

To: Councillor David Absolom (Chair)  
Councillors Kaur, Grashoff, Hoskin, Jones,  
Khan, McEwan, McKenna, O'Connell,  
Pearce, Robinson, R Singh, Terry, Vickers  
and White

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27 March 2019

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

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION  
COMMITTEE 4 APRIL 2019**

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on Thursday, 4 April 2019 at 6.30 pm in the Council Chamber, Civic Offices, Reading. The Agenda for the meeting is set out below.

	<b><u>WARDS AFFECTED</u></b>	<b><u>Page No</u></b>
<b>1. DECLARATIONS OF INTEREST</b>		
Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
<b>2. MINUTES</b>		<b>5 - 12</b>
Minutes of the meeting of the Adult Social Care, Children's Services and Education Committee held on 14 February 2019.		
<b>3. MINUTES OF OTHER BODIES</b>		<b>13 - 24</b>
Health and Wellbeing Board - 18 January 2019		
<b>4. PETITIONS</b>		

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

## **5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS**

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

## **6. DECISION BOOK REFERENCES**

To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.

## **7. OMBUDSMAN INVESTIGATION BOROUGHWIDE 25 - 34**

A report giving notice of a completed investigation by the Local Government and Social Care Ombudsman into a complaint about the quality of home care provided by the Council's contractor to the complainant's late mother-in-law, in particular that the carers failed to call 999 when the subject was ill.

## **8. ADULT SOCIAL CARE PERFORMANCE BOROUGHWIDE -**

A presentation providing the Committee with information on performance in Adult Social Care.

## **9. SHARED LIVES EXPANSION UPDATE BOROUGHWIDE 35 - 42**

A report providing the Committee with an update on the expansion of the Shared Lives Scheme to support older people (65+), including a marketing plan and vision.

## **10. FAIR WORKLOAD COMMITMENT FOR SCHOOLS BOROUGHWIDE 43 - 46**

A report presenting the Committee with a Fair Workload Commitment for Schools.

Officers from Brighter Futures for Children to provide the Committee with a verbal update on the SEND Strategy.

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## ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE 14 FEBRUARY 2019

**Present:** Councillor David Absolom (Chair)  
Councillors Grashoff, Hoskin, Jones, Khan, McEwan, McKenna,  
R Singh, Terry and White.

**Apologies:** Councillors Pearce, Robinson and Vickers.

### **26. MINUTES**

The Minutes of the meeting held on 11 December 2018 were confirmed as a correct record and signed by the Chair.

### **27. MINUTES OF OTHER BODIES**

The Minutes of the following meeting were submitted:

- Health and Wellbeing Board - 12 October 2018

### **28. THE EXPERIENCE OF PEOPLE WHO HAD BEEN ADMITTED TO PSYCHIATRIC WARDS AT PROSPECT PARK HOSPITAL**

Further to Minute 41 of the meeting held on 31 January 2018, Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust, David Townsend, Chief Operating Office, Berkshire Healthcare NHS Foundation Trust, attended the meeting and submitted a letter to the Chair of the Committee setting out an update to the Trust's response to the recommendations made in the Healthwatch Report on The Experience of People who had been admitted to Psychiatric Wards at Prospect Park Hospital. A copy of the Healthwatch Report had been included in the papers for the meeting.

**Resolved -**

- (1) That Julian Emms and David Townsend be thanked for attending the meeting;
- (2) That the update regarding the recommendations made in the HealthWatch report be noted.

### **29. DELIVERY OF THE EARLY INTERVENTION STRATEGY - PROGRESS REPORT**

Further to Minute 43 of the meeting held on 31 January 2018, the Director of Children's Services, Brighter Futures for Children, submitted a report providing the Committee with a progress report on the Delivery of the Early Intervention Strategy.

The report explained that in September 2018 a partnership event had been held and over 50 partner representatives had attended. The partners had agreed that a new model for delivery was required and a new approach would support a whole system of change to 'early intervention' and would provide the necessary governance to deliver the key outcomes. At the heart of the model was a strategic commitment to build community resilience and capacity of the voluntary and community sector. A number of cross-partner working groups had been established

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to bring coordination and shared accountability for delivery and a series of delivery groups had held initial meetings between October 2018 and January 2019; a summary of activity was set out in a table in the report.

The report stated that collective agreement had been reached that new governance arrangements to monitor delivery and impact of the Strategy would be required. An inaugural meeting of the Strategic Partnership Board had been arranged for 5 February 2019 and the Board would be chaired by an independent community representative. The Board would ask that strategic partners formally agreed a set of principles which would underline the way they would commit to the new partnership. The Board would adopt the Scanning, Analysis, Response and Evaluation (SARA Problem Solving Model) as the Partnership approach to project management and would report, via the Strategic Partnership Leads, into existing governance arrangements including Adult Social Care, Children's Services and Education Committee, the Children's Services Improvement Board and the Health and Wellbeing Board.

**Resolved - That the report be noted.**

### **30. CHILD EXPLOITATION AND CHILDREN WHO GO MISSING**

The Director of Children's Services, Brighter Futures for Children, submitted a report providing the Committee with a progress report on Child Exploitation and Children who go missing. A copy of the Child Exploitation and Missing Children Action Plan 2019-2020 was appended to the report.

The report explained that in summer 2018 the Local Safeguarding Children Board (LSCB) Child Sexual Exploitation (CSE) and Missing Strategic Sub-Group had agreed to expand its scrutiny and oversight to Child Exploitation, incorporating Child Criminal Exploitation (CCE), this was in response to emerging need both locally and nationally. The Pan Berkshire CSE Leads meeting also expanded its remit to become the Pan Berkshire Exploitation Leads Sub-Group and in June 2018 had ratified four strategic priority areas: prevention, protection, pursue and disrupt and recovery. The Exploitation and Missing Risk Assessment Conference (EMRAC) had been launched in September 2018 and would take place monthly and the Missing Evaluation and Review Group was a weekly Sub-Group of EMRAC and was a multi-agency panel. There was also a Disruption meeting led by Thames Valley Police that considered all exploitation and related intelligence and coordinated all disruption activity. Thames Valley Police and Early Help officers were leading the initiative on Adverse Childhood Experiences and moving the authority towards being a Trauma Informed authority.

Two new Berkshire LSCB Child Exploitation tools had been developed and implemented: Simple Screening Tool and Child Exploitation Risk Indicator and Analysis Tool and in August 2018 a Child Exploitation Manager post had been created. In November 2018 there had been a re-launch of the CSE champions group to become Exploitation Champions with the aim of sharing good practice, resources and innovation and support the cascading of messages and information.

Performance data and narrative were reported on a monthly basis to the Children's Services Improvement Board and quarterly to LSCB and the Missing Coordinator

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produced a quarterly Missing Profile which included all data that related to missing episodes, missing children and return interviews. The report included a table that detailed the 'children and young people that go missing from home or care' for October to December 2018 and a table setting out the training and awareness events that had been held in 2018-2019.

**Resolved - That the report be noted.**

**31. INDEPENDENT REVIEWING OFFICERS ANNUAL REPORT 1 APRIL 2017 TO 31 MARCH 2018**

The Director of Children's Services, Brighter Futures for Children, submitted a briefing note on the Independent Reviewing Officers (IROs) Annual Report from 1 April 2017 to 31 March 2018. A copy of the report was attached to the report at Appendix 1.

The report stated that there had been an increase in the number of children in care over the previous year and a total of 740 reviews had been carried out. Work was being carried out to address the increase, including a review of the cohort of children in care, a review of the systems and processes prior to children becoming looked after and a focus on permanency.

There was a recognised need for more local placements for children and a detailed analysis of Looked After Children placements over 20 miles had been carried out and had been presented to Children's Services Improvement Board (CSIB). An action plan would be submitted to the CSIB at the next meeting at the end of January 2019.

