicking off, the staff aren't always nice."

"Staff do, psychiatrists don't."

"One staff member introduced a new staff member to [the patient] and said 'This is the [patient that does a particular thing] in crisis'. [Patient did not like being defined by this act]."

One person though night staff just wanted to get patients to bed early by giving out medication early.

62% (24 out of 39) people said they had not had their care and treatment plan explained to them in hospital, 38% (15) said they had.

"Told I will be involved soon."

"Did not know what one was until three months in, then wrote my own."

Another person described their care plan as 'wishy-washy'. They had met with their key nurse to go through it.

"Some discussion but did not understand it."

"It has been put on hold as they think I am too unwell at moment."

"Some things have been explained, others have not. Not enough time to talk to doctors or discuss care plan." Person feels like they are managing their own care.

"No plan at all."

"I'm aware I will have access to a care plan but I've only been in a few days so haven't asked about it yet."

"Changed my medication [to an increased amount] without telling me."

"Came in on the Monday but not given care plan until Friday."

"Not clear enough. Need to be talked to more. Never know what's going on."

"Told them some things but they have not done all of it."

"Very informally."

"They are always too busy. It should be your keyworker but I have been here almost two weeks and have not seen them for a one-to-one." A "kind" caseworker had helped this person with some ward accommodation issues.

Another person said it was unhelpful that only a student nurse was present with their meeting with a psychiatrist, and not the key nurse who they had previously discussed care plan with.

"My key worker explains things to me. Have had quite a few one-to-ones. This has been good."

"Care plan has been laid out. I meet with Dr [x, every week], I feel involved in my care plan."

"I'm not sure what you're talking about - maybe they did but I can't be sure."

Another person believes they need more help than they are currently getting.

Another person had not yet met their key worker/nurse.

Another person said nothing much had happened since admission. They had a named key worker/nurse.

Another person said they had been given the opportunity but had been too unwell to do it.

"My [relative] comes for these meetings. Sometimes it needs more explaining. It's all fine though but after some days the future needs to be sorted out."

"Not really." The person said they did not know why their freedom was so restricted.

Another person said that they felt they didn't need the medication they were on. The person felt quite happy.

69% of people (27 out of 39) said they had been told about a right to have an independent mental health advocate (IMHA); 31% (12) said they had not.

"Met [the IMHA based there] when he walked through the ward."

"Would like to meet an advocate."

Another person, who said they were detained under section, named the advocates available at the hospital. The person said they were not aware of their rights.

"I have seen the notice and signs."

"Seap advocate comes round, often on ward."

Another person said staff had explained what an advocate was but had told them "there was no point" as the patient would be leaving the hospital in two weeks.

"I'm not ready to talk to them at the moment."

Another person said they did not want an advocate.

Another person said they would like to see an advocate, but the advocate normally based at the hospital, had told the person that their advocacy service did not extended to people who lived in Slough, but the advocate would make contact with a Slough advocate, with the patient's permission.

75% of people (30 out of 40) said they took part in activities at the hospital, 25% (10) said they did not. Using the gym was mentioned by most people, followed by pottery and craft.

"I have found the activities very good, varied and well-structured. So far I have taken part in creative sessions and am due to join the therapy-based sessions."

"Pottery, relaxation, creative writing, yoga. Do this to keep busy as they don't know how to help me."

"There are things to do. However, no Wi-Fi available apart from on Snowdrop ward. Would like to have a reading club."

"No activities. Just went down to Asda. Lots of people there from Prospect Park."

Another person said they were no longer allowed to attend certain activities because staff said the person was 'too emotional'.

"It's all ok, you just have to stick to the rules."

"Love pottery - chap who runs it is great and relaxed and makes me feel happy. Would like art therapy but they don't do. OT assistant has left and not been replaced for months so activities have reduced a lot. Need to do more than just medication to get better, especially need some talking therapy. Psychologists has left and only just been replaced, didn't have one for months."

"Pottery is great, staff support us when available. I also go to the gym. I look at the noticeboard and decide what to do each day. There are very few activities on a weekend - one each day."

One person said that being in group therapy can be "too much".

One person described having to wait a long time to be taken to a living skills group but was then left behind, which upset the person. The nurse told the person this was because they were not allowed to leave the ward, but the person said they had not been told this previously. The person said that while on section, they were not allowed outside the building.

Another person likes to go running but restrictions on being allowed out means the person cannot run as long as they would like.

Another person said they know about the activities but is not interested in them and stays in bed.

Another person said they stay in their pyjamas all day.

80% of people (32 out of 40) said they had not been given a date for their discharge from hospital, 20% (8) said they had

"Out [later this week] and have been told everything."

"I can leave whenever I wish as I am informal. But I am not quite ready to do so yet. I am fully involved in my plans to leave."

"I don't have any idea of my discharge date."

"Not informed about any plan for discharge."

Person staying under section said staff had said 'you will never get out of here'.

"Not in a hurry to go."

"I have a discharge plan for when I get home but I need to see the Dr first."

"Much too early for this."

"Been told it will be discussed next week but I don't feel ready. Feel frightened to stay home but frightened to stay here."

Another person said they had no idea as it was dependent on wait for funding for a community placement.

"Told [many weeks] ago could go home in [soon] but still here now."

Another person said they had an upcoming meeting with an advocate to discuss this and also described needing to get housing and benefits sorted out first.

Another person was able to name a discharge date within the next two weeks and described plans to go and stay with family.

Another person said they had been trying to reach social worker but unable to get a plan for discharge or getting back into housing.

"I have 10 more sessions of [type of therapy]. They haven't involved me in the discharge plan yet."

"Under section 2. Don't want to be under section 3."

Another person said a social worker had spoken to them about discharge, but hospital nurses and doctors hadn't.

Another person wants to be able to stay voluntarily, as being under section was 'like doing time'.

When asked to name one good thing about Prospect Park Hospital, most people described the care, attitude or friendliness of staff.

The next most positive factors were: getting treatment, feeling safe, support from other patients, the environment, the hospital's location, and two people mentioned in particular, the care on Rose Ward. All comments below:

Rose ward is holistic.

Activity room open until midnight.

Staff who run activities are great.

Likes walking in the park, likes location as shops nearby.

Not too far from friends.

Like food.

Rose ward is the best ward - receive good information.

You get to socialize and meet people.

Safe environment, not easy to escape.

Feeling safe.

Most staff are fantastic and listen to you. Usually have time to talk to patients and listen to problems.

The O/T activities person is great.

It is remote and away from people which is good [as person gets too distracted with too many people around].

Staff on the whole are lovely.

Getting visits is good.

Location amazing with ASDA nearby.

The improvement in care and attitude from staff to patients.

They look after you. I get [regular] half hour S.17 unescorted leave every day.

Some of staff are good and friendly. Senior staff not helpful.

It's clean and tidy.

Young ones [on ward] look after me and look out for me. My [relative] visits every afternoon and they give [them] dinner. People seem to get better and go home. They let you do your own thing and get up when you want.

You can get breakfast at 6am and that is useful, then the main breakfast is at 8am. Food is good. Staff in general friendly.

Staff really good. Pottery guy great, his group is the best, relaxed and fun. Alison manager is very good, rang her 1 day as no one to take me out and she came straight away and took me out. She is often on ward and talks to patients.

Staff - nursing and support good.

'I am getting better. Some people have been helped.

'The other patients are great…they make you welcome…like one of the family."

The bedroom is nice.

It is nice when staff thank you. The staff have been very good. We can have fun and sometimes dance with each other.

Getting kindness from other patients when upset.

Keeps you safe.

Other patients are lovely and friendly.

The other patients.

Feels secure in the environment.

Some staff are good, but not always around. Dr is away on leave. I cook my own food.

It initially protected me for 2 days.

Very pleased to be there. Needed help and now getting it. Has been helped to focus on some good things that [the person] enjoys, like music.

Person said it was the first time that their ill health had been acknowledged.

Has a tv, nice atmosphere, drs and nurses friendly.

Nothing good about it.

Nothing working well.

Asked to name one thing they would like improved at Prospect Park, most people suggested more staff.

This was followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support. All comments below:

Need an OT or student OT at weekends.

Would like to see peer support.

Treat us like human beings. Don't just sedate us when you are annoyed.

Need to know when I can leave. Here too long.

Food is not very good. Doesn't always get food they ordered.

Want to have more informal visits, especially smoking restrictions

More entertainment.

Poor staffing level which impacts on care. Feeling closed up.

Used to be an arrangement for group trips out in a minibus. This should be re-instated.

Upset that smoking is banned as smoking calms down some patients.

Being able to get out of hospital.

The food menu form is so cluttered and tiny print that it is too difficult for me to read and choose. The staff can read the menu for you but I want to be able to do it for myself. The menu should be made less cluttered with larger print so it is easy to read.

Let patients go out with an escort more often. More fresh air would be good.

To make the wards feel more homely.

More vegetarian meal options.

Not always enough staff on the ward.

Having 15-minute checks during the night but being allowed out all day from 10am to 11pm made no sense.

Alarms constantly going off. Very disturbed sleep and bathroom light on all night so they could do checks.

Need more talking therapy or counselling. Only saw key nurse once.

An increase in the number of staff. It's not good seeing staff working non-stop and trying to do four things at once.

Only 1 consultant can change my medication.

Like more escorted leave. Nothing to do at weekends so get very depressed.

Good to have a quiz event, bring people together.

Medication routine should be changed.

TV is always on very loud.

Think they have gone too far with non-smoking, so people sneak about and hide things, courtyard area maybe should be used for smoking. People can't get out as no one to escort them.

Low staffing levels, so maybe smaller wards as 23 makes ward too big and can be very unsettling. Need more staff and more consistency. Been on different wards and there are different rules on each ward e.g. on Bluebell patients are let out after medication in morning and after 8 at night, but not on this ward. See Dr once a week which is good, nurses are amazing, work hard but a lot of people to look after and they are understaffed . This to me means that I can't get 1 to 1 time, can't get off ward as escort not available, staff are tired. Doesn't feel safe, but only because there are not enough of them. There seem to be more attacks on ward that staff have to deal with. Can't take overnight or weekend leave as know my bed might be taken and I may be sent out of area and I want to see my [relative] so have not been home for [many] months as not want to risk this.

More staff, more permanent staff. Don't seem to understand bipolar.

Medication is very similar (colour etc) in different doses and it is very easy to get them mixed up.

Need to be more caring, they tell us nothing, need better communication, psychiatrists in particular.

Staff training in compassion and thoroughness and cleanliness. Support for people like me who want to learn even at this late stage of life.

More staff so they can see the patients one to one when they need it. [This patient suffers from dissociation when distressed and has been told to ask for a member of staff but feels there is no one to come]. It's like I am half falling off a cliff and I say, 'can you help me?' and it's as though they say 'next week' and it's not soon enough, I need help now."

Food is repetitive, not much of a sandwich person. Many of us go and buy our own food when we want. Need more activities on a weekend and often there needs to be more staff.

Smoking is not illegal but you can't smoke at the hospital so I have to go over the road beyond the hospital perimeter. I want a smoking area closer.

Doctors should be from different backgrounds and should be more women.

I don't get enough tranquilisers. I'm very frightened of being here… there has been a lot of shouting and screaming on the ward, the staff do very little about it. They are very slow here to dispense the drugs.

More therapeutic therapies on this ward.

More staff.

If the system used during the leave period was computerised it would be more efficient than the current paper system. There would be less frustration for patients and free up staff time. The staff have to enter our details in a register, including description of clothing, it's very slow, if they photographed us minus head it would be quicker and more accurate.

More staff on shift. Not enough staff to run facilities.

Ward needs more staff and more support for patients. Miss church due to lack of escorts. Difficult getting hold of PALS. Distance from Slough makes visits difficult for family members. Shower in room leaks everywhere, reported several times but still not sorted after 2 weeks. Lack of staff means not enough 1 to 1 sessions.

It would be handy to have a bar and have access to my money as I run out.

Staff just give you more medication. They're laughing when people are crying Hate it.

Feels there are not enough talking therapies. Not enough psychology meetings. No recognition of person's need for more freedom and more time to talk.

Feels some of the other patients are not ill like they are so there is a lack of shared experience.

Would like to have nails done or go out for a longer S17 to get their hair done.

Person wants to be able to eat a Halal food option if that appeals compared to other menu options, but had previously been told they could not have it because staff said they were not Asian.

Better food and choice, not same menu each week. Food portions aren't big enough.

Should not have to share rooms.

There is no trauma counselling or therapy if you have witnessed other people self-harming of attacking staff.

Worried about being transferred to a specialist unit far away from home and family.

Concerned about not having direct access to vital treatment for a physical condition at night; it takes too long to get it when needed as it is locked up.

Suffocating concrete building needs to be more open.

Observations by Healthwatch teams and issues arising during visits

Healthwatch staff and volunteers made the following observations:

- Corridors and communal areas appeared to be clean, fresh and well looked
- A 'Tree of Hope' mural is a feature on Bluebell Ward. On discharge, people are given a 'paper fruit' to write a message on and then put on the tree. Some of the messages read: "Don't be afraid to talk to people, be open and let the staff help you"; "I couldn't have better taken care of", and "Never give up hope. This is a good place to get better."
- Patient suggestion slips were being used on Rose Ward to get feedback
- We heard about the Assist/Embrace initiative, where former inpatients now living in Slough, are trained as peer mentors, to go onto Prospect Park wards to visit small groups of inpatients to discuss hope, recovery, and living with mental health needs once they leave hospital and the type of ongoing practical and peer support they can access in the community;
- One visitor waited 25 minutes to gain entry to a ward and when they were eventually let in, the staff member didn't appear to check who they were visiting;
- Patients can wait for a long time outside a locked office trying to get attention of staff to be able to be signed out to leave the ward;
- Healthwatch staff who had carried out visits during both the day and night, said the atmosphere at night was very different – it sounded noisier, staff were less visible and some patients were observed shouting and arguing with no immediate input from staff;
- During one visit we sat in on a staff handover meeting. Staff discussed concerns about a number of patients who had mentioned suicide, leading to increased need for close observation of patients. They also discussed staffing challenges, including how to move or find staff to ensure the Place of Safety and wards were adequately covered. Some staff who had already completed long shifts were staying back to help their colleagues manage the ward, especially the administration of medication. Staff also said patients had raised concerns with them about staffing levels.

Issues that Healthwatch staff raised during or immediately after visits, included:

- Concern that two patients with learning disabilities were on a mental health ward, as there were no beds on Campion (the specialist LD unit)
- A person disclosed that they had deliberately self-harmed themselves the night before [staff said they had been aware and had intervened and assisted the person at the time]
- A person showed bruising on their arms which they said had occurred while staff restrained them. The person had not raised their concerns about this directly with staff. [We reported this to a senior person as a potential safeguarding concern. BHFT also shared with us, its policy on Prevention and Management of Violence and Aggression]
- A patient who uses a wheelchair said they had been unable to ask for help with personal care as there were no staff who were the same gender as the patient, working on the ward at a particular time [A manager told us this would be discussed with ward teams. We were told that all-male, or more usually, all female, staffing shifts can occur. In these cases, the duty senior nurse is able to move staff around on wards to provide the best care they can within the resources available. All-female staffed shifts can also affect how safe staff feel, for example, if they are working with a particularly unwell male patient on a ward].
- A patient said they were anxious about not being able to quickly access an asthma inhaler at night because it was kept in a locked office. [manager said they would have further conversations with the patient to check they understood the reasons for this. Staff individually risk assess each person's access to medications, including potential for overuse and how this might affect other prescribed medications they are taking. Keeping it in the office means medication use can be monitored and recorded.]
- Three rooms on Daisy Ward are doubles - are there plans to turn them into single rooms to give patients privacy? [A manager told us all of the four acute wards have one or two double rooms, but these are being phased out, as 'we know that most patients do not like sharing'. There are wider plans to reduce the larger-than-average size of the wards towards a best practice number of around 20 beds].
- We asked about the food menu. [BHFT sent us a copy showing that special diets are catered for such as Halal, and vegetarian. The menu is on a two-week rolling choice. We were told that patients can choose what they want or they may be clinically recommended a special diet – for example a mashable diet for people who find it hard to chew or swallow food].

Discussion and recommendations

Staff attitude towards patients

People using mental health services should 'feel they are treated with empathy, dignity and respect', according to a quality standard for adult mental health patients drawn up by the National Institute for Health and Care Excellence (NICE).[4]

The strongest finding of our project showed that 80% of the people we spoke with felt they were treated with dignity and respect by ward staff. Staff attitude towards patients was also top of the list when people were also asked to suggest 'one good thing' about the hospital.

In describing positive care, people mentioned staff who were 'friendly', 'patient', 'kind', 'fun' and who 'listened', had 'time to talk', and helped them coped during a crisis. Some patients who had been admitted to Prospect Park in the past, remarked on the improved staff attitude towards to patients.

A small number of examples cited of poor staff attitude involved people feeling staff were laughing at them or not compassionate, or were using medication, especially at night, to subdue people instead of using talking therapies. The NICE quality statement states that inpatients should be 'confident that control and restraint, and compulsory treatment including rapid tranquilisation, will be used competently, safely and only as a last resort with minimum force'.

Recommendation 1:

BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

Involvement in care planning and decisions

Nearly two-thirds of people we spoke with felt they had not been involved in their own care-planning. It might be 'too early' in their hospital stay, they felt they were too unwell to have this talk, or they had been promised care planning meetings in the near future. It is possible that some patients' symptoms or medication mean they cannot recall care discussions that had already taken place.

A key concern raised by people was lack of explanation for medication changes.

The NICE quality standard calls for 'shared decision-making' to be 'routinely' carried out with hospital inpatients, 'including, whenever possible, service users who are subject to the Mental Health Act'.

The Care Quality Commission has also emphasised, in a recent mental health care report, that 'decisions that are right for people are often those that are right for organisations too: treating people as active participants in their own care promotes recovery and lessens dependence on services'.[5]

Recommendation 2:

BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

Access to an independent mental health advocate (IMHA)

More than two-thirds of the people we spoke with had been told about, or were aware of, the IMHA service based at the hospital. People were able to name one or two of the regular IMHAs, and describe how they saw them on wards, or had heard about advocacy from posters, leaflets or staff

One potentially concerning comment suggested that staff had told one person there was 'no point' in seeing an advocate as they were due to go home in two weeks.

There was also evidence that the fragmented way that advocacy services are commissioned (via each local authority for their own residents), means that some patients face a delay in accessing an advocate. (One person who usually lives in Slough was told that the IMHA on the ward worked for an advocacy service which did not cover people from Slough).

The Mental Health Act (1983)[6] says patients of all ages are entitled to an IMHA if:

- they are detained ("sectioned") in hospital (excluding emergency detention of up to 72 hours), and/or
- they are discharged from hospital with conditions, such as close supervision, compulsory treatment, or having a guardian (such as the local authority) deciding where they live.

Under-18s also have the right to an IMHA for decisions on serious treatment like electroconvulsive therapy (ECT).

The response to our question about access to an IMHA, may have been dependent on whether the person was technically entitled to an IMHA, but we did not (rightly) have access to patient records which would have confirmed each person's status as a voluntarily admission, short-term emergency detention, or as a sectioned patient.

If inpatients are not entitled to an IMHA, they should still be able to access another type of statutory advocate – those who help the whole population with any complaints about NHS services.

While awareness of the IMHA service seemed good, discussions with patients who told us they were currently sectioned, suggested that many were unaware of their specific rights. e do not know if this was because they had not yet met an IMHA, not been told of their rights by staff, or could not recall information they had previously been told.

These rights[7] include:

- getting information leaflets on arriva
- appealing against your section to a Mental Health Tribunal
- seeing your sectioning papers
- seeing a copy of the Mental Health Act Code of Practice
- complaining to the Care Quality Commission
- receiving correspondence from a solicitor or other people

- having some telephone access
- being able to vote (unless you were sent to hospital by a criminal court or transferred from prison).

A member of the current IMHA team told us patients access the service by several methods:

1. At ward rounds when the advocate introduces self and role, referrals are taken verbally
2. Volunteers also go on the wards and take referrals to the advocate to action
3. At general visits which take place weekly for each ward - the advocate will check with ward staff on new admissions and then introduce themselves and the role
4. Referrals can be made via the advocacy service's Contact Centre by phone, referral form, email - usually family members who have been given leaflets or picked them up at the hospital or professionals who have had presentations on the service
5. By phone to the office where voicemails can be left if no one is in the office
6. Referrals also happen when the advocate is on the ward to see a patient and the person connects the visitor to the service.

There is no one process as people who are very unwell will not always understand or want to see anyone and they may take a while to realise that an advocate is the person they need.

Recommendation 3:

BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of:

- any timescales the trust sets for informing patients about their rights
- how/if this is recorded in patient records
- which staff are expected to have a good, working knowledge of these rights
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) in making patients aware of their rights
- any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

Activities for inpatients

Three-quarters of people said they took part in activities.

Staff who run sessions – particularly pottery – were popular with some of the patients. People described the value of creative, physical or therapeutic activities in helping them, more than medication could do alone.

However, patients highlighted that there were few activities available at the weekend. Some patients were also upset if they were excluded on occasion from activities due to certain behaviours.

Some people also wanted different types of activities – such as beauty or hair treatments, art, or trips out in a bus.

The NICE quality standard says mental health inpatients should be able to 'access meaningful and culturally appropriate activities seven days a week, not restricted to 9am to 5pm'.[4]

The national charity Mind has also previously warned that boredom not only delays recovery, but can also lead to challenging behaviour.[8]

The need for activities is important given the CQC's findings that nationall , the number of detained patients is rising, length of stay is long, and people in mental health admission wards are staying in a 'high-risk environment' levels of violence are high. 'Future developments in community mental health services must not distract attention from the importance of improving the quality and safety of mental health wards,' the CQC states.[5]

'Star Wards'[9] is one initiative aimed at improving day-to-day life on wards, cited in a 2016 report by The Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults.[10] The aim of Star Wards is to give NHS trusts, free, practical advice advice on how to 'tweak', 'turn' or 'transform' the experience of inpatients, often for very little cost. The project was launched by a social justice charity, which was founded by a woman who sat down to write a list of 65 things that would make her time happier while she was sectioned.

Recommendation 4:

BHFT should:

- describe how its current activities programme was developed
- provide a greater range of activities at the weekend
- launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences

Hospital discharge

Most people told us they had not been given a discharge date. Their answers will have been affected by their status (voluntary or sectioned) and at what point in the care pathway they were on at that point in time.

People detained under section can be compelled to stay for up to:

- 72 hours (in an emergency, under section 4 of the Mental Health Act)
- 28 days (under a section 2, when you are being newly assessed)
- Six months (under section 3, when you are known and need ongoing care and treatment; this can be extended by 6 months at the next two reassessments, and for 12 months each time, for an unlimited number of reassessments).

In some cases, a 'nearest relative' can discharge you.[7]

The NICE mental health quality standard, says that ending treatments or transitioning from one service to another, 'may evoke strong emotions and reactions in people'.[4] We heard evidence of this, when one patient described the mixed emotions of feeling 'frightened to stay home but frightened to stay here'. NICE states that 'hospitals should 'ensure that such changes, especially discharge, are discussed and planned carefully beforehand with the service user and are structured and phased'.

We believe that it is unacceptable for staff to tell any patient 'you will never leave here', as one person described to us.

Previous research has suggested that in an average ward of around 20 patients, there could be up to five who don't need to be there, but are delayed from leaving due to care and/or housing, not being available.[10]

We heard from some patients that their housing or funded placements had not yet been arranged to allow discharge.

Initiatives in other parts of England have included involved involving mental health home treatment teams, in daily inpatient ward handovers, to help identify and plan for people who could be ready to go home.[5]

Recommendation 5:

BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

Recommendation 6:

BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

Care before coming to hospital

Two-thirds of people told us they had been in contact with services before being admitted or detained, but the quality of care varied widely. Many people described years of contact with agencies, repeated hospital admissions, other health professionals judging that the person was not mentally unwell, or not being able to get help from the crisis team quickly enough. One person summed up going home as like going back to 'square one'.

The CQC also says that less than half of crisis teams have sufficient staff to provide 24/7 intensive home treatment as an alternative to admission.[5]

NICE's quality standard calls for people using community mental health services to be 'normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship'.[4]

NHS England has also set a 2020/21 target for people to have 24/7 access to a community-based mental health crisis service, which is 'adequately resourced to offer intensive home treatment as an alternative to acute inpatient admission'.[11]

The CQC has highlighted good practice case studies, such as one mental health trust that piloted an outreach service which gave six weeks support to people discharged into the community.[5]

Recommendation 7:

BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of

- Any extra funding for community mental health services
- The number and type of extra staff, if any, to be recruited to crisis/home treatment teams
- Any other changes to NHS or social care services that support people with mental health needs.

Recommendation 8:

BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

Patients' priorities for improvement

We received the greatest number of free comments from people, to a question asking them to name one single thing that would improve their inpatient experience. This shows people want to be involved in service improvement.

As the Commission on Adult Psychiatric Care asserts: 'Patient and carer involvement is not just about involvement in individual care, but is also about involvement in commissioning and developing mental health services. Involvement brings greater ownership of services and fosters a better understanding of how and why services are developed, resulting in mutual benefit for all. atients and carers bring with them their own knowledge and expertise of mental illness and of accessing mental health services and offer different perspectives and priorities for service improvement. Involving patients in mental health services may also be therapeutic, increasing confidence and self-esteem and promoting social inclusion.'[10]

The message we heard from people, loud and clear, was that more staff are needed on the wards. People described the impact that understaffing has on virtually every aspect of their care, including:

- not getting 'one-to-ones' with key workers to be able to discuss their feelings, care and needs
- not being able to have short escorted trips out of the building
- not able to get immediate help if they were having a crisis moment
- avoiding asking for help because they can see staff are under pressure and don't want to add to their workload
- not having somebody available to prevent or break-up tensions between patients
- not feeling like the ward is safe or calm
- not feeling like there are enough staff during nights.
- some activities or therapy sessions not running.

Recent research proves the shortages, with the national number of full-time nurses falling 15% within inpatient settings, between 2009-14, according to The Commission.

This will affect the ability of people to receive the 'daily one-to-one contact with mental healthcare professionals', which NICE recommends[4] for inpatients.

Various national reports have suggested measures to improve staffing levels, such as:

- paying managers of acute admission wards more, to recognise the 'true
- importance of their 'highly complex and challenging role'
- ensure a varied skill-set within ward teams, to improve the range of care, therapies and activities available to people and as part of this consider training and introducing peer

support workers (our own findings demonstrated that people valued support from other patients)

- staff wellbeing programmes to help cope with job challenges

Recommendation 9:

BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

People we spoke to also suggested a range of other improvements, as outlined earlier in this report on pages 17-19. We suggest some could be 'quick wins' such as making type bigger on food menus; others would need time or extra funding to work through, such as improving the system to sign patients back in; and at least one idea (to allow patients to smoke in hospital courtyards) would probably be ruled out on the grounds of trust policy and legislation banning smoking.

Recommendation 10:

BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/or publicising to patients when these changes have occurred, in order to value the input of patients.

Formal Joint Response from BHFT and CCGs

Dear Healthwatch

Thank you for the Prospect Park enter and view report and the opportunity to provide comments on accuracy and a response to the recommendations. We found it very interesting and informative; in particular it was pleasing to read that patients found our staff caring and that they felt they were treated with dignity and respect.

We have one point of accuracy regarding the number of mental health beds. There are 142 beds not 216. The details are below:

- 40 older adult
- 89 acute adult
- 13 psychiatric intensive care beds (currently 10 as the unit is being refurbished)

As part of preparing this response I have consulted both East and West Berkshire Clinical Commissioning Groups and therefore our response to the recommendations is as follows:

Recommendation 1:

BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

Trust response:

We will share the final report findings with staff and offer them the opportunity to read the whole report. The trust board and executive committee will also receive the report findings. The Prospect Park team are looking forward to welcoming Healthwatch back in January to discuss the report findings.

Recommendation 2:

BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

Trust response:

In early 2017 we launched our new risk assessment process and patient safety plan with a clear requirement for staff to involve carers and service users in the development of the patient safety plan. This is a long term project which requires constant coaching by senior staff to enable staff to develop the right skills to build a joint safety plan. Early indications from service users and carers show that they find this approach more beneficial and supportive. The nurse consultant takes overall responsibility for ensuring there is a consistent approach on the acute wards.

Recommendation 3

BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of:

- any timescales the trust sets for informing patients about their rights
- how/if this is recorded in patient records
- which staff are expected to have a good, working knowledge of these rights
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) in making patients aware of their rights
- any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

Trust response:

The Trust has a Detained [Sectioned] Patients' Rights Policy in place, which details the responsibilities of staff in supporting patients who have been detained under the Mental Health Act (MHA). The policy sets out how the patients MHA rights should be given/explained and recorded, as well as how often they should be repeated, which depends on the length of the section, and/or whether the patient has understood their

rights [or not].

This also includes an automatic referral to the IMHA service where the patient lacks capacity and is eligible to their support. Details of these actions are entered into the patients electronic record, along with details of whether the patient understood or not, along with a date that they should be given again.

The Trust policy regarding the frequency of giving of the patients' rights are as follows:

If understood, rights should be repeated:

For Section 5(4) – No need to repeat

For Section 5(2) – No need to repeat.

For Section 4 – No need to repeat.

For Section 2 – On day 14 (day 1 being the day the person was admitted) as this is the last day that the patient can appeal to the Mental Health Tribunal.

For Section 3/37/CTO – At 3 months when Section 58 Consent to Treatment becomes applicable and then every 3 months for the duration of the detention.

If the detention/CTO is renewed/ extended then the rights must be reread at the point of renewal/ extension and repeated as above.

If not understood:

For Section 5(2) – Daily until understood

For Section 4 – Daily until understood

For Section 2 – Every 72 hours until understood.

For Section 3/37/CTO – Weekly until understood.

If the patient has a mental disorder which results in a lack of capacity, a capacity assessment should be undertaken using the principles of the Mental Capacity Act 2005 (MCA). This should be clearly documented on RiO in the section 132 screens. All attempts must be made to pass the rights on the patients nearest relative to ensure that the patient is protected. This should be done by the ward staff with the support of the MHA department and should be a priority.

If the patient has an impairment that will mean that they are unlikely to regain capacity then this must be documented in the Section 132 rights screens. The rights should be read as if not understood three times and then read as if understood as per the schedule above. This should only be used in cases where the patient is very unlikely to regain capacity which will not usually to be the case in adult mental health wards.

If there is no nearest relative the patient should be referred to an IMHA. The referral should be documented on the s132 rights page on the patient's record.

The following staff are expected to have a good working knowledge of the Mental Health Act (MHA); all qualified nursing and therapy staff, senior unqualified staff, ward managers and medical staff.

The clinical development lead on each ward as well as the senior unqualified staff are responsible for undertaking a weekly MHA audit, or which the giving of patients' rights is one of the issues covered. Where they identify that a MHA requirement has not been met they are expected to rectify this immediately. The wards are also supported by the MHA administration office.