Following the last full inspection for Looked After Children in June 2016 Midway Reviews were now a mandatory undertaking by IROs for children who were in care. This provided additional scrutiny and oversight aimed at reducing delay and in addition children had contact with their IRO in between reviews. Data was also available which highlighted children who did not have up to date care plans, this was monitored on a weekly basis with lifestory work and three new personal advisors had been recruited.

There had been an increase in informal and formal dispute resolutions, known as Robust Challenge, over the year; there had been 55 formal Robust Challenges and 153 informal Challenges. Following the inspection in June 2016 the responses to Challenges had been more closely tracked with senior leaders and had led to the identification of emerging themes and plans for intervention with the aim of ongoing service improvements.

In conclusion, the report stated that statutory targets would be measured more tightly to ensure all reports were circulated within five days of the review which shared the decision of the meeting; there was a need for there to be a review of the administrative functions for children in care reviews so that invitations and consultations were disseminated to all; and there would be work to revise consultation papers for parents and carers and ensure that feedback was obtained to inform the review from key partners and the timeliness of the progress of

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children's plans would continue to be monitored through monthly permanency tracking meetings.

**Resolved - That the report be noted.**

**32. NOW IS THE TIME: READING BOROUGH COUNCIL'S STRATEGY FOR THE FUTURE EDUCATIONAL SUCCESS OF OUR STUDENTS**

Councillor Pearce, Lead Councillor for Education, submitted a report presenting the Committee with the Council's Strategy for the Future Education of its Students. Now is the Time: Reading Borough Council's strategy for the future educational success of our students was appended to the report.

The report explained that the Strategy would be a working document that continually evolved and adapted to reflect the nature of the Borough's schools and what needed to improve. The Strategy was split into seven main strands that reflected the focus over the coming years. It was recognised that there was some excellent provision and also areas for improvement and that as budgets continued to be squeezed focus would be on intervention and support where need was greatest. The proportion of pupils with additional needs was increasing and the Strategy had identified the need to increase provision. This would include the expansion of provision at The Avenue School and Blessed Hugh Farringdon Catholic School, bidding for a new special educational needs and disability (SEND) free school, two new Autistic Spectrum Condition units in Primary Schools and the relocation of Phoenix College.

The report also stated that it had been recognised that exclusions were too high, especially amongst children with special educational needs (SEN) and disadvantaged students. A therapeutic and trauma informed approach to managing behaviour had been discussed and welcomed by Headteachers and would help schools with approaches to keep the most vulnerable students in school. The Strategy set out a clear direction that the education team would take, how more would be achieved for children and how the Council, Brighter Futures for Children, the Regional Schools Commissioner, schools and teachers would work together to raise standards in the Borough.

**Resolved - That the report be noted.**

**33. FAIR WORKLOAD COMMITMENT FOR SCHOOLS**

Councillor Pearce, Lead Councillor for Education, submitted a report presenting the Committee with the Fair Workload Commitment for Schools.

It was reported at the meeting that due to an error the wrong version of the Fair Workload Commitment for Schools had been appended to the report so the item was deferred to the next meeting of the Committee to allow the correct version to be circulated.



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**34. SCHOOL ADMISSION ARRANGEMENTS 2020/21**

The Director of Children's Services, Brighter Futures for Children, submitted a report that invited the Committee to determine:

- The admissions arrangements for Community Primary Schools in Reading for the school year 2020/21;
- The co-ordinated scheme for primary and junior schools for the 2020/21 school year;
- The co-ordinated scheme for secondary schools for the 2020/21 school year;
- The Relevant Area;
- Maps of the catchment areas.

Copies of the schemes, policies, relevant area and maps were appended to the report.

The report explained that the Council had last consulted on its School Admission Policy in 2015 and due to minor amendments to the Policy and the requirement that Admission Authorities, in order to comply with the School Admission Code, had to consult at least every seven years, it was decided that the authority should consult on its 2020/2021 Policy. The authority consulted, as set out in the Relevant Area 2019, during October to December 2018 using an online consultation. In total there had been 94 responses to the consultation. The School Admission Forum at its meeting on 16 January 2019 had considered all the responses and the policies presented for approval reflected the Forum's discussions and decisions. The report detailed the changes to the Primary and Secondary coordinated schemes and the changes to the Admission Policy for Community Primary, Infant and Junior Schools 2020-2021.

**Resolved -**

- (1) That the scheme attached at Annexes A, B and C as the admissions arrangements for 2020/21 for community schools in Reading and the local arrangements for complying with the national co-ordinated primary school admission procedures for the allocation of primary school places for residents of Reading Borough be agreed;
- (2) That the scheme attached at Annex D as the local arrangements for complying with the national coordinated secondary admissions procedure for the allocation of secondary school places for 2020/21 for residents of Reading Borough be agreed;
- (3) That the relevant area as attached in Annex E which sets out the organisations that must be consulted on any admissions arrangements for schools in Reading be agreed.

**35. ADULT CARE AND HEALTH SERVICES - DIRECTION OF TRAVEL "SUPPORTING OUR FUTURE"**

The Director of Adult Social Care and Health Services submitted a report that set out the strategic direction of travel supporting Adults, including children's

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transitions, entitled "Supporting Our Future". The report provided the Committee with an overview of the context and rationale for the development of Supporting Our Future for Adults and sought approval for the approach set out under the prevention agenda. A copy of the Supporting Our Future Consultation Plan was attached to the report at Appendix 1 and a copy of the Supporting Our Future Draft Strategy was attached to the report at Appendix 2.

The report explained that the draft strategy "Supporting Our Future" underpinned the Council's vision approach and the priorities in the delivery with partners in early intervention and prevention across the Borough. It reflected changes from the Care Act 2014 and the current context of increasing demand and reducing finances and emphasised to all involved the importance in supporting people to remain at home and independent. The Strategy set out the joint opportunities to work across the Health and Social Care system economy, in better supporting people to receive seamless service at home.

The consultation plan was attached to the report at Appendix 1. The consultation opened in January 2019 and would close on 31 March 2019. The results of the consultation would be reported to Policy Committee on 8 April 2019.

Contained within the draft Strategy was the workforce best practice five P's framework. The framework five P's were: Best People, Best Place, Best Pound, Best Partner and Best Performance. This framework enabled the workforce to remain focused on prevention and independence at every stage in a person's journey.

**Resolved -**

- (1) That the national and local context in which the Council was undertaking its statutory duties in the provision of adult social care, and in meeting the needs of children who transition to adult services be noted;
- (2) That the Supporting Our Future Consultation Plan (Appendix 1), which would influence the finalised strategy to be published April 2019 be noted;
- (3) That the workforce best practice Five P's - which enabled our workforce to remain focused on prevention and independence at every stage in person's journey, as set out in the draft Strategy, be noted.

**36. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2017-18**

The Director of Adult Care and Health Services submitted for information a copy of the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2017-18. The following appendices were attached to the report:

Appendix A	Membership of the Board
Appendix B	Achievements by Partner Agencies
Appendix C	Completed Business Plan 2017-18

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Appendix D	Business Plan 2018-21 as at 18 December 2018
Appendix E	Safeguarding Performance Annual Reports for: <ul style="list-style-type: none"><li>• Berkshire Healthcare Foundation Trust</li><li>• Reading Borough Council</li><li>• Royal Berkshire Foundation Trust</li><li>• West Berkshire Council</li><li>• Wokingham Borough Council</li></ul>

The report explained that the SAB had to lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The overarching purpose of a SAB was to help and safeguard adults with care and support needs and it did this by assuring that local safeguarding arrangements were in place as defined by the Care Act 2014 and statutory guidance. The Annual Report 2017-18 presented what the SAB had aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2017-18. This was both as a partnership and through the work of its participating partners. It provided a picture of who was safeguarded across the area and why and it outlined the role and values of the SAB, its ongoing work and future priorities.