The Trust also has an Informal [voluntary] Rights Policy which ward staff are also required to follow. This sets out what rights informal patients have, a locally produced patients' rights leaflet, as well as the process that could be followed, for example, where an informal patient wants to leave the ward, but the ward staff feel they are not well enough. This also includes easy to read information produced by staff on the Learning Disability ward for their patients.

Recommendation 4

BHFT should:

- describe how its current activities programme was developed
- provide a greater range of activities at the weekend
- launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences

Trust response:

Our current activity programme was developed by the therapists in conjunction with patients as part of the weekly ward community meeting when we introduced the 7 day programme. The change to a 7 day programme meant that therapy staff moved to a 7 rather than 5 day a week service. No additional staffing resource was provided at the time. We recognise that activities are an important part of recovery for patients keeping them and staff safe and therefore a review is currently underway to see if an activity co-ordinator could be provided to each acute ward covering 3pm – 11pm as this is the time when patients tell us they feel restless and need something to do. We are happy to involve service users and our carers group in the development of the new programme.

Recommendation 5

BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

Trust response:

We currently have a bed optimisation programme which is working on improving patient care planning with community services.. As part of this programme patients will be given an estimated discharge date as soon as it can be determined and for a majority of patients this would be at the 72 hour review.

Recommendation 6

BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

Trust response:

The trust review any delays and potential delays on a daily basis and follows up with partners as needed to ensure delays are minimised. In the west of Berkshire there is a weekly system call to review all formally declared delayed transfer of care and this has enabled issues to be escalated in a timely manner and supported out of panel funding decisions. There is a similar twice weekly call in the east of Berkshire for escalation of delays where required. We have been working hard with CCGs to improve processes to identify potential delays at an earlier stage. In east Berkshire the joint Locality Managers have delegated authority for LA funding decisions which has also reduced delays.

There has been recent improvement but we would welcome the same focus by local authorities and clinical commissioning groups on all our delays, rather than those formally agreed with the local authorities, that the Royal Berkshire Hospital and Frimley Healthcare Trusts receive for theirs.

Recommendation 7

BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of

- Any extra funding for community mental health services
- The number and type of extra staff, if any, to be recruited to crisis/home treatment teams
- Any other changes to NHS or social care services that support people with mental health needs.

Trust and CCG response:

The crisis and home treatment teams received additional funding from the CCGs in 2016/17 which improved staffing levels but demand continues to increase. There are no plans by the Clinical Commissioning Groups (CCGs) to invest further funding for community mental health services but the CCG's and Trust are committed to working together with the STP's to further transform services to support demand.

The new identified NHS funding is for improving access to psychological therapy (a primary care mental health service) and peri-natal mental health. The CCGs and Berkshire Healthcare Trust have an agreed delivery plan for the Mental Health Five Year Forward View, which highlights actions and progress against the targets set by NHS England. The plan was submitted in October 2017 to NHS England and the Trust and will be closely monitored.

Recommendation 8

BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

Trust and CCG response:

We have implemented a clinical review forum between Crisis Resolution and Home Treatment Teams and Community Mental Health Teams for any individual who has required 3 or more admissions within a year. The purpose of these reviews is to explore alternative ways to meet individual needs and ensure that all partners are working collaboratively to support the individual. This work builds upon the Frequent Attenders whole system approach that has been successful in reducing the number of attendances to RBH relating to mental health concerns.

The trust is developing an evidenced based pathway for patients with a diagnosis of personality disorder, as these patients can have high numbers of admissions, in consultation with the CCGs.

The CCGs have also been exploring opportunities to work with BHFT and the Local Authorities to develop community based alternatives to mental health inpatient hospital admissions to reduce admissions and to try and break the revolving door cycle, this is a priority for the STP's as well.

Recommendation 9

BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

Trust and CCG Response:

The trust has successfully recruited over 60 new staff to Prospect Park Hospital this year through skill mix. This work continues to provide a different type of work force for the hospital. There is a national shortage of band 5 newly qualified mental health nurses and this is reflected in the vacancies at Prospect Park Hospital. There are both national and local programmes in place with universities to address supply however these will not come into fruition for 4 years.

Our current safe staffing requirements are met on a daily basis with just a few breaches each month. We recognise that patients feel there are not enough staff on the wards and we are in the process of reviewing staffing levels and benchmarking with other organisation however currently there is no additional funding from commissioners to support this improvement in staffing levels and therefore any increase in staffing levels becomes a cost pressure for the trust.

The CCGs and NHS England are working on a workforce strategy as part of the system Sustainability Transformation Plans to support the trust with its staff recruitment and training.

Recommendation 10

BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/ or publicising to patients when these changes have occurred, in order to value the input of patients.

Trust response: Each acute ward has a regular community meeting where patients raise issues and staff feedback on actions taken. The Prospect Park team will consider the patient suggestions raised and consult with patients and carers on the best way to feedback changes made.

Helen Mackenzie, Director of Nursing and Governance, BHFT

Appendix 1:

How we carried out the project

BHFT agreed to our request to visit the wards, two days after we submitted a written request on 23 August 2017. Mangers from the six Healthwatch went to Prospect Park on 31 August for an escorted planning visit. The six Healthwatch then met several times to design the questionnaire and brief staff and volunteers.

We visited on:

- Monday 23 October, 9.45am-11.15am, Daisy, Bluebell, Rose and Snowdrop
- Mon 23 Oct, 1.4pm-3.15pm, Rose, Rowan and Bluebell
- Tuesday 24 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Tues 24 Oct, 7.45pm-9.15pm, Rose, Bluebell, Snowdrop
- Wednesday 25 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Weds 25 Oct, Rowan, Daisy, Snowdrop
- Thursday 26 Oct, 9.45am-11.15am, Bluebell, Daisy
- Thurs 26 Oct, Daisy, Bluebell
- Friday 27 Oct, 9.45am-11.15am, Bluebell, Snowdrop, Rowan, Rose
- Saturday 28 Oct, 1.4pm-3.15pm, Rose and Daisy
- Sunday 29 Oct, 7.45pm-9.15pm

Healthwatch teams of between five and 13 people went to each visit to maximise the number of patients we could speak with. Staff met and escorted us to wards and gave each team a security alarms. Patients had been informed of our visits and we sought verbal consent from each to speak with them and ask for their anonymous answers to our questionnaire comments. We stopped a small number of interviews on patient request, or if they became agitated. We also held a group talk of eight patients on one visit for a more general discussion.

During some of the interviews, an Independent Mental Health Advocate based at the hospital, was also present.

Healthwatch teams also carried out observations of the environment.

Each team had a short debrief meeting after each visit, to discuss findings and check if any urgent issues had arisen that needed to be escalated to BHFT staff. A final meeting of all Healthwatch staff and volunteers was held to discuss and compare findings and share the emotional impact of undertaking the visits: we had heard some incredibly sad or challenging stories and experiences, as well as messages of hope and recovery. We were all keen that the experiences be shared in order to highlight good practice or influence improvements

Each of the six local Healthwatch considered the draft report individually through their own governance structures before collectively agreeing to the findings and recommendations to be submitted to BHFT and CCGs for a formal response.

Appendix 2:

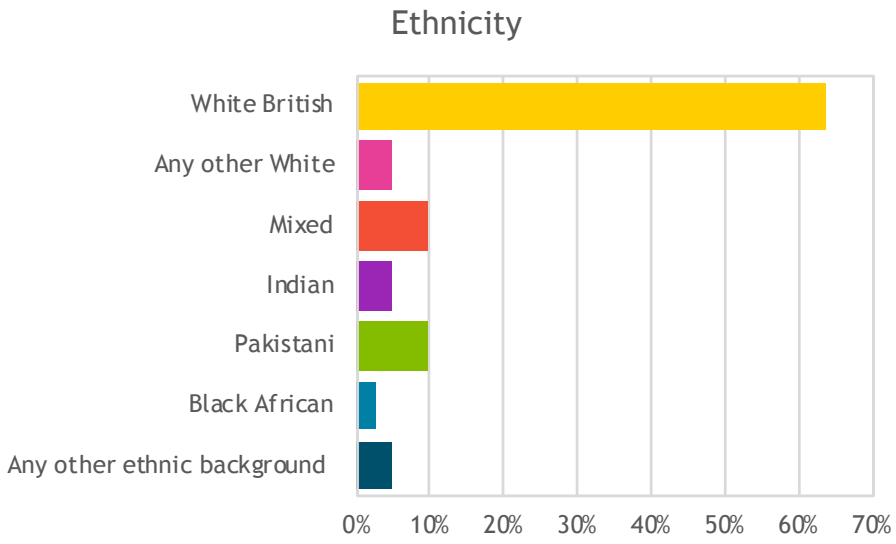
About the people we spoke with

Total: 41 people filled in the survey; 24 female, 17 male, and none transgende

Age: The 45-54 group was represented most, followed by 18-24-year-olds:

18 to 24	25.00%	10
25 to 34	17.50%	7
35 to 44	12.50%	5
45 to 54	27.50%	11
55 to 64	10.00%	4
65 to 74	7.50%	3
75 or older	0.00%	0

Ethnicity: most said they were White British, followed by a range of ethnicities



Usual home: Most of the 39 people who told us a partial postcode, usually live in Slough (11), Reading (5), or Maidenhead (4). The rest were from West Berkshire villages, Wokingham, or Windsor. One person identified as homeless

GP registration: 37 out of 38 people said they were registered with a GP

Length of stay to date at Prospect Park:

- Up to 7 days: 7 people
- Between 1 week & 1 month: 4
- Month-6 weeks: 8 people
- 6-12 weeks: 10 people
- 3-6 months: 5 people
- 6-12 months: 3 people

Appendix 3:

Referenced reports and other resources

Endnotes

1 BHFT Quality Report, Care Quality Commission, April 2016

2 BHFT Acute wards for adults of working age and psychiatric intensive care units Quality Report, Care Quality Commission, August 2017

3 News article, Reading Chronicle, November 2 2017

4 Service user experience in adult mental health services, Quality Standard 14, National Institute for Health and Care Excellence, 2011

5 The state of care in mental health services 2014 to 2017: Findings from CQC's programme of comprehensive inspections of specialist mental health services, Care Quality Commission, 2017

6 The Mental Health Act 1983: Code of Practice, Department of Health, 2015

7 Sectioning information, www.mind.org.uk, accessed November 2017

8 Ward Watch Mind's campaign to improve hospital conditions for mental health patients: report summary, Mind, 2004

9 www.starwards.org.uk, website of charity Bright, accessed November 2017

10 Old Problems, New Solutions: Improving acute psychiatric care for adults in England, The Commission on Acute Adult Psychiatric Care, 2016

11 Implementing the Five Year Forward View for Mental Health, NHS England, 2016

Contact Healthwatch Reading at:
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Telephone 0118 937 2295
Email info@healthwatchreading.co.uk

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**31 JANUARY 2018**	**AGENDA ITEM:**	**7**
TITLE:	**SCHOOL FUNDING FORMULA 2018/19**		
LEAD COUNCILLOR:	**COUNCILLOR JONES**	**PORTFOLIO:**	**EDUCATION AND SCHOOLS**
SERVICE:	**DIRECTORATE FOR CHILDREN, EDUCATION EARLY HELP SERVICES**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**CHRIS KIERNAN**	**TEL:**	**0118 937 4161**
JOB TITLE:	**INTERIM HEAD OF EDUCATION**	**E-MAIL:**	**Steven.Davies@reading.gov.uk**

1 PURPOSE OF REPORT

1.1 This report considers the arrangements for the Reading Schools Funding Formula in 2018/19 that includes updated information from the National Formula consultation and Reading Schools formula Consultation.

2. RECOMMENDED ACTION

2.1 That the National Formula Consultation update be noted;

2.2 That the Local Consultation Responses be noted;

2.3 That the agreeing to Local Authority formula planning recommendations be noted.

3. BACKGROUND

3.1 Over the last few years, the government has published 2 consultations regarding the introduction of a National Funding Formula for Schools.

3.2 Reading LA reviewed the Local School Funding Formula with the Funding Working Group and in July 2017proposed 5 key questions. The responses to these key questions are contained in Annex 1.

3.3 In July 2017, it was noted that funding proposals had yet to be finalized by the DfE regarding the National Funding Formula for 18-19 and 19-20 but it was agreed to review the formula locally. This consultation would be developed by

the Funding Working Group and issued at the beginning of the autumn 2017 school term.

3.4 In September 2017, the government published their findings of the latest national consultation with indicative DSG budgets for 18-19, with confirmation that a National Funding Formula would be introduced.

4. NATIONAL CONSULTATION

4.1 The full government consultation document can be found at the link below: https://www.gov.uk/government/consultations/schools-national-funding-formula-stage-2

4.2 The key changes are set out below:
a) The Dedicated Schools Grant (DSG) will now be split into 4 blocks (changing from the current 3). The new Central Schools Block will be introduced that will incorporate the old Education Services Grant and the centrally retained budgets from the Schools Block. Annex 2 has a list of what will be included under this new block. Schools Forum will still need to approve most (if not all) individual items within the central block.

b) The table below shows the minimum levels of funding per pupil (in each phase) with current 17-18 Reading local formula. This is then compared to the minimum levels proposed by the new formula. (This is the average post MFG per pupil budget)

Type	17-18 (RBC)	18-19	19-20
Primary	£ 3,969	£ 3,300	£ 3,500
Secondary	£ 4,948	£ 4,600	£ 4,800

c) There will be an additional 0.5% uplift per pupil within the DSG

d) The DSG allocation will be based on the National Funding Formula but LAs have 2 years to help schools in their transition to the National formula in 20-21. The LA will continue to produce a local formula until 20-21. The National Formula Funding will increase Reading's DSG allocation. The table below shows the draft allocation supplied by the ESFA in September 2017:

DSG Blocks	Adjusted Baseline 17-18	18-19	Difference
	£	£	£
Schools	81,737,266	84,277,920	2,540,654
Central	1,173,800	1,286,761	112,961
High Needs	19,115,300	19,236,676	121,376
Early Years	12,464,708	12,464,708	-
Total DSG	114,491,074	117,266,065	2,774,991

e) The national funding values have been updated, please see Annex 2 for details.

f) With Schools forum approval following a consultation the LA is allowed to transfer 0.5% of the Schools Block to another block. This 0.5% equates to £421k in the current draft 18-19 budget.

g) Funding for growth in regards to planned expansions, bulge classes and free schools will still need to be funded from Schools Block budget.

h) The National Funding Formula for the High Needs Block will start in 18-19. This will not impact on individual schools, but means there will be a formula to work out the High Needs budget. This will be better than the current system that is based on spend in 2012-13 (5 years ago)

i) The Central Block will also have a national formula in 18-19 which will be designed to reflect the ongoing LA role in education.

j) Pupil Premium Plus (LAC) will increase to £2,300 from £1,900. This is due to the National Formula not having a LAC factor. Reading does not have a LAC factor then this is additional funding for some of our most vulnerable children (estimated at an additional £78k for 18-19).

k) Minimum funding guarantee (MFG) for schools will default to minus 1.5% (as in previous years), but the LA now as flexibility to set a local MFG between 0% and 1.5% per pupil to offer higher levels of protection.

5 RESPONSES TO THE LOCAL CONSULTATION PAPER

5.1 A summary of the responses to the consultation paper are attached in Annex 1 to this report and copies of the actual response from schools will be available from the LA when requested.

5.2 In summary 4 secondaries and 3 Primaries responded to the consultation and 1 other primary replied with a letter asking for more information but agreeing to the general principle of the proposed changes.

5.3 Total of 8 schools responded, that compared to 13 within the 2014 formula consultation. The consultation was added to the LA website on the 1st September 2017 and an email was meant to be sent to all schools heads and bursars, but it was brought to Schools Finance attention on the 26th September that the email was only sent to the maintained sector. The consultation was then resent to all Heads that this time included Academies and free schools and Schools Finance also sent out a separate email to known contacts who would deal with the consultation. The date was put back to the 6th October due to this error.

5.4 The School Formula Working Group met in the summer term, with the local consultation prepared and issued prior to the publication of the national consultation response. This meant the new information and changes as described in 4.2 were not known. A minority of Schools were concerned over

the figure work supplied in the local consultation that would have changed due to the new census data and new update values to compare to. The figure work was based on what the LA would have supplied in 18-19 following the national formula, but within the known allocated at that time. This meant schools could not compare January 2017 EFA national formula figures to the local formula figures as it was not comparing "like with like".

5.5 As this consultation was directed towards the proposal of transitioning to the National Funding Formula in 2020-21, the responses mostly agreed to introduce formula that currently Reading do not use and are going to be in the confirmed national formula.

5 LA RECOMMENDATIONS FOR 2018/19 FORMULA (SCHOOLS FORUM TO VOTE)

6.1 The LA will implement the IDACI Factor

6.2 The LA will implement the Free School Meals Factor – Ever 6

6.3 The LA will move towards or use the new National funding factor values

- The LA (@ January Schools Forum) will produce a table that will include
  - How much each individual school would have got in 18-19 under the old Reading formula
  - How much each individual school would get if implementing the National formula in full
  - Proposed LA transition formula that will move all schools towards the National formula and potentially lessen any finance impact on schools.
- This will then be discussed at January 2018 schools forum and a view will be recorded from School forum members.

6.4 The LA will review the Lump Sum amount while reviewing the factor values and working out the impact due to the minimum funding guarantee.

6.5 The LA will use responses from Question 5 to determine what factors can be used to reflect a potential local formula.

6.6 The LA will be asking all schools regarding the 0.5% that is allowed to transfer to the High Needs Block. Summary of responses will be collated and reported back to December 2017 Schools forum for a schools forum approval. This is needed to help assist the Schools formula work that will commence between Christmas and New Year.

6 ADVICE FROM SCHOOLS FORUM AND OTHER CONSIDERATIONS

7.1 With regard to Formula changes as a reminder it is for the Local Authority to propose and decide any changes. Schools Forum must be consulted on any changes and also must inform schools of any consultations (in practice the LA has discharged this responsibility). It should be noted that all Primary and Secondary Schools and Academy members have a vote on this matter.

7.2 In practice in previous years the Local Authority will only make changes to the Formula only if the Schools Forum is content with the proposed changes

7.3 Please note timetable in Annex 3

Annex 1 – Summary of responses

Summary - Sept 17 Consultation			Questions				
			Introduce IDACI	Change to Ever 6 FSM	Increase Lump Sum	Moving towards National Formula Factor Values	Factor Importance's (who rated Factors with 1 & 2 ratings (top)
Name	School	Type	1	2	3	4	5
Blessed Hugh	1	Secondary	Y	Y	N	N	AWPU, IDACI
Coley	2	Primary	Y	Y	Y	Y	AWPU, IDACI
E P Collier	3	Primary	Y	Y	Y	Y	AWPU, EAL, Lump Sum
John Madjeski	4	Secondary	Y	Y	Y	Y	IDACI, Ever 6
Kendrick	5	Secondary	Y	Y	Y	Y	AWPU, EVER 6, IDACI, EAL, Lump sum
Prospect	6	Secondary	Y	Y	Y	N	EAL, IDACI, FSM, Mobility
Whitley Park	7	Primary	Y	Y	N	N	IDACI, Ever 6, AWPU
Geoffrey Field Jnr	8	Primary	No response to the questions, but agreed with the principle of moving towards the national formula.				

Question 1 Should Reading implement the IDACI factor within the 18-19 local formula?

Question 2 Should Reading change the free school meal factor from 'on the day' to Ever 6 criteria within the local formula?

Question 3 Should Reading increase the Lump Sum to the draft National Funding rates?

Question 4 Should Reading prepare for the National Funding formula and move all funding values to mid-point between Reading current values and the draft National formula values?

Question 5 If Reading could only change some factors of the formula, which factors do you feel are more important.

Annex 2 – Items within the NEW Central Block of the Dedicated Schools Grant

Historic Commitments
Prudential Borrowing
Contribution to Commissioning
Contribution to School Improvement
Contribution to Early Help Services
Contribution to Social Care
Contribution to Care Matters Team

Ongoing Functions
Admissions
Servicing of Schools Forum
Education Services Grant Statutory Retained

Annex 3 - **2018-19 Budget Process Time Table**

Date	**Local authority**
14th June 2017 4pm	1st Meeting with Formula working group to discuss modelling and principles for 18-19
29th June 2017 4pm	2nd Meeting with Formula working group to review modelling impact on scenarios agreed and to create consultation questions
13th July 2017 5pm	Feed back to schools forum
4th Sept 2017	Consultation to be sent to all Reading Schools and Officers
27th Sept 2017	Consultation Ends
5th October 2017	Autumn Census
19th October 2017 5pm	Schools forum meeting – Feedback from consultation and agreed outcomes
November 2017	DfE and LAs check and validate School Census
27 th October 2017	Deadline for LAs to submit provisional 2018-19 school budget pro-forma to EFA,
Mid-December 2017	DfE confirms DSG Schools Block allocations for 2018-19 (prior to academy recoupment) and issues APT to LAs based on Oct 17 Census
11th January 2018 5pm	Schools Forum meeting – Central retention, De-delegations and other Headroom discussion and agreements.
By mid-January 2018	LAs to gain Schools Forum/ councillors approval for final 2018-19 funding formula
19th January 2018	Deadline for LAs to submit final 2018-19 school budget pro-forma to EFA
28th February 2018	Deadline for LAs to confirm budgets for their maintained schools
15th March 2018 5pm	Schools Forum meeting
31th March 2018	Deadline for EFA to confirm academies budgets

Annex 4 – Current, old and updated factor values

		Reading	National	
Factor	Phase	17-18 Values	Proposed Values January 2017	Proposed Values September 2017
AWPU	Primary	£3,131	£2,712	£2,747
	Secondary KS3	£3,833	£3,797	£3,863
	Secondary KS4	£4,370	£4,312	£4,386
Deprivation – FSM	Primary	£1,356	£980	£440
	Secondary	£2,791	£1,225	£440
Deprivation - EVER 6 FSM	Primary	£0	£540	£540
	Secondary	£0	£785	£785
Deprivation (IDACI – Primary	IDACI F	£0	£200	£200
	IDACI E	£0	£240	£240
	IDACI D	£0	£360	£360
	IDACI C	£0	£360	£390
	IDACI B	£0	£420	£420
	IDACI A	£0	£575	£575
Deprivation (IDACI – Secondary	IDACI F	£0	£290	£290
	IDACI E	£0	£390	£390
	IDACI D	£0	£515	£515
	IDACI C	£0	£515	£560
	IDACI B	£0	£600	£600
	IDACI A	£0	£810	£810
Low Prior Attainment	Primary	£649	£1,050	£1,050
	Secondary	£912	£1,550	£1,550
EAL	Primary	£679	£515	£515
	Secondary	£1,367	£1,385	£1,385
Mobility	Primary	£745	£745	£745
	Secondary	£745	£745	£745
Lump sum	Primary	£48,480	£110,000	£110,000
	Secondary	£48,480	£110,000	£110,000

Highlighted Figures shows a change in factor values from the first issue of national funding rates.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**31 JANUARY 2018**	**AGENDA ITEM:**	**8**
TITLE:	**EARLY INTERVENTION & PREVENTION PARTNERSHIP STRATEGY 2018-21**		
LEAD COUNCILLOR:	**CLLR GAVIN**	**PORTFOLIO:**	**CHILDREN AND FAMILIES**
SERVICE:	**CHILDREN'S SERVICES**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**VICKY RHODES**	**TEL:**	**01189 72998**
JOB TITLE:	**STRATEGIC EARLY HELP LEAD**	**E-MAIL:**	**Vicky.Rhodes@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report provides an overview of the Early Intervention & Partnership Strategy 2018-21. The strategy recognises the Local Authority's responsibility to coordinate the delivery services and proposes mechanisms to generate greater collaboration with partners. The strategy sets out: how we identify families at the earliest opportunity; how we will agree which agency is best placed to provide early support; how we will measure the impact; how we will evidence the associated reductions in cost to both the Local Authority & partners.

1.2 Reading Borough Council Children Services were rated inadequate by Ofsted during the summer of 2016. Improvement activity relating to the Authority's Early Help services were identified as part of the broader improvement requirements for Children's Services. Improvements were made to operational processes including the transfer of early help recording into a shared case management system with Children's Social Care (Mosaic). Completion of this strategy was postponed for the Ofsted monitoring visit in November 2017.

1.3 Partners have been consulted. Feedback has been incorporated & the strategy responds to areas where partners have identified areas for improvements including: information sharing, data intelligence; direct support from Borough practitioners.

1.4 The necessity of partnership collaboration in providing effective, integrated preventative services is increasingly understood & supported by practitioners and partners.

2. RECOMMENDED ACTION

2.1 That the new strategy be approved;

2.2 That an update report be submitted to the meeting in September 2018 on performance of the strategy.

3. POLICY CONTEXT

3.1 The definition is: "Early intervention is about taking action as soon as possible to tackle problems for children & families before they become more difficult to reverse". In "Early Help: Whose Responsibility" 2015, Ofsted note "Independent reviews and research have long championed approaches that provide early help for these children and their families. As Professor Eileen Munro highlighted in her review of child protection, 'preventative services can do more to reduce abuse and neglect than reactive services'. It is only right that local authorities and their partners are focusing increasingly on early help and prevention services for families"

3.2 Early Help services are subject to Ofsted's inspection regime. The November 2017 monitoring visit focussed on Early Help. The visit concluded that Reading Borough Council's approach to Early help was improved. The report states:

"The quality and impact of early help work are improving children's outcomes. Skilled, experienced early help practitioners and their managers have a stronger profile and influence in children's services. This is demonstrated in greater workforce confidence, exemplified through, for example, more rigorous escalations of safeguarding concerns"

3.4 The report also noted the developments in partnership working and strategic direction: "All workers and managers spoken to by inspectors reported that the importance and profile of early help are increasingly recognised, both in the council and across partner agencies. Managers are working constructively and purposefully with schools, health and other partner agencies. This is enabling them to build more capacity and confidence in universal services in order that they can manage children and families with lower levels of need without referring them to the Single Point of Access. An improving partnership engagement at strategic and operational levels, through the Local Safeguarding Children Board (LSCB) and the children's services improvement board, provides positive indications that these efforts will continue to gain momentum"

3.5 The strategy outlines steps to sustain this momentum. The strategy proposes we build capacity and confidence in partner services by:

- Release of skilled Local Authority workers to support partners to complete Early Help Assessments & hold the Lead Professional role
- A shared workforce development programme with an emphasis on evidence based practice
- Viability of a partner portal on our case management system to ensure robust information sharing

3.6 The strategy proposes new ways of engaging families before concerns warrant a safeguarding referral to the front door. The approach is informed by learning from the Troubled Families Programme to identify families in data & proactively offer support. This enables working with families when they are not in crisis. Pilot work funded by the Troubled Families Innovations Fund using this approach has evidenced positive outcomes and received national recognition

3.7 The strategy proposes ways to develop family & community resilience. This includes a review of the Family Information Service to incorporate online self-help options for families. It includes provision of current information of support available across the voluntary & community sector

3.8 The Early Intervention & Prevention agenda is cross cutting. It is to be reported to various strategic groups. The proposal is for delivery of this strategy is monitored by the established partnership represented at the Children's Trust Board. As a sub-group of the Adult, Children & Education this will provide democratic accountability. A detailed implementation plan will be developed. A review of initial actions will be provided in September 2018.

3.9 The strategy recognises the need to provide compelling evidence for the efficacy of early intervention. It adopts an outcomes framework recommended by Research in Practice.

4.0 The strategy adopts the Troubled Families Outcomes Framework for family outcomes. Data sets are in place to track sustained outcomes for whole families where the following risk factors feature:

- School Attendance /exclusions
- Domestic abuse
- Physical & emotional health needs
- Worklessness & financial exclusion
- Children who need help

4. THE PROPOSAL

4.1 Recent evidence suggests that there is willingness across the partnership to support the delivery of this strategy. Tangible commitments have been made with Thames Valley Police contributing both financial & personnel resources.

4.2 Reading Borough Council must continue to work collaboratively with key stakeholders in identifying and supporting whole families at the earliest opportunity. Data and intelligence should be shared appropriately and proportionately.

4.3 Early Intervention is maintained and should be delivered with rigour as it affords the most cost effective way of reducing demand on high cost specialist services

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 In order to provide the best opportunity to meet family needs & prevent escalation of needs into statutory, specialist Reading's Children's Services should work with existing and emerging networks including key partner bodies including the LSCB and the Community Safety Partnership. It is proposed that implementation of the stragey is monitored by the Children's Trust Board

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 the revised Working Together Guidance 2018, Local Authorities retain a responsibility to coordinate Early Help Arrangements across local partnerships. 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 There are no financial implications as a direct result of this report. However, the strategy is being introduced to a challenging financial environment. In 2017/18, Early Help services contributed £600,000 towards savings, whilst a further £423,000 have been agreed for implementation in 2018.19, with potential further savings to be considered in January 2018 for immediate implementation.

9.2 Consideration as to the ability of Reading Borough Council to deliver the outcomes of the strategy: to reduce demand on specialist services by increasing the volume of families supported across the partnership in universal/universal plus services will be determined as the full impact of budget saving proposals are fully known and the impact of prevention and early intervention activity better understood.

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 : Monitoring visit 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

DCLG: Emerging findings from the Troubled Families National Impact Study
https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2020-emerging-findings

Working Together Guidance April 2018 Consultation

https://consult.education.gov.uk/child-protection-safeguarding-and-family-law/working-together-to-safeguard-children-revisions-t/supporting_documents/Working%20Together%20to%20Safeguard%20Children.pdf

Early Help – Whose Responsibility Ofsted 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410378/Early_help_whose_responsibility.pdf

Reading Borough Council

Early Intervention and Prevention Partnership Strategy

2018 – 2021

"Early intervention is about taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse" (Early Intervention Foundation).

"Together, being bold, for Reading"

Early Intervention and Prevention Partnership Strategy 2018-2021

"Early intervention is about taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse" (Early Intervention Foundation).

SIX KEY PRIORITIES

1. Identification
2. Clarified Offer
3. Consistent Approach

With delivery focus on :

1. Early Years
2. Adolescent Risk
3. Emotional Wellbeing

How Will We Know We Are Making a Difference?

The Next Year

Families tell us our support is timely & helpful
An increase in Early Help Assessments & Lead Professionals
RBC Partnership Support team created & linked to partners
Pilot projects – test out new ways of working

The Next Three Years

There is reduced demand on specialist & statutory services
Whole family working is embedded
Robust evidence of impact
Assessments, plans & services are co-produced with families
Inspections recognise outstanding leadership

What is the Early Intervention and Prevention Strategy?

The strategy defines what we mean by early intervention. It clarifies the necessity for all partners to work together, in new ways, to meet the needs of whole families at the earliest opportunity. It invites us to use data intelligently rather than wait for the referral, event or crisis. It describes an 'offer' of services across the partnership. It describes what 'good' looks like & what we need to do to achieve it.