The Annual report noted that:

- There had been a 22% reduction in the number of safeguarding concerns from the previous year;
- As in previous years, 62% of concerns reported had related to older people over 65 years of age;
- More women were the subject of a safeguarding enquiry than men;
- 81% of referrals were for individuals whose ethnicity was White;
- As in previous years the most common type of abuse for concluded enquiries were for neglect and acts of omission;
- For the majority of cases, the primary support reason was physical support;
- As in previous years the most common locations where the alleged abuse had taken place were a person's own home and a care home.

In response to the SAB report the Council had:

- Ensured consistency raising awareness of Domestic Abuse in Reading;
- Promoted tools and training for staff;
- Delivered Safeguarding Adults "Train the Trainer" programme;
- Council staff had attended a Berkshire joint Children's and Adults Safeguarding Conference;
- The importance of involving advocates and independent Mental Capacity Advocate's to ensure person centred responses had been promoted within Safeguarding;
- A workshop was delivered at the Joint Conference to raise awareness of the issues and improve practice for working with those who self-neglected;
- Information on self-neglect had been added to the Board's website;
- Safeguarding training had included the importance of recording a person's ethnicity to ensure the most appropriate response.

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In response to the SAB report the Council had, as part of its improvement plan, delivered the following:

- A "Time to Change" champion group had been established to promote the understanding of mental health and prevent discrimination;
- The Council's website was to be re-launched and would include a user friendly referral form to enable an improved way to raise a referral;
- The council would take part in a self-neglect project that had been commissioned with the SAB;
- A core set of questions had been agreed at the SAB to collect feedback to ascertain the extent to which service users felt that they had been involved, supported, consulted and empowered during the safeguarding process;
- Endorsed safeguarding training that had been provided by the Council to Train the Trainer sessions for providers and voluntary agencies was to continue in 2019/20.

**Resolved - That the report be noted.**

(The meeting commenced at 6.30 pm and closed at 8.09 pm).

**Present:**

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Andy Ciecierski	North & West Reading Locality Clinical Lead, Berkshire West CCG
Rebecca Curtayne	Team Manager, Healthwatch Reading
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Stephen Kitchman	Director of Children, Education & Early Help Services, RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
Sarah Morland	Partnership Manager, Reading Voluntary Action
Councillor Terry	Lead Councillor for Children, RBC
Cathy Winfield	Chief Officer, Berkshire West CCG

**Also in attendance:**

Councillor David Absolom	Chair of the Adult Social Care, Children's Services & Education Committee (ACE Committee), RBC
Sonia Aulak	SEND Service Manager, Brighter Futures for Children (BFfC)
Michael Beakhouse	Integration Programme Manager, RBC & Berkshire West CCG
Ramona Bridgman	Chair, Reading Families Forum
Marion Gibbon	Consultant in Public Health, RBC
Natalie Madden	Transformation Project Manager, RBC
Kim McCall	Health Intelligence Officer, Wellbeing Team, RBC
Kajal Patel	South Reading Locality Clinical Lead and Cancer Lead, Berkshire West CCG
Emily Pearse	Special United
Ruth Pearse	Reading Families Forum
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC

**Apologies:**

Stan Gilmour	LPA Commander for Reading, Thames Valley Police
David Shepherd	Chair, Healthwatch Reading
Mandeep Bains	Chief Executive, Healthwatch Reading

**1. MINUTES**

The Minutes of the meeting held on 12 October 2018 were confirmed as a correct record and signed by the Chair.

**2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36**

The following question was asked by Tom Lake in accordance with Standing Order 36:

**a) Integration of Health and Social Care - Closer Working & Co-Location**

"The integration of Health and Social Care is generally thought advantageous and is supported by the new NHS Long-Term plan. What plans are there for closer working or co-location of service provision in Reading?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

“The Chief Executive Officers for Berkshire West met in November 2018 to agree the joint working priorities for Berkshire West. These include:

- Prioritising joint commissioning between Berkshire West partners.
- Exploring ways of bringing health and social care partners together to deliver targeted work in neighbourhoods and communities.
- Making more effective use of integration resources across Berkshire West (to support the delivery of the first two priorities).

The Chief Executive Officers are continuing to develop these plans, with a specific focus on how they will be resourced and delivered in 2019/2020.

Additionally, following the CQC review of Reading’s health and social care system (completed in autumn 2018), senior leaders from across the system will work with the Social Care Institute for Excellence (SCIE) to create an action plan for future integration. This will outline how we will address any areas that the CQC reviewing team feel we could do even better than we are currently doing in delivering health and social care services for Reading residents.

In the immediate future, we plan to pilot joint working arrangements between Adult Social Care and selected practices from the North/West and South Reading GP Alliances in Q4 2018/2019. This will bring key professionals together to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning. Monthly multi-disciplinary team meetings will jointly review clients/patients who are referred to the team - with a focus on clients who are or have experienced:

- A decline in functional Activities of Daily Living
- Falls or who are at risk of falls
- Social isolation or recent dependence on crisis social support/re-ablement or any long term social support in the last 6 months
- Dementia or severe and enduring Mental Health illness where it is not their primary issue
- Severe and enduring Long term conditions
- Patients on multiple medications
- Two or more unplanned admissions to acute hospital or intermediate care facility in previous 6 month
- Patients who make frequent appointments with GP that could be resolved through other professionals”

### **3. PROGRESS REPORT ON THE DELIVERY OF THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY**

Further to Minute 2 of the meeting held on 13 July 2018, Stephen Kitchman, submitted a report on progress made in delivering the SEND (Special Educational Needs and Disability) Strategy since July 2018 and on steps taken to improve the transition between children’s and adults’ services. Ramona Bridgman and Ruth Pearse from Reading Families Forum, and Emily Pearse from Special United, the young people’s forum, attended the meeting to share their views and experiences.

The report stated that the SEND Strategy provided a framework for SEND improvement, and the delivery of the provision and support required across key agencies to deliver the SEND Code of Practice (2015) in a coordinated way, ensuring that children and young people's needs were met at the right time, making best use of the resources available.

The SEND Strategy consisted of the following four strands, and the report gave details of progress to date in each strand of work and of next steps and work in progress:

1. Analysis of data and information to inform future provision and joint commissioning;
2. Early identification of needs and early intervention;
3. Using specialist services and identified best practice to increase local capacity;
4. Transition to adulthood.

Ramona Bridgman and Ruth Pearse, from Reading Families Forum, addressed the Board, noting that the Forum was pleased with progress on the strategy, and especially the development of mental health support teams, and they explained the challenges that families experienced in obtaining services for those with additional needs and the impact on the families.

Emily Pearse, a 19 year old from Special United, a youth forum for 11-25 year olds with additional needs and their siblings, addressed the Board. She gave details of the support she currently received at Reading College and from Adult Social Care, saying that she attended college four days a week and volunteered once a week at a café. She had support outside college from her parents and also had a budget for going out with a carer for three hours a week, for example to the cinema or Aquafit, which helped keep her busy and fit.

She said that she received support with help to do activities but she would like there to be activities available after college hours and in holidays and for there to be more clubs for 19-25 year old young people with additional needs.

She also said that she and her friends would like help to be more independent and suggested that training on travel, road safety, first aid and food hygiene would be valuable, as well as work experience outside college. The college could do more vocational support and provide help with supported living, and it would also be useful to get practice for completing job applications and attending interviews.

Emily also suggested that, at the transition meeting with social workers, Council staff and carers, young people should be able to prepare a presentation, including both pictures and text, which they could take with them after the transition.