Early Intervention Values

Outcomes for families & organisations

Community & family resilience

Whole Family

Evidence Based Approaches

Coordinated Response to Needs – Stepped Care

Shared Early Help Identity

Thresholds / Pathways

Direct Work

Shared WFD

Information Sharing

Delivery

Identify We will use data to identify families who can benefit from support
Coordinate We will coordinate multi agency meetings to agree the best LP
Deliver We will all know which services are best placed to meet whole family needs
Track We will track outcomes to ensure they are sustained
Learn We will sustain what works

PLAN & PILOT
Jan - April 2018

DELIVER
April 2018

EVALUATE
March 2019

FAMILY FOCUS
January 2017

Classification: OFFICIAL-SENSITIVE

Contents

Early Intervention and Prevention: *A Partnership Response…*

This strategy demonstrates Reading Borough Councils' commitment to Early Intervention and Prevention. It outlines a partnership response that will be at the heart of delivering ambitious outcomes for the children, young people and families of Reading. The strategy outlines how as a partnership we will: identify families earlier and integrate provision to offer a continuum of services. It describes an evidence based approach that will demonstrate that family's needs are met, outcomes are sustained and do not escalate to statutory services.

In these challenging financial times, we need to break from traditional thinking and ambitiously take action. The strategy sets out a vision for a partnership of wraparound provision for families; where collaborative approaches define service agendas and address budgetary constraints.

This strategy outlines our vision and delivery model. We have consulted widely, benchmarked ourselves and considered options for transforming our delivery by 2021.

This strategy draws on learning from the national and local Troubled Families Programme. There is emerging evidence that this approach helps reduce demand and associated costs of specialist services.

The Department for Communities and Local Government evaluation of the programme demonstrates:

- The incidence of children designated as children in need decreases by 13% after the start of the Troubled Families intervention. There is a similar trend for children on Child Protection Plans;
- The number of individuals on the programme cautioned and convicted in the 12 months after the start of intervention dropped by 25.3% (cautions) and 10.4% (convictions);
- The proportion of children on the programme persistently absent from school stabilises in the 12 months after the intervention (1)

Partners have completed a self-assessment, rating our transformation progress from developing to mature. This strategy outlines steps needed to become a 'matured' partnership. The strategy includes feedback from consultation events held in 2017; the Peer Review of RBC Early Help in July 2017 and the Ofsted monitoring visit in November 2017.

The Government is currently consulting on revised Working Together guidance April 2018. The guidance retains a focus on a coordinated approach being critical to the delivery of effective early help services. It states that effective early help relies upon local agencies working together to:

• identify children and families who would benefit from early help

• undertake an assessment of the need for early help

• provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child (2)

Early Intervention and Prevention: *'Being Bold'…*

What do we know?

In November 2017 Ofsted noted: "*Overall, the quality of targeted early help provided to children and families is of a good standard. Direct work is purposeful. Children are seen alone, and careful efforts are made to engage them and understand their experiences using a range of direct work tools and outcome measurements.*

"The quality and impact of early help work is improving children's outcomes. Skilled, experienced early help practitioners and their managers have a stronger profile and influence in children's services" (3)

Troubled Families has been successful in driving new ways of working. Investment through the Innovations Fund has resulted in innovative approaches to improving outcomes for complex families.

Being Bold…

Resources are shrinking. In their 2017 report 'Revolving Families', Action for Children estimate that by 2020, "*central government funding for early help will reduce by 71% compared to 2010…addressing the financial pressures on local authorities and strengthening the statutory framework for early help would go a long way to meeting the needs of these children. It has to be clear who should do what, and when, to make sure children get the right help, at the right time" (4)*

Collaboration with statutory and non-statutory partners to extract maximum benefit from shared resources is critical. Early responses need to be more dynamic with societal shifts and welfare reforms. This strategy aims to support the statutory functions by intervening early and reducing front line demand. By getting it right at the first opportunity we are avoiding costs in the future.

A break from traditional thinking and ambitious action is needed. Co-production between agencies and working with the local community is essential to sustain non statutory services. This Strategy takes learning from what is working well here and in other local authorities.

Changes have been made. Thresholds of need have been revised; a multi-agency Single Point of Access (SPA) and Multi Agency Safeguarding Hub (MASH) is established and supporting clearer pathways. RBC has restructured and continues to amend its service provision and develop ways of supporting and working with our partnership colleagues.

The strategy creates an ambitious plan for the partnership to build on and drive forward our partnership Early Intervention and Prevention offer.

Early Intervention and Prevention... *Our Community*

This strategy will deliver organisational and family outcomes. Research has identified areas of needs which put children at risk of poor outcomes. We will retain the existing outcomes framework for families to measure our impact against the following indicators:

- Families involved in Anti-Social Behaviour and Crime
- Children Who Have Not Been Attending School Regularly
- Children Who Need Help
- Adults out of Work or at Risk of Financial Exclusion and Young People at High Risk of Worklessness;
- Families Affected by Domestic Violence and Abuse
- Parents and Children with a Range of Health Problems

Demand for Reading Specialist Services

We know our local community. There is a raft of data available teling us which families are accessing statutory and specialist services

In 2013, 1,902 (9.1%) children aged 5-16 living in Reading were estimated to have a mental health disorder. 77% of referrals made to tier 3/ 4 mental health services were appropriate.

In 2012, 19.4% of children under 16 were in poverty in Reading 28.4% of pupils were eligible for the Pupil Premium. We are concerned about new trends in adolescent violence and county lines

The top three reasons for safeguarding referrals continue to be: Domestic Violence - Physical abuse and Sexual abuse. In December 2017, Reading had 1286 Children in Need, 305 subject to Child Protection Plan and 277 Looked After Children. 38 children had been re-referred in a 12 month period.

Reducing Demand

The success of the strategy will be measured by a reduction in need for these statutory/specialist services. Early Intervention has to provide compelling evidence to sustain future services. Our performance data is improving.

In April 2017, 96% of cases closed to RBC teams were not re-referred to Early Help. 88% of cases closed were not re-referred to Children's Social Care. In 2016/17 76% of Early Help cases showed a positive improvement in child and adult mental health. Education attendance and attainment was improved by 72%. Parents in employment increased by 49% and NEET young people saw a positive change in 69% of cases.

The Family Experience

As a partnership, we have self-assessed ourselves as being 'developing/maturing' in this area.

- Families are beginning to experience fewer 'contact points' from services
- Reading Borough Council have implemented a Single Point of Access
- Partnership are beginning to take the Lead Professional role
- All RBC Early Help interventions are whole family and outcomes-based
- The Innovations Fund has supported the voluntary sector to embed a whole family approach.

How do we become mature?

All families have an Early Help Assessment, Family Plan and identified Lead Professional/Key Worker

Early Help Assessments will include what has been tried before and avoid repeating interventions that don't support lasting change

Children, young people and families will inform their assessments, plans, and reviews

Families will feel more able to meet their own needs and not require multiple or specialist interventions

We will use shared data and information to evidence that needs have been met and outcomes sustained

How will we know when we have achieved this?

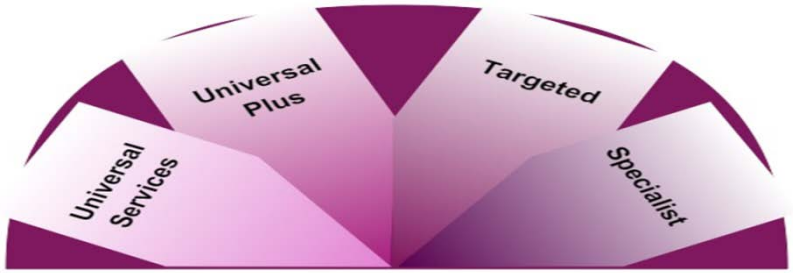
Family needs will be met through a continuum of services that align to threshold categories. Most families will be supported by Universal and Universal Plus services. Targeted services will be better informed by evidence of impact. Which service families receive will continue to be determined by the MASH but will increasingly include families identified in data. There will be a range of partnership responses across spectrum

Universal > Schools, GPs, Settings, Health Visitors

Universal Plus > School Pastoral Support and Family Support, Voluntary Sector, Parenting Programmes, School Nurses and Partners

Targeted > RBC Early Help, Primary Mental Health Workers, Berkshire Women's Aid, Alana House, Police, IRiS, Floating Support, Housing etc.

Specialist > Children's Social Care, Youth Offending Service, CAMH's



Culture

As a partnership, we have self-assessed ourselves as being 'mature' in this area.

Sustaining early intervention services requires a commitment across all stakeholders. This is evident in the existing range of linked strategies and partnership/governance groups.

•There is a shared vision and culture across all partners that is communicated from front line staff, Team Managers, Service Leads, Heads of Service, Directors and Politicians.

•There is a commitment from Senior Leads to develop new ways of working to reduce demand on high cost services and that Early Intervention work needs to evidence savings robustly

• RBC and Thames Valley Police have committed resources to a senior officer implement this strategy and to the release of personnel to deliver early intervention responses

How do we sustain this maturity?

We want to ensure all partners remain invested. We want to ensure the ambitions are being felt and understood by our community.

As we are increasingly faced with making difficult decisions about which services can be financially sustained, we need to ensure compelling evidence is available to prioritise out choices. All stakeholders need to understand the challenges and opportunities. To support this we will:

Work with families to produce a family friendly version of the strategy

Engage partners and service users in recruitment to the Prevention and Partnership Lead

Release RBC and partner staff to deliver targeted pieces of work to cohorts of families identified in data

Engage partners in piloting the Adverse Childhood Experiences approach

Develop links with academic institutions to research and validate our approaches

How will we know we have achieved this?

- ✓ This strategy is easily accessible and meaningful to the local community
- ✓ Senior Lead and virtual multi-agency teams are responding flexibility to identified needs/trends
- ✓ Independent validation of the impact of the work

Leadership

As a partnership, we have self-assessed ourselves as being 'maturing' in this area

Partners feel this is positive in Reading. Senior decision-makers are invested in early intervention and practitioners recognise positive areas of development to support families.

•Lead Members are committed to the key principles and outcomes based approach to Early Intervention.

• TVP seconds staff members to Reading Borough Council to support the agenda.

• Reading Voluntary Action supports easier access to voluntary/community services

How do we become 'mature'?

In a Local Authority deemed 'good' by Ofsted, recognition was given to 'outstanding' leadership driving service transformation : "*Strong governance arrangements and a shared partnership vision and priorities have resulted in considerably increased levels of investment in early help and targeted support services."*

To translate this strategy into action, the proposal is that the Children's Trust Board drives the strategy and monitors implementation plans. As a sub group of ACE, this ensures democratic accountability. Moving forward this will evidence:

- Partnership governance arrangements owning the implementation plans to drive each strand of the strategy forward.
- Partners holding themselves and each other to account for delivery
- Timely delivery of actions occurs as routine with continual review of impact

Next Steps

Present detailed implementation plans to the Children's Trust Board and relevant multi-agency groups

Agree owners for the plans attached to each strand

Monitor implementation from April 2018 with initial progress report September 2018

How will we know we have achieved this?

- ✓ There will be a clear focus from all partners on services that best meet the needs of Reading's community
- ✓ Whole family working will be at the heart of our work, this will be visible through a commitment from leadership
- ✓ Performance data will provide leadership with a clear analytical understanding of local demands and commissioning needs
- ✓ This strategy links with wider local and national strategies and agendas

Workforce Development

As a partnership, we have self-assessed ourselves as being 'developing/maturing' in this area

Partners have rated this positively and valued the opportunities to learn together. Opportunities are linked to identified trends providing practitioners with the right skills to create sustained change in families.

•Pilot work has been completed with specific cohorts that needed a partnership response. Partners have worked together and shared skills e.g. joint working cases and joint visits between Police, Children's Social Care (CSC) and Health.

• Early Help Staff have trained police officers in the wider context of services

- RBC trained in Signs of Safety, Reflective Supervision and Graded Care Profile.

• Police have delivered development days to consider how we can work better together i.e. Ambulance, Fire and Rescue, Police, Local Businesses, Local Authority, and the Voluntary Sector.

•World Cafes have been held with the community to support our understanding of their needs; this has translated into training, revision of strategies and targeted pieces of pilot work.

•DA forums provided training on outcome areas. The DA forum agenda is set through professional feedback on topics which staff would like more information

How do we become 'mature'?

Partners have told us they would like:

- Further training and support around thresholds
- Joint training opportunities in evidence based practice

Next Steps:

- Development and delivery of a partnership training programme
- RBC staff roll out Signs of Safety and Graded Care Profile training
- RBC Partnership Workers provide support and mentoring to new Lead professionals
- Agree opportunities for developing the 'Adverse Childhood Experiences' approach

How will we know we have achieved this?

✓ An agreed programme of evidence based training across 0-19 services
✓ Staff are able to access the right training at the right time
✓ Multi Agency Audits reflect evidence based practice that reduces the need for specialist intervention

Strategic Priorities

Priorities will link to outcomes, focussing on the impact and quality of services we provide for children, young people and families.

System Priorities

1. Confidence in using thresholds having identified need
2. Creating a clarity of offer between and amongst partners
3. Consistent approaches to working with families and children across the partnership

Priorities for Children

4. Getting the Early Years right
5. Reducing Adolescent Risk
6. Supporting emotional wellbeing

How will we work on these priorities?

Deliver activities that ensure local thresholds are applied appropriately and support partners to feel more assured in managing and holding risk.

- Training opportunities on thresholds/pathways
- RBC staff partnership support linked to key partners
- Establishing multi-agency allocations meetings

In 2018/19, RBC will undertake a review of the offer to under 5s. We will merge the Early Years functions with Children Centre activity to ensure we get it right at the earliest opportunity. This will be integrated with the newly commissioned 0-19 Public Health contract for health visiting and school nursing and development of community hubs.

RBC youth services have been restructured to prioritise support to vulnerable young people. There is an embedded response to young people who go missing and are at risk of CSE. We will refresh this offer to extend support to young people at risk of wider exploitation including county lines and criminal exploitation. We will draw on research such as 'That Difficult Age' (Research in Practice) and trauma based practice.

By reviewing delivery with partners we will achieve:

✓ **A Partnership 'Early Intervention and Prevention' Identity**

This will be based on a culture that aims to intervene at the earliest opportunity in order to secure the best outcomes for families. This will be through improved targeting of resources at the early years, to maximise future life chances of children and young people. An improved infrastructure will aid better communication and more targeted provision

✓ **Coordinated Response to Need – Stepped Care Model**

Services will be flexible enough to meet needs of children, young people and their families when they require them. The Strategy will maximise partnership working wherever possible to reduce duplication, enhance effectiveness and produce better outcomes for users.

Delivery Structures

As a partnership, we have self-assessed ourselves as being 'developing' in this area.

Significant work has been completed in the last 18 months. RBC has:

- An established Single Point of Access/MASH with co-located Early Help staff
- A restructured RBC set of services with focus on more targeted responses

How do we become 'mature'?

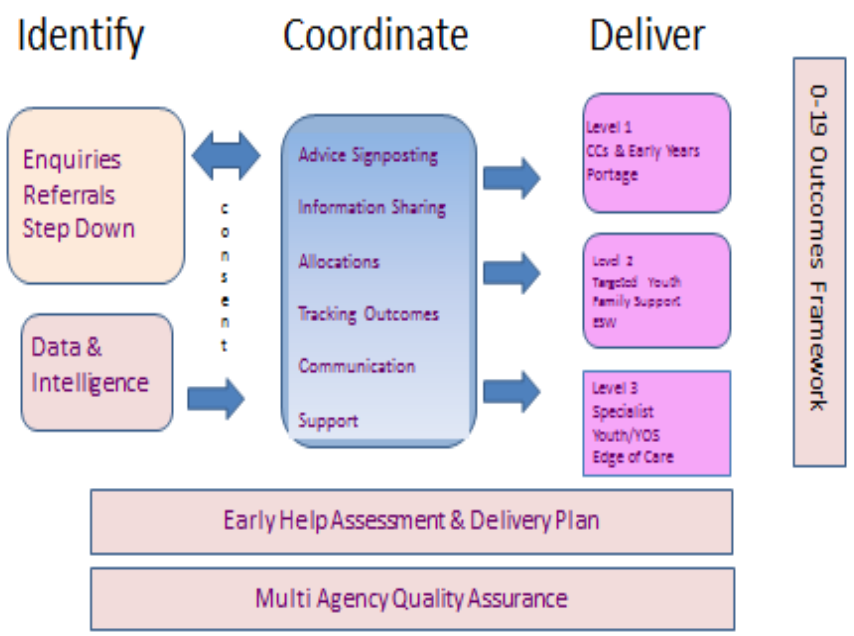
Partners tell us there is more we can do to effectively share information and processes. RBC will support this by identifying and coordinating the best organisation/worker to respond to family needs.