Stephen Kitchman welcomed the suggestions and said that this was valuable feedback and that officers would take it away for further work. It was noted that, as set out in the report, there was lots of work in progress and there was still more to do on developing a strong transition pathway, and staff were keen to get direct feedback from young people, parents and carers. It was agreed that the feedback would be passed on to Reading College, who were part of the Strand 4 group, and an update would be requested on their plans to pick up Emily's points.

Councillor Absolom said that he would be asking for a report back on progress on the SEND Strategy to come to a future meeting of the Adult Social Care, Children's Services & Education Committee.

Rebecca Curtayne reported that Healthwatch had recently carried out a survey at the University of Reading of students' health awareness and needs, which would be published soon. The second part of this project would be to set up focus groups and it would be good to have one involving students with additional needs. Natalie Madden said that a young persons' forum had been developed and that it could be used for this project.

### **Resolved -**

- (1) That the progress made on delivery of the SEND Strategy 2017-2022 be noted;
- (2) That the progress made on improving the transition between children's and adult's social care be noted;
- (3) That Ramona Bridgman and Ruth and Emily Pearse be thanked for coming to the meeting and addressing the Board;
- (4) That officers take away the feedback for further work and passing on to Reading College, and request an update from the College on their plans to pick up on the points made;
- (5) That a further report on progress on delivery of the SEND Strategy be submitted to the Board in twelve months' time.

### **4. CARE QUALITY COMMISSION (CQC) REVIEW OF READING HEALTH AND SOCIAL CARE SYSTEM - UPDATE**

Further to Minute 3 of the previous meeting, Seona Douglas gave a verbal update on the latest progress on the Review of the Reading Health and Social Care System that had been carried out by the Care Quality Commission (CQC) between 29 October and 2 November 2018.

She explained that the Reading health and social care system included the Council, Berkshire West CCG, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and the South Central Ambulance Service, as well as providers of health and social care services. It had been selected for review by the CQC based on the significant improvements that it had made to its performance in reducing delayed transfers of care (DTOC). The review had looked at how people moved between health and social care, with a particular focus on those over 65, exploring the interfaces between social care, general primary care, acute health services and community health services, and how the system ensured that the right care was delivered to the right people at the right time.

Seona Douglas said that the report of the review had now been received and health and social care partners had held a summit to hear feedback from the CQC on 16 January 2019. The review had found many examples of good practice, especially involving front line staff, and had also made recommendations on areas for improvement. For example, it had suggested that the complicated Berkshire system



could be more joined up, with processes streamlined and systems involving bodies such as the Health and Wellbeing Board and the ACE Committee strengthened. The review had acknowledged that partners had already made significant progress and were putting things in place to improve the experience of people receiving services.

An action plan needed to be developed in response to the report, agreed by the Health and Wellbeing Board and submitted to the CQC by a date in February 2019, but this would not fit in with the timetable of Board meetings, and so approval of the action plan would need to be done “off-line” by members of the Board, with the action plan then reported back to a future meeting for formal approval. The Department of Health would be monitoring progress on the action plan.

### **Resolved -**

- (1) That the position be noted and the Board’s thanks to the staff involved in the health and social care system who worked hard for the people of Reading be recorded;
- (2) That the CQC Review Action Plan be developed by officers and members of the Board “off-line”, in order to meet the CQC deadline, and the action plan be reported back to a future Board meeting for formal approval.

## **5. MACMILLAN CANCER PROJECT**

Kajal Patel submitted a report giving an update on the South Reading locality (NHS Berkshire West CCG) Macmillan Cancer project.

She explained that statistics showed that the South Reading locality had consistently not done well in relation to cancer screening, diagnosis and survival rates and so, in line with the Reading Health and Wellbeing Strategy 2017-2020 Priority 7 ‘Increasing uptake of cancer screening and prevention services’, a special project for the locality had been developed. The South Reading CCG had received two years of funding from the Macmillan Trust to raise awareness of cancer and promote patient education among its seldom-heard groups. The CCG had commissioned Rushmoor Healthy Living to deliver the project, which had started in March 2017.

To promote cancer awareness, the Project Lead had engaged with a number of different community groups in South Reading, including Nepalese, Polish, Pakistani, Sudanese, Afro-Caribbean, the deaf community and LGBT. To date, 25 community volunteers had completed their Macmillan training sessions and become certified ‘Cancer Champions’. A network event had taken place on 30 April 2018 to introduce and link ‘Cancer Champions’ with other professionals and organisations. The ‘Cancer Champions’ had now been linked with each of the 16 GP practices in the South Reading Locality in order to help GPs to understand their community and support patients (such as supporting people to get access to the right information and signposting).

A cancer support group had been set up for the ‘Cancer Champions’, which would enable members to discuss issues, share experiences and provide support to each other. The bi-monthly meetings had begun in April 2018 and had been well attended. The report set out the ways in which ‘Cancer Champions’ had worked with patients, including visiting or accompanying cancer patients to treatment or scans, explaining

information, helping with organising hospital transport and appointments and checking up on those living with cancer.

The report stated that the project had been a great success so far. There had been local cancer groups and organisations interested to learn about the work of the project and wanting to work with 'Cancer Champions', helping them to be better engaged with communities and improve the way they delivered their services. Organisations, charities and groups had realised the need and importance of the 'Cancer Champions' and were keen to work with them. By October 2018, 32 cancer education and awareness sessions had been delivered and a total of 1300 people had directly benefitted from the project. The communities now felt that they had a voice regarding cancer and a better understanding of cancer and treatments available, were more engaged with health professionals and services and were more likely to take up screening opportunities and speak to GPs regarding their concerns. Health professionals had also embraced the project and had a better knowledge of the barriers, hopes, fears and aspirations of the diverse communities, which would enable them to influence future thinking, decisions and treatments.

Kajal Patel explained that funding for the project would cease in March 2019. There were currently ongoing discussions between Berkshire West CCG, Rushmoor Healthy Living, Macmillan and Royal Berkshire NHS Foundation Trust to discuss potential funding for another two years and extend the project across Berkshire West.

In response to a question, she noted that, whilst there had been obvious benefits from the scheme, these would take some time to progress through to show changes in the statistics on screening uptake, and she was not expecting to see meaningful change in the statistics until 2020.

The meeting noted that the project was a good example of how to address inequality, designing a project with a community and working in an integrated care system, tailoring services to a neighbourhood. It would be important to take the learning from the project to build into services' routine practices, including through work on population and health management.

**Resolved -** That the report be noted.

## **6. RESPONSE TO THE HEALTHWATCH READING REPORT 'OUR TOP THREE PRIORITIES'**

Janette Searle submitted a report setting out the joint response of the local authority and the local Clinical Commissioning Group (CCG) to the report presented by Healthwatch Reading to the 13 July 2018 meeting of the Board on 'Our Top Three Priorities' (Minute 5 refers), which had summarised recent feedback that Healthwatch Reading had gathered from some of Reading's communities and groups which were seldom heard, and from local charities which supported those groups.

The report stated that a number of common themes had emerged from Healthwatch Reading's involvement work with five separate 'seldom heard' groups. The local authority and the clinical commissioning group had developed plans to address these, and to develop their involvement with people who used - or were entitled to use - services, in light of Healthwatch Reading's findings. The report set out the six themes or priorities and the joint responses relating to each priority.

The report explained that ensuring that services were accessible to all sections of the community was an ongoing priority for both statutory partners, informed by feedback, and often involving outreach to residents who might find it difficult to access services for a variety of reasons. Healthwatch Reading was an important element of this ongoing outreach and was invited to convey some specific responses back to the groups they had formed relationships with as part of preparing the report.

Healthwatch Reading had prepared a short guide to involving local people in planning and designing NHS services, which had been included in the 'Our Top Three Priorities' report. The Council and the CCG had welcomed the guide and it had been widely shared throughout both organisations and the report stated that if it could be made available as a stand-alone document, this would facilitate wider sharing. It was reported at the meeting that Healthwatch Reading was just putting the finishing touches on the stand-alone guide to be distributed and put on the website.

### **Resolved -**

- (1) That the joint response be noted and Healthwatch Reading be asked to share it with those who had contributed to the 'Our Top Three Priorities' report;
- (2) That the Healthwatch Reading guide to involvement appended to the 'Our Top Three Priorities' report be commended.

### **7. RESPONSE TO THE HEALTHWATCH READING REPORT 'WORKING WITH SERVICE USERS WITH MENTAL HEALTH NEEDS'**

Janette Searle submitted a report setting out the joint response of the local authority and the local Clinical Commissioning Group (CCG) to the report presented by Healthwatch Reading to the 13 July 2018 meeting of the Board on 'Working with Service Users with Mental Health Needs' (Minute 6 refers).

The Healthwatch Reading report had presented the outcome of a Reading Advice Network forum held on 30 May 2017 which had brought together 14 different information, advice or support organisations to share experiences of working with local people with mental health needs. The report had set out the findings of the forum and the five main themes which the forum had identified as affecting the voluntary sector's ability to support clients with mental health needs, along with a series of proposed solutions.

The report had urged local decision-makers - Reading's NHS Clinical Commissioning Groups, and Reading Borough Council officers responsible for commissioning services from the voluntary sector via the 'Narrowing the Gap' framework - to respond to the proposals and state how they would use the report to inform the way they planned, designed and funded local services to best meet the needs of people with mental health needs.

The report set out the five themes and the joint responses relating to each theme.

Sarah Morland reported that Reading Voluntary Action was planning to bring together a wide group of voluntary organisations in order to understand more about what support the organisations got from statutory agencies in supporting people with

complex needs. She would then bring a report back to a future meeting of the Health and Wellbeing Board.

**Resolved -**

- (1) That the joint response be noted and Healthwatch Reading be asked to share it with the Reading Advice Network and others who had contributed to the 'Working with Service Users with Mental Health Needs' report;
- (2) That it be noted that Sarah Morland planned to bring a report to a future meeting of the Board on what support voluntary organisations got from statutory agencies in supporting people with complex needs.

**8. INTEGRATION PROGRAMME UPDATE**

Michael Beakhouse submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets.

The report stated that, of the four national BCF targets, performance against one (limiting the number of new residential placements) was strong, with key targets met. It stated that partners had not met the target for reducing the number of non-elective admissions (NELs) but work against this goal remained a focus for the Berkshire West-wide BCF schemes.

Progress against the target for increasing the effectiveness of reablement services had decreased since the last report, but this was due to revised guidance around the methods of measuring their impact and did not reflect a drop in actual performance. Performance on reducing the number of delayed transfers of care was currently slightly above target, but this represented a slight deviation against otherwise strong performance throughout the year.

The report gave further details of BCF performance and gave details of items progressed since October 2018 and the next steps planned for January to March 2019.

**Resolved -** That the report and progress be noted.

**9. HEALTH AND WELLBEING DASHBOARD AND ACTION PLAN UPDATE**

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Action Plan (attached at Appendix A) and the Health and Wellbeing Dashboard (attached at Appendix B), giving an overview of performance and progress towards achieving local goals as set out in the 2017-10 Health and Wellbeing Strategy for Reading.

The report stated that the latest Action Plan represented progress achieved after two years into delivery of the three year strategy. In most priority areas, actions had already been reviewed and refreshed quite comprehensively and there were plans to refresh the actions in other areas shortly.

Paragraph 2.2 of the report set out details of updates to the data and performance indicators which had now been included in the Health and Wellbeing dashboard and

Paragraph 2.3 listed where updated data was expected to be available for the next update to the Board in March 2019.

It was noted at the meeting that it was hoped in future to be able to align the Health and Wellbeing Strategies and develop a shared regional approach. Councillor Hoskin said that he had been speaking to the Chairs of neighbouring Health and Wellbeing Boards who wanted to be involved in this approach and that further work was to be done on developing a timetable for this process.

**Resolved -**

That the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan, as set out in Appendix A and the performance updates and the expected updates to the Health and Wellbeing Dashboard set out in Appendix B and in paragraphs 2.2 to 2.3 be noted.

**10. APPLICATION FOR A NEW PHARMACY WITHIN THE PROPOSED READING GATEWAY DEVELOPMENT, IMPERIAL WAY**

Marion Gibbon submitted a report seeking formal approval of a response submitted on behalf of the Board to NHS England on an application by Ascent Healthcare for a new pharmacy within the proposed Reading Gateway Development, Imperial Way, Reading RG2 0ET.

The report had appended:

Appendix 1 - Letter from NHS England about Application

Appendix 2 - Application from Ascent Healthcare for a new pharmacy within the proposed Reading Gateway Development, Imperial Way, Reading RG2 0ET

Appendix 3 - Map

Appendix 4 - Response sent to NHS England

The report explained that the Health and Wellbeing Board had been invited to make representations on the application, and that the application had to be considered against Reading's 2015 Pharmaceutical Needs Assessment (PNA), due to the date of the application. The report gave details of the analysis of the need for pharmacies in the area and concluded that, based on the 2015-18 PNA, the services met the need of the local population in terms of essential pharmaceutical services and accessibility and no additional high street pharmacies were required in this area.

The deadline for comments had been before the next meeting of the Board and the Chair and Vice-Chair had endorsed the submission of the response to NHS England by officers and the response being formally endorsed retrospectively at the next meeting of the Board.

**Resolved -** That the Health and Wellbeing Board's response submitted to NHS England set out in Appendix 4 to the report be endorsed.

**11. CONVERSATIONS ABOUT CARE: FINDINGS OF OUR VISITS TO ALL LOCAL CARE HOMES FOR OLDER PEOPLE - HEALTHWATCH READING REPORT**

Rebecca Curtayne submitted a report and gave a presentation on the findings of a ten month project 'Conversations About Care', which had been carried out by

Healthwatch Reading from January 2018, collecting views from 213 older people across 14 care homes in Reading through 'Enter and View' visits.

The report set out the project's aims and gave details of the themes and findings, setting out the following key findings:

- 203 people had given comments on what was good about their care, with 59% mentioning food choice, 53% praising how staff responded to them and 31% saying they could access activities.
- The top three areas residents wanted improving were food choices (15%), the way that care home staff responded to them (12%), and access to activities (11%).
- Very few residents had known if they had a care plan or how they were involved in it.
- Three-quarters had said they could access a GP when they needed but this was much lower for dentists (21%) and opticians (26%) and the small number of people who had been admitted to hospital and back had given positive comments.
- Many people felt lonely despite being surrounded by their peers.

The report also gave details of dementia audits and of good practice case studies on a range of other initiatives from around the UK that could be adopted in Reading to improve care home residents' wellbeing and interaction with others, such as toddler group visits to homes, school children 'teaching' residents on tablet technology that could help them communicate more with others, introducing hen-keeping and use of the BBC Music Memories website.

The report made nine recommendations, including calling for more work to be done on regularly capturing the experience of care home residents and making them aware of how they could have their say or raise concerns if they needed to. Details of care homes' responses to the enter and view visit reports, and responses from NHS England, Berkshire West CCG and Reading Borough Council to the full report's recommendations, were included in the report.