Universal Plus – RBC Partnership Workers will support lead professionals with assessment, plans, case supervision, advice and guidance on thresholds and services available to support.

Targeted – RBC will deliver intensive support for families with more complex needs requiring a coordinated multi agency response. Evidence based practice alongside signs of safety.

Specialist - Step up and Step Down cases will be supported by RBC Family Support workers.

Groups/Programmes - A revised offer of structured courses/groups using evidence based programmes



How will we know when we have achieved this?

An effective partnership delivery structure will increase the number of families being supported outside of statutory services

Delivery Processes

As a partnership, we have self-assessed ourselves as being 'maturing' in this area.

- Early Help staff are established in the SPA informing appropriate pathways for support. The conversion of contacts to Early Help is increasing
- RBC interventions reporting against family outcomes. Work is in developing to support 'one whole family assessment' within partner agencies.
- We can access 40+ data sets – this means we can identify complex families and target interventions.

How do we become mature?

The structure will need to be supported by processes that are understood across the partnership. Partners have told us that there is more we can do to support this:

- Shared case management systems would improve coordinated working.
- Linking RBC workers to agencies for advice, support and guidance
- Alert schools to DA incidents
- Increase awareness of community resources for families

Next Steps:

We are exploring the costs/viability of a partner portal on Mosaic and pilot release of RBC staff to partners with the aim of developing a partnership support team by April

We will review the Family information Service and introduce online, self-help options for families who can be supported without direct work

We will re-establish a multi-agency Early Help Allocations Meeting. Referrals from the SPA will be discussed weekly and the most appropriate agency will be allocated the case. It will take a maximum of 10 days for families to move from SPA to offer

We will include families identified in data and those deemed NFA at the front door at Allocations meetings

We will continue to support cases stepping down from Children' Social Care and other specialist agencies

How we will know processes are effective?

- ✓ Families will tell us support was timely and helpful
- ✓ There will be in increase in Early Help Assessments and partners taking the Lead professional role
- ✓ Family's needs will be met and not escalate
- ✓ Evidence based practice/programmes will be in place
- ✓ Data and Audits will demonstrate sustained outcomes

Strategy for Delivery

As a partnership, we have self-assessed ourselves as 'developing'' in this area

•In some areas we are pooling budgets, for example, our Domestic Abuse Budget for commissioned services is pooled.

•An outcomes based approach is reflected in most partnership strategies

• Early Help and Troubled Families reports are shared at partnership board meetings including the Children's Trust Board, Community Safety Partnership, Local Safeguarding Children's Board, Lead Member Briefings, Corporate Management Team and Children's Services Improvement Board.

How do we become mature?

Detailed implementation plans for each strand of the strategy are in place. The Children's Trust Board assumes overarching responsibility for driving this strategy and timely delivery of the implementation plans. As a sub group of ACE this ensure democratic accountability

Workforce Development, the community and data will be our key enablers to achieve the ambitious aims of this strategy.

Community Resilience
Children, Young People and Families will be engaged in assessments delivery plans. Review and planning of services will be routinely informed by experiences of the service users

The partnership will have a good understanding of the local portfolio of services and support. Communities are actively providing support across the 0-19 cycle; they need to remain part of evaluation and monitoring arrangements. Capacity building projects are underway to develop future potential and building resilience and effective peer support is a central part of the service offer.

Data
Partners collaborate to analyse strategic-level data on the population and needs analysis identifies some target groups. A range of partners share data for strategic analysis of need, identifying target cohorts who can benefit most from early intervention.

The partnership will increasingly learn fro
inform strategic decision-making. This will
ability to identify community trends, leadin
design or re-shaping of services.

How will we know we have achieved this?

Commissioning decisions will be informed
robust data

Services which evidence impact for families will
be sustained

Cost benefits analysis will evidence th
effectiveness of local services

Outcome Measures

Improved Partnership Working across Early Help Services	• The number of organisations taking the lead professional role • Number of organisations completing Early Help Assessments
Earlier Identification of Emerging Needs	• The percentage of families reporting that support was timely and helpful • Reduction in statutory referrals
Better Outcomes for Children, Young People and Families	• The % of families supported achieving sustained positive outcomes • The % of families supported who do require statutory or specialist services.
Decreased Reliance and Demand for Statutory and Specialist Services	• Improved performance against existing KPIs: • Proportion of CIN > School attendance and exclusions > First Time Entrants to criminal justice system > demand for specialist health services
Preventative and Early Help Services Sustained	• Number of children, young people and families supported across the partnership agencies • Tangible evidence of cost savings
Local Community are more able to meet their Needs and Address Challenges	• Families reporting increased confidence and capacity to meet their needs

References

1. DCLG: National Impact Study Troubled Families

https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2020-emerging-findings

2. Working Together 2018 Consultation

https://consult.education.gov.uk/child-protection-safeguarding-and-family-law/working-together-to-safeguard-children-revisions-t/supporting_documents/Working%20Together%20to%20Safeguard%20Children.pdf

3. Ofsted Monitoring Visit 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

4. Action for Children – Revolving Door Report

https://www.actionforchildren.org.uk/media/9363/revolving-door-report-final.pdf

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**31JANUARY 2018**	**AGENDA ITEM:**	**9**
TITLE:	**LEARNING FROM READING BOROUGH COUNCIL'S APPROACH TO CHILD SEXUAL EXPLOITATION AND NEXT STEPS IN ADDRESSING CRIMINAL EXPLOITATION**		
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**	**E-MAIL:**	**Annmarie.dodds@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an overview on the significant improvements that have been delivered in addressing the risk of Child Sexual exploitation (CSE) in Reading. It is proposed that the learning from the revised approach to CSE should form the basis of a strategic and operational methodology to address risks posed by the emerging criminal exploitation of children and vulnerable people from 'County lines' activity in Reading.

1.2 Reading Borough Council Children's Services were rated inadequate by Ofsted in summer 2016. Improvement activity relating to missing children and Child Sexual Exploitation were identified as part of the broader learning and Improvement requirements for Children's Services. Early improvements were made to operational processes; however a police operation relating to peer on peer sexual exploitation during the summer of 2017 prompted a full review of the existing operational and strategic approach to CSE conducted throughout the summer and autumn 2017.

1.3 The revised approach has proved to be successful in addressing the local risk and management of child sexual exploitation and missing children and is increasingly understood by practitioners and partners. It is therefore deemed appropriate to adopt this methodology to address new and emerging child and adolescent risk through other means of criminal exploitation.

2. RECOMMENDED ACTION

2.1 That the shift, both operationally and strategically, in responding to the local risk of sexual exploitation for Reading's children and vulnerable adults be acknowledged;

2.2 That the application of the strategic and operational infrastructure to achieve the best response in the prevention and management of exploitation be endorsed;

2.3 That the continued support to prevention and early intervention activity in mitigating and managing a Reading response to the criminal exploitation of children and vulnerable adults be approved;

2.4 That the nature of criminal exploitation is an ever changing environment be recognised and thereby continuous learning and adaptation of practice and process to best safeguard Reading's children be supported.

3. POLICY CONTEXT

3.1 The definition of Child Sexual (capitalise all or none)exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

3.2 The approach adopted in addressing CSE in Reading is based upon the 'Child Sexual Exploitation Definition and Guide' 2017. This advice is non-statutory, and assists practitioners, local leaders and decision makers who work with children and families to identify child sexual exploitation and take appropriate action in response. This includes the management, disruption and prosecution of perpetrators.

3.3 At the point of the Ofsted Inspection summer 2016 Reading Borough Council's approach to CSE was underdeveloped and lacked the professional curiosity required to keep children safe and to learn collectively as a partnership how the risks should best be addressed in Reading. The collective response to CSE was process rather than event driven. The result of this was that we (and partners) were unable to ascertain the full nature or scale of the CSE risk in Reading. The data set was incomplete and did not capture the underlying risk/trends pertaining to CSE in Reading. Challenge and scrutiny functions were weak.

3.4 There were concerns across the children's workforce regarding the knowledge and understanding of risk as well as the application and consistent use of tools.

3.5 Significant activity has been undertaken across the partnership to address the system and practice weaknesses in managing the risk of CSE. Experts bringing

experience of learning from other Local Authorities have added insight and credibility to local experience and re-shaped the established direction.

3.6 The Local Safeguarding Children Board (LSCB) has reviewed the Terms of Reference of its CSE sub-group and revised their strategy in order to better address CSE. The sub-group is now chaired by the Deputy Borough Commander from Thames Valley Police. CSE remains a priority for the LSCB as defined by the new LSCB Chair (December 2017.)

3.7 The approach to victims of CSE has been amended to ensure that they receive tailored individual support plans and risk assessments addressing strengths and vulnerabilities with a view primarily to safeguarding the child, whilst gathering intelligence and identifying perpetrators of exploitation.

3.8 The Chief Executive of Reading Borough Council routinely chairs multi-agency briefings with senior police personnel to identify and address strategic issues and to drive corporate commitment to raising awareness and improving outcomes for children at risk of CSE.

3.9 An experienced CSE consultant was employed by RBC (in the summer and autumn of 2017) to drive a partnership approach with all key stakeholders including police, health and education. This work raised the CSE profile and awareness across Reading and established strategic and operational partnerships to supplement the work of the LSCB. (These approaches will be utilised to address other emerging issues of adolescent risk – see below The Proposal)

3.10 A retrospective review of CSE cases in Reading combined with learning from current cases over the summer of 2017 provided an opportunity to learn and adapt local process to meet the requirements of local risk.

3.11 The creation of the Children's Single Point of Access (SPoA) combined with the learning from a local police operation facilitated the revision of a number of operational pathways to address CSE and Missing Children. This has resulted in daily meetings to address 'missing' children as a shared priority for police and children's services.

3.12 Specialist CSE practitioners have been added to the SPoA. It is intended that this specialist unit will in time be phased out as the pathways, knowledge and understanding become business as usual for professionals across the whole partnership.

3.14 There are currently (January 2018) 8 children who are looked after by the Local Authority who are identified as victims of CSE. The cost to the Local Authority of their placements is currently £13,429/week (This equates to an annual Children Looked After placement cost of £688k for CSE alone). There are an additional 65 children who are identified as 'at risk' of CSE and their cases are managed across Early Help and Statutory Social Care teams. In January 2017 only 12 children were identified as engaged in or at risk of CSE. This increase represents a 600% increase in identification and delivery of services to children in the past 12 months.

4. THE PROPOSAL

4.1 Recent evidence in Reading suggests that the criminal exploitation of children reaches beyond that of CSE. The recent escalation of youth violence and the use of weapons points to an emerging 'County Lines' issue in Reading.

4.2 County Lines is a police term for describing child (and vulnerable adult) criminal exploitation to move drugs and money. It is a cross cutting issue involving, drugs, violence, sexual and criminal exploitation, modern slavery and missing persons.

4.3 County lines activity and the associated violence and exploitation has a devastating impact on young and vulnerable people and their communities.
Like CSE county lines exploitation;

a) can affect any child or young person or vulnerable adult over 18 years
b) can still be exploitation even if it appears consensual
c) can involve force and/or enticements often accompanied by violence or the threat of violence
d) can be perpetrated by individual or group of males or females who are young or old
e) is typified by some form of power imbalance

4.4 The local and national picture on County Lines continues to develop. What is known is that county lines groups are able to adapt their practice. The full scale of child involvement is not yet known or understood. 65% of regions nationally report the criminal exploitation of children and 85% of all activity references the use of knives. (National Crime Agency; County Lines Violence, Exploitation & Drug Supply 2017; National Briefing November 2017)

4.5 There are significant gaps around the known level of exploitation of children both locally and nationally. There is no consistent or proactive way of identifying if a vulnerable person/child has entered another police force area or Local Authority area. Safeguarding opportunities rely on the child being subject to a stop check or being present when warrants or safeguarding visits are conducted. The risk to the child in this instance is that it could be too late to adequately protect the child and harm may already have occurred once the child is known and identified. Elements of the criminal exploitation picture will be held on a range of different partner agencies systems, therefore there is scope for increased intelligence sharing and coordination to improve the collaborative response.

4.6 Reading Borough Council must continue to work collaboratively with key stakeholders in identifying and addressing risk. Data and intelligence should be shared appropriately and proportionately. Awareness must be raised across all agencies in collaboration with the LSCB. Both the operational and strategic management groups established in response to CSE should be adapted to address the emerging and broadening criminal exploitation risk to Reading's children and vulnerable adults.

4.7 Like CSE the approach to County lines is not statutory. The delivery of preventative and early disruptive activity is reliant upon the provision of early intervention and preventative intervention with children and young people across a wide spectrum.

4.8 The activity relating to missing persons should be maintained and should be delivered with rigour as it affords the most tangible early indicator of risk at present. Daily missing meetings should be maintained and appropriately serviced. Return Home Interviews for all children must be routinely carried out in line with guidance and information appropriately utilised to mitigate the risk of exploitation.

4.9 Reading Borough Council should continue to learn from the emerging national picture on Criminal exploitation of Children. Reading Children's Services should also be open to learning from local evidence, learning from feedback from children supported by statistical evidence from police, health, education and the community and voluntary sector.

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 In order to provide the best opportunity to prevent harm to children and vulnerable persons through all forms of criminal exploitation Reading's Children's Services should work with existing and emerging networks including key partner bodies including the LSCB and the Community Safety Partnership.

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 There are no financial implications as a direct result of this report.

9.2 Consideration as to the ability of Reading Borough Council to respond to the risk of criminal exploitation will be determined as the full impact of budget saving

proposals are fully known and the impact of prevention and early intervention activity better understood.

10 BACKGROUND PAPERS

10.1 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

10.2 Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

10.3 County Lines Violence, Exploitation & Drug Supply 2017
http://www.nationalcrimeagency.gov.uk/publications/832-county-lines-violence-exploitation-and-drug-supply-2017/file

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION (ACE) COMMITTEE**		
DATE:	**31 JANUARY 2018**	**AGENDA ITEM:**	**10**
TITLE:	**PROGRESS ON THE DELIVERY OF THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY 2017 – 2022**		
SERVICE:	**CHILDREN'S**	**WARD:**	**BOROUGHWIDE**
LEAD OFFICER:	**HELEN REDDING**	**TEL:**	**74109**
JOB TITLE:	**SEND IMPROVEMENT ADVISER**	**E-MAIL:**	**helen.redding@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report provides an update on the progress being made to deliver the SEND Strategy for Reading Borough 2017 – 2022 which was approved by ACE Committee in July 2017.