Recommendation 9 of the report recommended that the Reading Health and Wellbeing Board requested an update on progress towards priority six (on dementia) of the Reading Health and Wellbeing Strategy, in particular:

- how many more care homes had achieved 'Dementia Friendly status'
- how many more staff or managers had skills, training and understanding on dementia in order 'to make practical changes to make their service more accessible to those with dementia'

The meeting noted with concern the findings regarding loneliness and it was reported that Healthwatch had been invited to the next meeting of the Reading Loneliness and Social Isolation Steering Group to discuss the report's findings in more detail. Sarah Morland said that voluntary organisations were willing to provide services within care homes as they did in communities and she would talk to Healthwatch about how to facilitate liaison with the care home providers regarding this provision.

**Resolved -**

- (1) That the report and the recommendations and responses be noted and welcomed;
- (2) That, as suggested in Recommendation 9 of the report, a report giving an update on progress towards priority six of the Reading Health and Wellbeing Strategy on dementia be brought to a future meeting of the Board.

**12. DATE OF NEXT MEETING**

**Resolved -** That the next meeting be held at 2.00pm on Friday 15 March 2019.

(The meeting started at 2.00pm and closed at 4.25pm)

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## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND MONITORING OFFICER

TO:	ADULT SOCIAL CARE, CHILDREN’S SERVICES & EDUCATION COMMITTEE		
DATE:	4 APRIL 2019	AGENDA ITEM:	
TITLE:	OMBUDSMAN INVESTIGATION		
LEAD COUNCILLOR:	CLLR TONY JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	DIRECTORATE OF CARE AND HEALTH SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	SEONA DOUGLAS CHRIS BROOKS	TEL:	0118 939 4160 / 74160 0118 939 0602 / 72602
JOB TITLE:	DIRECTOR OF ADULT SOCIAL CARE & HEALTH HEAD OF LEGAL & DEMOCRATIC SERVICES	E-MAIL:	<a href="mailto:Seona.douglas@reading.gov.uk">Seona.douglas@reading.gov.uk</a> <a href="mailto:chris.brooks@reading.gov.uk">chris.brooks@reading.gov.uk</a>

#### 1. PURPOSE AND SUMMARY OF REPORT

- 1.1 This report gives notice of a completed investigation by the Local Government and Social Care Ombudsman into a complaint about the quality of home care provided by the Council's contractor to the complainant's late mother-in-law (the subject), in particular that the carers failed to call 999 when the subject was ill. The Ombudsman found that injustice had been caused by faults on the part of both the care provider and the Council. The Ombudsman's report has been made available for public inspection at the Civic Officers and in the Central Library, and circulated separately to Committee members. It is also published on the Local Ombudsman's website, at <https://www.lgo.org.uk/search?q=reading&d=webpages>
- 1.2 The home care was commissioned by Adult Social Care and provided by Radis Group under contract to the Council. The Ombudsman investigation found that Radis care workers were late getting medical attention for a vulnerable woman, with faults in the following specific areas:

- The carers did not encourage the subject to move around or use her inhaler
- The carers did not visit the subject at lunchtime on the day before she died, or deal properly with the morning carer's concerns about her health
- The carers failed to call 999 on the evening of the same day, or to follow Radis's own emergency procedures
- The recording of the carers' discussions with the subject with Radis management was not flawed and incomplete
- The investigation of the subsequent complaints was flawed in procedural and safeguarding terms, failed to establish that the provider had not followed their own emergency procedures, and the outcome was not reported back to the complainant by the Council

1.3 This report sets out the response of both the Council and Radis to the Ombudsman's investigation, and his proposed remedy, which we fully accept. The action taken by Adult Social Care to implement the Local Ombudsman's recommendations, and remedy the faults to the complainant and his family, are described in para. 4.5 below.

1.4 This report, and any specific comments made by the Committee, will be shared with the Local Ombudsman following your meeting.

## **2. RECOMMENDED ACTION**

**2.1 That the Ombudsman's finding of faults (maladministration) by both the Council and the Council's home care provider, Radis, be noted;**

**2.2 That the action being taken to remedy the injustice experienced by the subject's family as a result of these faults, as recommended by the Local Ombudsman, be endorsed, as follows:**

**1) the Council has:**

- apologised to the complainant for the distress caused by the faults identified
- is discussing with him whether he wishes the Council to provide a lasting tribute (such as planting a tree) in memory of the subject
- paid £100 to the complainant acknowledge the time and trouble he had in pursuing this complaint;

**2) Within three months of the Local Ombudsman's final report, the Council will have:**

- ensured the care provider has:
  - trained all staff on the use of its emergency procedures and the procedures to follow when a service user is ill

- trained all carers on accurate and complete record keeping
- reviewed its adult social care complaints procedure to clarify how it deals with complaints against commissioned care providers, and how it will ensure independent investigation of serious complaints
- reminded staff involved in adult safeguarding enquiries of the importance of ensuring enquiry reports are factual and accurate
- provided the Ombudsman with evidence it has taken these actions

### 3. POLICY CONTEXT

3.1 The Local Ombudsman summarised the relevant law and guidance relating to adult social care as follows:

#### 3.2 Fundamental standards for care providers:

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 set out the fundamental standards those registered to provide care services must achieve. The Care Quality Commission (CQC) has issued guidance on how to meet the standards. The fundamental standards include:

- Safe care and treatment (**Regulation 12(2)(b)**): The provider must have arrangements to take appropriate action if there is a clinical or medical emergency.
- Good governance (**Regulation 17(2)(c)**): The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user.

#### 3.3 Emergency procedures

Radis, the care provider in this case, has a procedure for emergency situations. This says, in relation to service users “who are in a deteriorated state of health, but appear not to require urgent medical assistance and are quite responsive”:

*“In clearly non-emergency situations the Care/Support Worker should contact the duty manager/supervisor to take advice and record their actions clearly in the diary record book. They should also remain with the Service User if they are instructed to do so.*

*The duty manager/supervisor MUST follow the procedure below:*

- *The relevant social worker, Duty team or commissioner should be contacted immediately to report the problem. Any instructions that are given should be recorded and followed exactly.*

- *The Service User's GP should be contacted to obtain advice and a home visit if necessary. Any instructions given by the GP should be followed exactly.*
- *A decision made whether to ask the Care/Support Worker to remain with the Service User based upon instructions given by the GP.*
- *Notification to other Service Users that the Care/Support Worker has become delayed and alternative staff deployed if this delay is excessive.*
- *A full record made of the event and actions taken in the Service Users notes.*

*It should be recognised that some Service Users may not wish to receive medical attention and may refuse any assistance. In these circumstances the above procedure should still be followed, as the Service User will still be able to refuse assistance if the GP attends. This policy is part of our duty of care for all Service Users and is balanced against the Service User's right to have choice and control."*

### 3.4 Safeguarding adults

A council must make necessary enquiries if it has reason to think a person may be at risk of abuse or neglect and has needs for care and support which mean he or she cannot protect himself or herself. It must also decide whether it or another person or agency should take any action to protect the person from abuse or risk (**Section 42, Care Act 2014**).

There should be a multi-agency strategy discussion to decide whether the criteria are met for a formal Section 42 safeguarding enquiry. When a safeguarding case is closed, individuals should be told how matters will be followed up. The Safeguarding Procedures say enquiry reports "need to be concise, factual and accurate".

### 3.5 Complaints about social care

Councils should have clear procedures for dealing with social care complaints. Regulations and guidance say they should investigate a complaint in a way which will resolve it speedily and efficiently.

The complaints regulations say if a complaint is about the actions of a care provider, councils must send the complaint to the provider as soon as reasonably practicable.

The complaints guidance says for some serious complaints, it may be necessary to ask an independent investigator to look into the case. But most complaints will be investigated by someone from within the organisation, who should be appropriately trained and independent of the part of the service that is being complained about.

The Council's complaints procedures say if the complaint involves one of its partner services it may arrange a joint investigation.