1.2 It also provides an update on the Information, Advice and Support Service (IASS) and the SEND Service performance.

1.3 Appendix 1: SEND Strategy Board Terms of Reference
Appendix 2: Department for Education (DfE) Note of Visit December 2017

2. RECOMMENDED ACTION

2.1 To note and comment on the progress made on delivering the SEND Strategy.

2.2 To note the Department for Education (DfE) note of visit regarding progress in SEND in Reading

2.3 To note the developments within the IASS Service

3. CONTEXT

3.1 The involvement of parents/carers from the start in developing and then implementing plans and strategies that may impact on children and young people with additional needs is at the heart of the Children and Families Act.

3.2 The Children and Families Act (2014) requires local authorities to keep the provision for children and young people with SEND under review (including its sufficiency), working with parents, young people and providers. Reading Families Forum (RFF) which is Reading's Parent Carer Forum and Special United (the young people's forum) have an important role in this process.

3.3 The Act is clear that when considering any reorganisation of provision, decision makers must be clear that they are satisfied that the proposed alternative arrangements will lead to improvements in the standard, quality and/or range of educational provision for children with SEND.

4. PROGRESS TO DATE

4.1 Reading's SEND Strategy has been communicated to a range of partners and a communication plan is being developed to ensure all partners have regular information on it. It has been considered by the Health and Wellbeing Board, and members of that board committed to supporting its delivery.

4.2 A SEND Strategy Board which is chaired by the Director of Children, Education and Early Help Services has been set up and has met 3 times to date. It has membership from all key partners, including RFF, which is important to successful delivery of the Strategy. The Board is monitoring the implementation of the strategy, and will ensure progress is made. Each strand lead provides a summary of progress at each board meeting through a highlight report. Terms of Reference for the Strategy Board are attached as Appendix 1.

4.2 Reading Borough Council has been working closely with RFF at both an operational and strategic level and the impact has been very positive to date. They bring a valuable perspective and constructive challenge to the future planning of services.

4.3 RFF has been involved in:

- every Strand Group linked to the Strategy;
- reviewing the local offer on a regular basis and the feedback resulting in recommended changes being made;
- reciprocal peer review activity of the Local Offer of other Local Authorities in the region;
- SEND team away day contributing to the self-evaluation and plans of the service in relation to co-production;
- Joint meetings with the Department for Education (DfE) regarding SEND in Reading;
- Considering options for future delivery models for IASS

4.4 'Special United', the young people's forum is now established and have a page on the 'Local Offer' (SEND Services Guide). They have been involved in reviewing the Local Offer and Short Breaks.

4.5 Multi agency strand groups have been established with Terms of Reference for each, and meetings have been held for 3 of the 4 strands.

4.6 A comprehensive SEND data report has been developed to support strategic planning and commissioning decisions, including any changes in provision that may be required. This will be updated on an annual basis to support prioritisation of actions and evidenced based decision making.

4.7 In line with national trends, there has been an increase the numbers of children with additional needs, and in a change in the profile of needs, in particular those diagnosed with an Autistic Spectrum Condition (ASC) and those identified with social, emotional and mental health difficulties (SEMH). A needs gap analysis is being undertaken to identify the support required by schools in relation to children with ASC

and SEMH. This analysis will be used to develop proposals to improve outcomes for children building upon existing good practice.

4.8 A detailed graduated response guide is being co-produced to support early years professionals and settings, schools and colleges and partner agencies in identifying and meeting the needs of children and young people as early as possible, as well as mapping of provision and services available to support early intervention. There will be 4 Graduated Response documents (Pre-school, 5-11 years, secondary and post 16), with the 5-11years guidance due to be piloted this term.

4.9 The range of services and provision, including support for universal services to identify and meet the needs of children at the earliest stage, are being reviewed to ensure that the majority of current and future children can have their needs met within the local area. This includes targeting outreach support from settings/schools with best practice in meeting the needs of children and young people with SEND.

4.10 Audits are being carried out in the following areas:
(i) the Exceptional Needs Funding Panels for pre-school children to identify types of need that pre-school settings are requesting additional support for, outcomes, and numbers that go onto have an EHCP;
(ii) Portage Home Visiting Service to identify the types of need, outcomes, and numbers that have an EHCP as a pre-schooler and those that go onto have an EHCP at primary school;
(iii) the Sensory Integration Massage Service to identify the needs of the children that access this service and their outcomes.

4.11 An Early Years audit and training programme for pre-school settings will be evaluated.

4.12 There has historically been a significant overspend in the High Needs Block (HNB) of the Dedicated Schools Grant (DSG). A detailed report on HNB spend has been presented to and discussed at Schools Forum and next steps agreed to ensure that allocation is appropriate and based on evidenced need, is targeted where it needs to be, and is supporting improving outcomes for children and young people. Steps have been taken to reduce costs where possible in the short term while actions are agreed to ensure the budget is focussed on statutory requirements and against priority areas of need.

4.13 Progress has been made with converting the previous statements of SEND to Education Health and Care Plans (EHCPs), and additional capacity has been put in place to meet the March 2018 deadline for the conversion of all statements to EHCPs.

4.14 The service has maintained good performance against the measure of completing EHCPs within 20 weeks (90%) and aims to improve this further. The service priority in the next 12 months is to ensure consistency in the quality of plans being produced.

4.15 The DfE SEND Adviser meets with every Local Authority SEND lead on a termly basis to monitor the implementation of the Children and Families Act 2014. This is in addition to a survey that is returned separately by Local Authorities and Parent Carer Forums each term. We invite Reading Families Forum to these meetings so that they can contribute to the update on progress. The note of visit is attached as Appendix 2.

5. UPDATE ON INFORMATION ADVICE AND SUPPORT SERVICE (IASS)

5.1 The manager of IASS has been working with the SEND Improvement Adviser and RFF to investigate and trial models of delivery used in other areas, and ensure capacity is

built within universal services to support families. Part of this work has been to consider how the planned efficiency saving could be met.

5.2 Detailed financial analysis has been carried out. The service has been receiving a government grant via the National Children's Bureau which ends in March 2018. Due to the length of time it took to recruit staff to the roles required to implement the activities required by the terms of the grant, there has been a carry forward of this grant each year. There will be some carry forward into 2018/2019. The service has also carried forward an element of the SEND Reform Grant which had not been used. This has not been required for any other element of the SEND Implementation work, and will be carried forward into 2018/2019. IASS will be able to meet a proportion of the agreed efficiency saving, and the balance has been identified as a compensatory saving from core budget not required elsewhere and a manageable increase in an income target in bought back services.

5.3 This will allow time for the new models of delivery to be trialled and evaluated, as well as to build the required capacity. The government has recently announced a a new contract in 2018-19 and 2019-20 to ensure that, in every local authority area, children and young people with SEND and their families have access to impartial information, advice and support covering SEND issues - including through a dedicated Freephone service. The closing date is 5th February 2018, so it is likely that we will receive further information by the end of March. Once the information is known regarding the focus and terms of this grant this will be incorporated into the development of a new delivery model.

5.4 The service is trialling a new helpline model which operates on Mondays and Fridays from 9.30am – 1pm and on Wednesdays from 10am – 6pm, term time only. Messages can be left and are checked regularly. Any urgent message left during non-helpline hours is responded to as quickly as possible. Feedback to date has been positive. Consideration is being given to where the line management of the service best sits in the future that ensures it is arms-length from the local authority. It is expected that a decision will be reached shortly.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The proposals contained in this report support the following Corporate Plan priorities:

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

6.2 The decision contributes to the following Council strategic aims:

- To establish Reading as a learning city and a stimulating and rewarding place to live and visit
- To promote equality, social inclusion and a safe and healthy environment for all

6.3 The SEND Strategy supports Reading's 2017-20 Health and Wellbeing Strategy by:

- Focussing on children and young people with special educational needs and disability and identifying actions which will lead to improved provision and outcomes for them and their families.
- Working alongside parents/carers and young people to develop and implement the strategy, listening to their views and feedback and using this to inform next steps.

- Ensuring that the Local Offer is of high quality and information is coordinated and clear and supports knowledge and understanding of the services available to support families.

6.4 The SEND Strategy involves a range of partners including health partners, and its delivery will support improving health outcomes for children and young people.

6.5 Once the element of work on deeper interrogation and analysis of the range of data and information on the range and profile of needs and forecast future needs is complete, the Action Plan will be further developed to ensure sustainability of provision.

7. COMMUNITY ENGAGEMENT AND INFORMATION

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

7.2 Co-production with parents / carers and young people is at the heart of the Children and Families Act (2014) and SEND Code of Practice (2015).

7.3 Co-production is not the same as consultation, although consultation can form a part of an overall co-production process. Co-production happens when service providers and service users recognise the benefits of working in true partnership with each other. This process is adopted 'from the start', when planning, developing, implementing or reviewing a service. It means that all the right people are around the table right from the beginning of an idea, and that they are involved equally to:

- shape, design, develop, implement, and review services
- make recommendations, plans, actions, and develop materials
- work together right from the start of the process, through to the end.

7.4 As set out in paragraph 3.4, any reorganisation of provision will require an impact assessment that satisfies decision makers that the proposed alternative arrangements will lead to improvements in the standard, quality and/or range of educational provision for children with SEND. Statutory processes are required for any significant change in designated specialist provision in schools which include a full process of formal consultation with all interested parties.

8. EQUALITY IMPACT ASSESSMENT

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

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.2 All elements of the work involved in delivery of the strategy will support improving outcomes for children and young people with SEND and their families.

8.3 Involving children, young people and their families in the development of services and support is key to the delivery of our equalities duty.

9. LEGAL IMPLICATIONS

9.1 The following Acts are central to the delivery of the SEND Strategy.

9.2 The Children and Families Act, 2014

9.2.1 The Children and Families Act placed a duty on local authorities to ensure integration between education, training and health and social care provision.

9.2.2 Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEND, both with and without education, health and care plans.

9.2.3 In carrying out the functions in the Children and Families Act, all agencies must have regard to:

- the views, wishes and feelings of children, their parents and young people;
- the importance of the child or young person and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions; and
- the need to support the child or young person, and the child's parents, in order to facilitate the development of the child and young person and to help them achieve the best possible educational, health and broader outcomes, preparing them effectively for adulthood.

9.3 The Care Act, 2014

9.3.1 The Care Act requires local authorities to ensure co-operation between children and adult services to plan for meeting the future needs of young people as they move into adulthood and become more independent, along with achieving continuity of support between services to enable young people to access timely and appropriate support.

9.4 The Equalities Act, 2010

9.4.1 This defines the equality duties and includes SEN and disability. These duties are the statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

10. FINANCIAL IMPLICATIONS

10.1 This proposal will ensure that there is clear information on spend and forecast spend and that high needs budgets are targeted appropriately. It will also seek alternative forms of income where possible. Once detailed analysis of need has been completed, any statutory consultation required to change provision or any requirement to consider capital development would be subject to a further committee report.

10.2 The Council has received grant from the Department for Education (DfE) in 2017 to support review of SEND and an additional grant to support a small amount of capital

development. The grants can support implementation of the strategy. Once firm proposals of options for change are established that require capital investment these will be fully costed to inform decision making.

11 BACKGROUND PAPERS

SEND Strategy 2017 - 2022
https://search3.openobjects.com/mediamanager/reading/enterprise/files/approved_send_strategy_august_2017.pdf

Reading Borough Council
Working better with you

SEND Strategy Group
Terms of Reference
July 2017

1. Introduction

1.1 The SEND Strategy was approved by ACE Committee on 12th July 2017

2. Role of Strategy Group

2.1 The role of the SEND Strategy Group is to:

- be the key mechanism by which partners come together to oversee the implementation of the SEND Strategy in Reading;
- secure engagement of all key partners;
- be responsible for the delivery of the strategic and operational functions of the SEND Strategy and associated strands of work;
- lead on the monitoring of the implementation of the strategy, providing a framework for reporting progress to key stakeholders and partners.
- work in association with the Health and Wellbeing Board governance arrangements and report regularly to the ACE Committee on progress and provide reports to other Boards on request e.g. LSCB, Schools Forum.
- agree the communication from the group to partners.
- consider how the work can be integrated within the broader area in economies of scale
- improve outcomes for children and families

3. Aims

3.1 To provide strategic leadership and direction in the development, implementation and monitoring of the SEND Strategy 2017 - 2022 and take corrective actions required to keep delivery on track.

3.2 To monitor and evaluate the effectiveness of the delivery of the planned work and to recommend actions as appropriate.

3.3 To ensure all agencies work together in order to successfully deliver the SEND Strategy.

3.4 To oversee the effectiveness of Reading Local Area in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.

3.5 To ensure the SEND Strategy aligns strategic and operational priorities in the Council's existing plans /strategies and with other agencies as necessary:

- Reading's Early Intervention and Prevention Strategy 2017 – 2019 (amend once updated and approved)
- Reading's Autism Strategy for Children, Young People and Adults 2015-2018
- Reading Local Safeguarding Children's Board Business Plan 2017 - 2019
- Reading's Health and Wellbeing Strategy 2016-2019
- Children and Young People's Plan 2015-2018
- Joint Implementation Group (JIG) and Area SEND Group
- Transforming care board
- Future in mind (sub group together with children for autism group)

3.6 To provide challenge and support to work strand leads to support delivery of action plans.

3.7 To receive regular reports from strand leads detailing progress and highlighting risks and issues. (Appendix 1 is the proposed Highlight Report format).

4. Membership

4.1 The SEND Strategy Group will be chaired by the Director of Children's Services or her nominated representative.

4.2 The SEND Strategy Group has a core membership but there will be times when the Group may co-opt other agencies to participate as appropriate.

4.3 Core Members can nominate a representative from their agency/service area who will attend on their behalf. If the nominated representative cannot attend a meeting they should identify another person to represent their sector. The nominated person must be able to make key decisions and take responsibility for communicating with the sector they represent.

- Reading Families Forum x 2
- Special United Representative (or key person who is able to liaise with them regularly)
- Primary School Representative
- Secondary School Representative
- Special School Representative
- FE Representative
- Voluntary Sector Representative

- Head of Education
- CCG Designated Clinical Officer
- Head of Wellbeing, Commissioning and Improvement
- Children's Social Care
- Adults Social Care
- Early Help Services
- Health – Provider
- RBC Commissioning
- Continuing Care
- Other?

5. Meetings

5.1 The Strategy Group will meet on a quarterly/termly basis. Dates have been set until July 2018

5.2 Meetings will always take place at a time between 10am and 2pm to support attendance of Reading Families Forum.

5.3 Agendas and papers for meetings will be circulated at least 1 week prior to the meeting.

5.4 Minutes and action log from each meeting will be circulated within 2 weeks of the meeting and will be resent with the agenda and papers for the following meeting.

5.5 Strand Leads will be responsible for arranging strand meetings and any task and finish groups.

6. Work Strands

6.1 A lead agency and officer will be appointed and accountable for each Work strand. Work strands identified below:

- Strand 1 – analysis of data and information to inform future provision and joint commissioning;
- Strand 2 – early identification of needs and early intervention;
- Strand 3 – using specialist services and identified best practice to increase local capacity; and
- Strand 4 – transition to adulthood

6.2 Work strand leads will identify key membership of their groups and develop an action plan that delivers the priorities in each area. They will ensure there is connectivity between areas of work.

Note of visit to discuss progress with SEND reforms

Date of visit: 13.12..17

LA: Reading

DfE SEND Adviser: Steve Huggett

Present at meeting: Helen Redding, Simon McKenzie, Ramona Bridgman (PCF Chair)**, and Steve Huggett**

Background

Officers provided an update on the LA context. Simon was now the permanent SEND Service Manager. Helen's interim post of SEND improvement adviser was due to terminate on April 1st. An AD for Education had been recruited and would start in January. This would allow at least a 6 week overlap with Helen.
The SEND strategy for 2017/22 had been finalised. Work had started on 3 of the 4 strands of development and each strand has representatives from key partners:

1. The first strand on data/information collection and analysis was led by Helen. A common set of data parameters had been established with Wokingham and West Berkshire. This enabled more coordinated work at the three Directors regular SEND meetings. This group has representatives from Schools Forum on it as well as other partners
2. The PEP leads the second strand which focusses on early identification. Major elements include the development of a graduated response and shared expectations for schools. Work on shared expectations for early years and post 16 provision would follow.
3. Simon leads on the third strand which focusses on specialist services and provision. Within this strand Helen is reviewing the SLAs for resourced provision. A review of SEMH and ASD provision will be a priority. This strand will also cover school to school support including the use of Reading's Teaching School.
4. The fourth covers PFA and the first strand meeting will take place shortly. This strand will be led by the Head of Adult Social Care. The development of an agreed PFA pathway will be a priority.

Work on all four strands will be ongoing during the 3-year lifespan of the strategy and will be overseen by a strategic group led by the DCS. The PCF is actively involved in all strands.

Parents and PCF

Ramona provided a helpful update on the PCF. There were 170 members of the PCF with 5 trustees who were the most active and coordinated the work of the PCF. Current major issues included:

- Concern by some parents that EHCPS were still to be received after all the processes were complete.
- Exclusions of children and young people with SEND- a PCF coffee morning for parents would focus on this issue.
- The provision of OT and SALT for those on SEN Support.

There had been good progress on:

- The Youth Forum which had reviewed the Local Offer and Short Breaks. It had its own page on the Local Offer.
- The PCF work with officers monitoring SEND performance data. This was part of a general engagement with officers which had been positive and had built confidence all round.

EHC Plans issued within 20 weeks

Following solid performance in 2016 current performance (including exclusions) was running at 90%. Simon was confident that this could improve and that a target of 95% was not unrealistic.

The focus next year will be on consistency of quality and in particular increasing co-production as set out in the Code of Practice. There was also an audit of multi-agency advice for EHCPs to be carried out using a Windsor and Maidenhead audit tool. Officers recognized that there was a need for ongoing training of all staff involved and were currently working to include training on SEND as part of the induction of all new social workers.

Transfers to EHC Plans from Statements and LDAs

Officers reported that there were 202 Statements remaining to be transferred as of December 1st. Recent progress was at about 50 per month so meeting the deadline would be tight but achievable. Simon had provided Steve with a very helpful breakdown of progress which illustrated the steady progress being made.

Schools and the High Needs Block

This was a major element of the Data and Information strand of the strategy. A detailed analysis of the High Needs Block spend had been carried out and shared with the representatives of the the strand working group and Schools Forum. Additionally, each meeting of the Schools Forum has an update on the progress of the actions agreed regarding High Needs Block funded activity. Officers regard this dialogue as essential to ensure ownership by schools and a genuine partnership developing the strategy.

Local Offer

Steve re-sampled the Local Offer. It was comprehensive, very accessible and full of informative and interesting content. Two peer reviews had recently been carried out and regular reviews of the offer were routinely carried out. A Local Offer newsletter is produced every month or so.

Post 16

Officers highlighted the good and improving SEND provision offered by Reading College. This had led to a steadily increasing number of SEND placements. Officers believed that

there was a decreasing need for out of LA post 16 placements because of this. Local post 16 provision was a major focus of the PFA strand of the SEND strategy.

Development of joint commissioning

The Reading, Wokingham and West Berks SEND Directors group meetings included a CCG representative in order to develop a coordinated approach to commissioning. The development of a common data set for the three LAs is very helpful for this. The development of a joint commissioning strategy for SALT services was a current priority.

AOB: Peer review in Portsmouth

Simon briefly gave feedback on a peer review which he had participated in of Portsmouth SEND. The CCG, PEP and a Reading Head teacher were involved and officers from both LAs felt the exercise had been very worthwhile. Portsmouth would pay a reciprocal visit to Reading next year.

Conclusion and next meeting

There continues to be impressive progress on most key areas. This is supported by good leadership which is being consolidated with permanent appointments. The active involvement of the PCF in operations and strategy is particularly impressive. The local offer is accessible and comprehensive and increasingly central to development. Progress on transfers of statements to EHCPs is steadily building momentum and 20-week assessment compliance is solid.
Steve will contact officers in the New Year about a date for the next visit.

READING BOROUGH COUNCIL

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

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**31 JANUARY 2018**	**AGENDA ITEM:**	**11**
TITLE:	**PROVISION OF SCHOOL CATERING SERVICES- CONTRACT EXTENSION**		
LEAD COUNCILLOR:	**TONY JONES**	**PORTFOLIO:**	**EDUCATION**
SERVICE:	**SCHOOL MEALS SERVICE**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**MYLES MILNER**	**TEL:**	**0118 9372904**
JOB TITLE:	**SCHOOLS SERVICES SERVICE MANAGER**	**E-MAIL:**	**myles.milner@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report sets out the decision to extend the School Catering Contract with the current contractor, Chartwells for the next extension period of two years, from 1 August 2018 to 31 July 2020.

1.2 The current terms of contract do not require the contractor to pay staff in accordance with the National Living Wage Foundation Living Wage, so the report recommends Chartwells adopt this from August 2018.

1.3 In order to incentivise schools to encourage greater uptake of school meals by pupils, the report recommends adopting a profit share arrangement

2. RECOMMENDED ACTION

2.1 That the existing school meals contract be extended by a further 2 years from 1 August 2018 to 31 July 2020.

2.2 That the Option outlined in paragraph 4.5 is adopted in relation to the adoption of the National Living Wage Foundation Living Wage with effect from 1 August 2018.

2.3 Profit share is applied to the school meals contract for the first time.

3. POLICY CONTEXT

The Council endorses a full hot meal service being available to all children across the Borough within all schools, with the exception of Academies and free schools.

4. THE PROPOSAL

4.1 Current Position:

The initial contract period for the Reading School Meals Contract ran from 1 August 2012 to 31 July 2016. This contract was set up for an initial period of four years, with the option to extend for a further two plus two years.

Following a robust procurement exercise, the initial contract was awarded to Chartwells, with a start date of 1 August 2012. Subsequently, Chartwells were awarded the first extension period which runs from 1 August 2016 to 31 July 2018. At this point, all schools were given the choice to remain in contract. There are 43 schools currently in the centrally managed contract within the Borough.

4.2 Contract Extension

A consultation exercise has been undertaken with all schools currently part of the centrally managed contract to seek feedback on the service provided by the Contractor. Schools were asked to indicate their preference whether to proceed with the two year extension period or to carry out a procurement exercise of re-tendering.

The consultation was in the form of face to face meetings and for consistency, each school was asked their views about 7 topics. Scores were out of 5, with 5 being the best. 31 responses were received from a total of 43 schools in the contract.

Consultation Scores:

Score	1. Food Quality	2. Value for Money	3. Relationship	4. Food Offer	5. Service	6. Contract Management	7. Repairs & Maintenance
1	1	0	0	0	0	0	1
1.5	0	0	0	0	0	0	0
2	0	3	2	3	0	1	2
2.5	0	0	0	0	0	0	2
3	8	1	3	6	2	2	11
3.5	1	0	2	3	1	2	0
4	17	18	11	13	15	15	5
4.5	1	3	2	1	1	2	0
5	3	5	11	5	12	7	3
No score given	0	1	0	0	0	1	0
n/a	0	0	0	0	0	1	7
Average	3.74	3.98	4.13	3.74	4.32	4.10	3.25

Questions 1-5 related to Chartwells and the majority of schools had positive feedback about the current offer and performance. Some of the areas identified for improvement were: consistency of food quality and more bespoke menus. All the points have been discussed with Chartwells and an action plan is in place to resolve any school specific issues. These points

are also incorporated into the annual Service Plan, so outcomes are monitored termly and progress is reported to the School Meals Board.

Questions 6 and 7 are related to the RBC School Meals Service SLA, which is split into two parts (contract management and kitchen repairs & maintenance). Overall, feedback was positive and those who gave lower scores had concerns about the cost of the SLA, rather than the service being provided.

In addition, schools were asked about their most business critical issue not relating to catering and the majority said that this was budgets and lack of finances.

To date, two schools have indicated that they may not remain part of the central School Meals Contract (Reading Girls, St Michaels Primary). This is due to individual circumstances of the school, rather than dissatisfaction with Chartwells as a contractor. Of the other schools who responded, they were all in favour of extending the contract with Chartwells rather than re-procurement. However, several said that the decision whether to remain within the central contract would be down to their Academy Trust. Chartwells have indicated that should these two schools leave the central contract then they would still continue with the extension at the proposed meal price. The final number of schools would be subject to the supplemental agreement (noted in 8.2).

4.3 Communication

A meeting was held on 30 August 2017 with the School Meals Contractor, Chartwells to discuss their offer and proposal for the extension.

Results from the above consultation and Chartwells extension offer were shared and discussed with the School Meals Board on 11 October 2017. This is a strategic board with representatives from Schools, Governors, Local Authority and Contractor. Based on the consultation responses, the panel recommended that the current contract be extended for a further two year period.

4.4 **Introducing the Living Wage Foundation Living Wage**

In 2014 the council adopted the Living Wage Foundation Living Wage (LWFLW) for both employees and contractors staff. The school meals contract, let to Chartwells, preceded this decision by 2 years, so in order to remain within the council's policy the LWFLW would need to be introduced as part of the proposed contract extension, which would run from 1 August 2018 until 31 July 2020. Legally, however, we cannot insist that our contractor adopt any proposal to introduce the LWFLW in the contract extension, and therefore full introduction of the LWFLW could only be achieved by negotiated agreement.

Minimum Wage Rates from 1 April 2017

National Living Wage			National Living Wage Foundation Living Wage
Year	25 and Over	21 to 24	All

2017	£7.50	£7.05	£8.45

The government intend that **the National Living wage should rise to become £9.00 in April 2020**. The LWFLW is currently 13 per cent more than the national living wage

The current primary meal price is £2.10 and the existing extension offer from Chartwells is to hold the meal price at this rate. However, if all Chartwells staff engaged on the Reading school meals contractor staff were to receive the Living Wage Foundation rate from August 2018, the primary meal price would increase to £2.23-£2.25

This increase in meal price is likely to see a significant reduction in meal uptake, and manage the increase compared to the current National Living Wage rate the increase to the meal price would need to be 5p for year 1 (September 2018 to July 2019), with a meal number growth of 2% in year 2 (September 2019 to July 2020) an additional protest from both Parents and Schools community in Reading. As a result, full introduction of the NLWFLW is not considered to be a viable option through the whole two years of the proposed extension, but this recommendation does allow for the NWF proposed level by April 2020.

4.5 Proposed Option

Apply a phased introduction of the Living Wage Foundation Living Wage for the period of the extended contract

If the rate of pay is phased over the 2 year extension period the increased rates of pay could be phased as follows:

2017/18 - £7.79
2018/19 - £8.08
2019/20 - £8.48
2020/21 - £9.00

To 2p for year 2 of the extension. The differential for Assistant Cooks and Cooks remains to ensure the supervisory levels are increased at the same level.

The current meal price is £2.10 and the existing extension offer from Chartwells is to hold the meal price at this rate. However, if all staff receive the Living Wage Foundation rate phased over the 2 year extension, the meal price would increase to £2.15 in year one and then to £2.17 in year two.

Impact:
The impact on the price of a school meal through the introduction of the NLWFLW may be reduced if a gradual increase is put in place, resulting in less of a meal price increase. This option carries the least risk of losing custom when increasing the price per meal, and maintains a greater margin for schools when delivering Universal Infant Free School Meals, paid by the government at £2.30 per meal.

To date we have received a favourable response from Chartwells to the introduction of this proposal.

4.6 Other Options Considered

Maintain Status Quo

If the contractor's staff continues at the current rate of pay, then this would follow the National Living Wage increases, as set by central government. The differential between the LWF rate would decrease over time.

This option would allow for the meal price to be held at £2.10 for the next two year extension period (until July 2020)

Impact:
The commitment of RBC to meet the Living Wage Foundation rate of pay would not be met by contractor staff. However, once the contract comes up for renewal, we would specify that all contractor staff should meet the LWF rate of pay, from September 2020 onwards. This option does not meet current Council policy.

4.7 Profit Share

With a view to giving added incentive to schools to encourage more children to eat school meals, Chartwells are suggesting introducing a 10% profit share for uptake above current levels. Based on experience in other Local authorities and 10% increase in uptake profit, between £300 and £1400 per annum will be shared with schools depending on school size.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The centrally managed School Catering Contract contributes to the strategic aim of providing the best start in life through education, early help and healthy living. The aim of this contract is to provide Reading pupils with healthy, nutritious school meal in a pleasant dining environment and to encourage the uptake of school meals, especially those entitled to Universal Infant and Free School Meals.

5.2 This decision contributes to the Council's strategic aim to promote equality, social inclusion and a safe and healthy environment for all.

5.3 The School Catering Contract contributes to the health of Reading children by ensuring that a healthy, nutritious school meal is available to all, especially those entitled to Universal Infant and Free School Meals.

6. COMMUNITY ENGAGEMENT AND INFORMATION

All Headteachers representing schools within the contract have had the opportunity to give feedback on the service provided by Chartwells via a face to face meeting. Additional consultation has taken place through the School Meals Board members.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment (EIA) is not relevant to the decision.

8. LEGAL IMPLICATIONS

8.1 The Council's Contract Procedure Rule 33 allows a contract to be extended where the original contract contains a clause permitting this and where it is reasonable to do so and best value will be achieved. The original contract does contain the necessary clause permitting an extension of up to a maximum of 2 periods of two years.

8.2 It will be necessary to enter into a short supplemental agreement with Chartwells to record the extension of the term and with Academy Trusts who wish to continue to receive the school meals service procured by the Council on behalf of schools in Reading for the period of the extension.

9. FINANCIAL IMPLICATIONS

9.1 The contract is run at no cost to the Council as it is the individual schools that pay the contractor for the meals consumed. The meal price proposed by Chartwells remains the same across all schools within the contract, regardless of catchment. The majority of schools within the contract are primary so will have the same meal price. However, different meal prices are charged for the nursery and secondary sites.

9.2 VFM: a benchmarking exercise has been carried out to ensure that the current contract provides value for money when compared to geographical and statistical neighbours. The results below show that the value offered by Chartwells is comparable to that of other school meal providers. However, with the proposed phased introduction of LWFLW a meal price of £2.15-£2.17 would be slightly higher than neighbouring authorities.

	Reading	**Bracknell**	**West Berks**	**Windsor & Maidenhead**	**Wokingham**	**Sheffield***	**Southampton***
Catering Contractor	Chartwells	ISS	ISS	Caterlink	Caterlink	Taylor Shaw	City Catering
Contract Renewal	August 18	July 19	July 17	August 18	August 19	August 20	No contract (schools own trust)
Contractor Satisfaction	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Primary Meal Price	£2.10	£2.10	Various	£2.20	£1.95	£2.00	£2.05

* Statistical neighbours

9.3 Revenue Implications

	2018/19 £000	2019/20 £000	
Employee costs (see note1)	130	130	
Expenditure			
Income from: School Meals Contract SLA	130	130	
Total Income	130	130	
Net Cost(+)/saving (-)	0	0	

9.4 There are no capital finance implications

9.5 Risk Assessment.

9.5.1 There are no additional costs for proceeding with the extension period. However, if an extension period was not undertaken then there would be costs associated with a re-procurement exercise.

9.5.2 There is insufficient time available to reproduce the contract between now and the proposed contract extension period commencing in August 2018.

10. BACKGROUND PAPERS

10.1 Report on Adoption of the Living Wage- Personnel Committee July 2014

10.2 Decision Book Report on first School Meals Contract extension with Chartwells - March 2016