## 4. THE COMPLAINT

### 4.1 Complaint History

- 4.1.1 The complainant made a formal complaint to the Council in July 2017, following the subject's death. Adult Social Care opened a safeguarding concern, which was progressed to an enquiry to Radis to undertake an internal investigation, and Radis replied directly to the complainant. Adult Social Care did not respond directly to the complainant.
- 4.1.2 The complainant was dissatisfied with the Radis response, and complained to the Local Government and Social Care Ombudsman in June 2018. The Local Ombudsman referred it to the Council for comment on 2 July 2018. The Head of Legal Services responded to the Local Ombudsman on 24 August 2018, in conjunction with the Director of Adult Social Care. This response also incorporated feedback on the complaint from Radis.
- 4.1.3 The Ombudsman did not initiate a formal investigation into this complaint. However, in the light of the Council's comments on the complaint, he advised the Council in October 2018 that the Ombudsman felt that he should issue his findings on the complaint as a public report.
- 4.1.4 The Ombudsman issued his final report and findings on 10 January 2019, and published the report on the website on 21 February 2019.

### 4.2 Local Government & Social Care Ombudsman - Conclusions

- 4.2.1 The Ombudsman's commentary on their website detailed the findings as followed:

**“Reading care workers late getting medical attention for vulnerable woman”**

Care workers in Reading did not follow emergency procedures to ensure a vulnerable woman received the correct medical attention, the Local Government and Social Care Ombudsman has found.

The woman, who was being cared for by Reading Borough Council's care provider, the Radis Group, was elderly and had health conditions including lung disease.

She lived alone, and received three calls a day from care workers. However, when she fell ill in July 2017, care workers failed to follow the provider's procedures and alert her GP in a timely manner.

The woman was eventually admitted to hospital but died the next day.

Michael King, Local Government and Social Care Ombudsman, said:

*“The woman in this case was clearly unwell when care workers made their visits. We cannot say whether earlier medical intervention might have resulted in a better outcome for her, but the family has been left not knowing whether their mother and grandmother might have survived had care workers acted differently.*

*“Councils can outsource care but they cannot outsource responsibility for that care, which is why we are finding the council at fault for the actions of the care provider.*

*“I’m pleased the council has accepted its responsibilities, and welcome its readiness to make the procedural changes we have recommended to try to avoid the issue reoccurring.”*

The woman’s son complained to the Ombudsman when they were unhappy with the council’s investigation into his complaint.

The Ombudsman’s investigation found faults with the care provider’s actions, including that it did not follow its own emergency procedures, that workers missed a lunchtime visit, that care logs were incomplete or there were questions about their accuracy, and information was not passed on between workers.

The investigation also found the council’s safeguarding investigation was not robust enough in identifying the faults.

The Local Government and Social Care Ombudsman’s role is to remedy injustice and share learning from investigations to help improve public, and adult social care, services. In this case the council has agreed to apologise to the man and discuss with him whether he wishes the council to provide a lasting tribute in memory of his mother.

The council will also pay him £100 to acknowledge the time and trouble he has had in bringing his complaint.

The Ombudsman has the power to make recommendations to improve a council or care provider’s processes for the wider public. In this case the council has agreed to ensure the care provider has trained all staff on its emergency procedures, and the procedures to follow when a service user is ill. They will also be trained on accurate and complete record keeping.

The council will also review its adult social care complaints procedure to clarify how it deals with complaints against commissioned care providers, and how it will ensure serious complaints are independently investigated.

It will also remind staff involved in adult safeguarding enquiries the importance of ensuring enquiry reports are factual and accurate.”

### 4.3 Actions Taken to Remedy

- 4.3.1 The Acting Head of Adult Social Care produced an action plan to implement the Local Ombudsman's findings, including the actions described below, on 31 December 2018, and this will be part of the evidence presented to the Local Ombudsman.
- 4.3.2 The Director of Adult Care and Health Services wrote to the complainant on 31 January 2019, recognising and apologising for the distress caused to him and his family, and making a £100 'time-and-trouble' payment.
- 4.3.3 The Director of Adult Care and Health Services has been in direct contact with the complainant, and is discussing with him the provision of a lasting tribute to his late mother-in-law.
- 4.3.4 The Director of Adult Care and Health Services and Acting Head of Adult Social Care have reviewed the Ombudsman's findings with Radis Group, and required Radis to provide current information on their staff training on emergency procedures, the procedures to follow when a service user is ill, and accurate and complete record keeping; including evidence that staff have been trained, and that records are accurate and complete, including those kept by carers in individual homes. The commissioning team completed a Quality and Monitoring visit on 14 February 2019 to review this, and will visit again by the end of May 2019 to ensure this has been embedded.
- 4.3.5 The Acting Head of Adult Social Care and Customer Relations Manager are reviewing the complaints procedure for Adult Social Care, including how complaints about commissioned care are assigned to providers; how responses are quality assured; the criteria for undertaking a joint or independent investigation of serious complaints concerning the actions of a care provider; and ensuring that safeguarding procedures are followed. The following specific actions are being pursued:
- Ensuring a clear process is in place for providers to send the complaint response to Adult Social Care as the commissioner of care;
  - Reviewing the criteria and thresholds for undertaking a joint or independent investigation, to ensure staff are clear on the complaints process and safeguarding procedure and who the decision maker will be;
  - Undertaking an initial safeguarding enquiry into every complaint to establish whether there are any safeguarding matters;
  - Ensuring that the complaints process is not compromised once the safeguarding enquiry has concluded;

- When it is a safeguarding matter a strategy discussion/meeting will take place, and when the safeguarding has completed a further strategy discussion/meeting will be held to finalise outcomes.

4.3.6 The Acting Head of Adult Social Care has directed all operational teams that strategy discussions and meetings on individual cases need to take place promptly and that enquiry reports must be factual and accurate. In this respect:

- Staff are to check and ensure that commissioned services are implementing their procedures as part of all complaint and safeguarding investigations
- The Director of Adult Care and Health Services has issued a practice note to all staff on 14 March 2019, which has been discussed in team meetings, dealing with:
  - Authorisations and closures of S42 enquiries
  - Strategy meetings / discussions
- The note also sets out a more detailed process for dealing with complaints, including undertaking the initial safeguarding enquiry, the complaint investigation to follow the safeguarding investigation, and to be independent of both the commissioning service and the service provider if there are safeguarding issues;
- A bite-sized learning session is to be held to cover and reinforce the practice note.

## **5. CONTRIBUTION TO STRATEGIC AIMS**

5.1 The complaint is relevant to the strategic aim of protecting and enhancing the lives of vulnerable adults and children.

## **6. COMMUNITY ENGAGEMENT AND INFORMATION**

6.1 Following the receipt of the Ombudsman's final report, I placed a public notice in the Reading Chronicle, Reading Midweek and on the Council's website in the week commencing 25 February 2019 to draw attention to the report, which was made available for public inspection for three weeks, from 25 February 2019, at the Civic Offices.

## **7. LEGAL IMPLICATIONS**

7.1 The legal and administrative situation as summarised in the Ombudsman's report is set out under Policy Context above.

7.2 The Local Government & Social Care Ombudsman - officially known as the Commission for Local Administration - operates under the provisions of Part III of the Local Government Act 1974. Under Section 26 of the Act, the Ombudsman may investigate complaints of maladministration or service



failure causing injustice to the complainant. Under Section 30, the Local Ombudsman may issue a public report on the results of her investigation. Where he does this, Section 30 also requires the Council to place public notices about the Local Ombudsman's report and findings in more than one newspaper or website within two weeks of the report being published; and to make copies of the report available free of charge at one or more of its offices.

- 7.3 Under Section 31(2) of the Act the authority must formally consider the Local Ombudsman's report and its finding of maladministration causing injustice, within three months, either at full Council or a Committee, and then send a formal written response to the Local Ombudsman explaining what steps it has taken or will take to comply with the recommendations in the report.

## **8. FINANCIAL IMPLICATIONS**

- 8.1 The Ombudsman has recommended that the Council makes a £100 "time and trouble" compensatory payment to the parent, and also to discuss with the complainant whether he wishes the Council to provide a lasting tribute, such as planting a tree, in memory of the subject.

## **9. BACKGROUND PAPERS**

- 9.1 Ombudsman report on an Investigation into Complaint 18/001/676 against Reading Borough Council

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## READING BOROUGH COUNCIL

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

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	4 APRIL 2019	AGENDA ITEM:	9
TITLE:	SHARED LIVES EXPANSION UPDATE		
LEAD COUNCILLOR:	COUNCILLOR JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT CARE AND HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	MELISSA WISE	TEL:	74945
JOB TITLE:	ASSISTANT DIRECTOR OF TRANSFORMATION AND PERFORMANCE	E-MAIL:	<a href="mailto:Melissa.wise@reading.gov.uk">Melissa.wise@reading.gov.uk</a>

#### 1.0 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of the report is to provide an update on the expansion of the Shared Lives scheme to support older people (65+), including a marketing plan and vision.
- 1.2 Shared Lives is a national scheme, created as an alternative to care homes or short but frequent care visits. The scheme matches someone who needs care with an approved Shared Lives carer. The carer is paid to open up their home, shares their family and community life, and gives care and support to the person with care needs.
- 1.3 In Reading, the Scheme currently primarily supports those with Learning Disabilities, but is being expanded to support Older People also, either through full-time, part time, or respite placements. This report explains the reasons for expanding the scheme to support older people, primarily to provide a preferable service to members of the public than traditional alternatives in a cost effective way.
- 1.4 The expansion requires recruitment of extra carers to provide this care; a recruitment and marketing campaign has been undertaken which has included marketing on social media, in print and on both the radio and television news. The most significant marketing exercise was advertisements placed on the backs of Reading Buses.
- 1.5 The expansion aligns with the strategic direction of travel outlined in the Adult Social Care Transformation Strategy, to provide sustainable forms of care to benefit residents of Reading.
- 1.6 *Appendices*
  - *Appendix 1: Equality impact assessment*
  - *Appendix 2: Bus advert*

## **2.0 RECOMMENDED ACTION**

- 2.1 That the expansion of Shared Lives scheme to support Older People be noted.**

## **3.0 POLICY CONTEXT**

- 3.1** The expansion of the Shared Lives scheme has been successfully rolled out across the country and is driven by national best practice. In line with the Care Act 2014 the Shared Lives scheme has demonstrable benefits in terms of prevention, meeting people's outcomes and supporting independence in the community.
- 3.2** More locally, the expansion of the Shared Lives scheme aligns with the Adult Social Care vision for Provider Services which supports an independence model based in the community first and foremost. In addition, the expansion of the scheme seeks to deliver the Council's values within the corporate plan; particularly safeguarding and protecting people who are most vulnerable, and aligns with the Adult's Transformation strategy to provide financially sustainable forms of care.

## **4.0 THE PROPOSAL**

### **4.1 Current Statistics:**

- 4.1.1** Of 3096 service users in Adult Social Care, 56% are aged 65 and above<sup>1</sup>. According to the 2011 census, 16% of the total population of Reading was aged over 60 (24,200 people).
- 4.1.2** Older people equate for 38% of Adult Social Care spend, with Learning Disabilities representing 32%; Mental Health services make up 7% and 'other' services provide the remaining 23% of spend<sup>2</sup> (see Appendix 1).
- 4.1.3** In 2017 8,199 people aged 65 and over living in the borough were estimated to be unable to manage at least one or two domestic tasks on their own, with this figure estimated to increase to around 9,762 by 2025<sup>3</sup>.

### **4.2 Benefits of the scheme**

- 4.2.1** Shared Lives consistently outperforms all other forms of regulated care in Care Quality Commission inspections, at 96% of schemes rated good or excellent<sup>4</sup>.
- 4.2.2** "Shared Lives enables people to live life to the full in their community, without having to live alone or in a care home"<sup>5</sup>
- 4.2.3** For older people, "a key benefit of the Shared Lives model is that the same Shared Lives carer can provide day care and respite when needed, which leads to reduced confusion caused by multiple environments for different forms of care"<sup>6</sup>.

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<sup>1</sup> Snapshot of service user demographics 10/10/18 from Performance and Data team

<sup>2</sup> Reading Borough Council Adult Social Care Market Position Statement 2016-2019 - 'Resource and Demand Profile'

<sup>3</sup> <http://www.poppi.org.uk/index.php?pageNo=329&areaID=8640&loc=8640> accessed February 2019

<sup>4</sup> <https://sharedlivesplus.org.uk/news/item/593-shared-lives-carers-and-schemes-top-the-ratings-of-care-in-england-again>

<sup>5</sup> <https://sharedlivesplus.org.uk/images/publications/Family/SL-FAMILY-6.pdf> accessed October 2018

<sup>6</sup> Shared Lives Plus 'An independent review of Shared Lives for older people and people living with dementia'

- 4.2.4 Expanding the Scheme to older people will enable people to live more independently for longer, with lasting benefits such as - reduced isolation, reduced hospital admissions and reduced admission into residential or institutionalised care.

#### **4.3 Financial benefits:**

- 4.3.1 The average cost of a Shared Lives placement including care and rent in Reading is £15,700 per year; this is comparable to an average residential placement which averages at £28,000 per year. This comparison assumes a like-for-like placement with equivalent needs; however, all placements are different with unique needs and care plans. The expansion of the scheme so far has involved the recruitment of 1 extra Shared Lives officer to facilitate placements; this officer could support up to 15 service users.
- 4.3.2 Shared Lives also offers day support. A day session of 4-6 hours costs £41.58; this is comparable to a day session for older people provided by in-house day services at £44 per day.

#### **4.4 Marketing campaign - March 2019**

- 4.4.1 The first stage of our marketing campaign is to raise the profile and awareness of the scheme across Reading and to recruit more carers. We urgently need local carers to support and care for vulnerable older people in Reading.
- 4.4.2 The Reading Shared Lives scheme currently supports 42 service users primarily with learning disabilities, and 33 carers over 23 households. This amounts to 17 respite/day support and 25 full-time, live-in service users. Eight of the eleven households within Reading borough boundaries are occupied by carers over 60 years old. A number of carers have recently retired and the service is looking to recruit new carers generally as well as to expand the service to focus on supporting older people.
- 4.4.3 The target audience for marketing is female and male carers aged between 40-55 years old due to the demographic of users of RBC social media, on which the majority of our marketing is targeted. However, this will not exclude younger/older adults who are willing and able to provide care to older people. The marketing has initially been focussed on West Reading; Tilehurst and Southcote to optimise any word-of-mouth and casual marketing which has traditionally taken place due to the location of current carers being concentrated in these areas.
- 4.4.4 The marketing has been focused around the use of Reading Buses to advertise the service; adverts (Appendix 2) were posted on the back of 19 buses throughout the month of March to promote the scheme, and attract members of the public to attend a recruitment information event on 1<sup>st</sup> April.
- 4.4.5 Social media platforms have also been utilised; accounts on Facebook and Twitter have been set up exclusively for Shared Lives and these have been used to advertise the scheme and attract visitors to the information event. Further, ITV Meridian News and BBC Radio Berkshire have covered a case study to promote the scheme. This was aired on BBC Radio Berkshire on 21<sup>st</sup> March 2019 and will be airing on ITV in the coming weeks.
- 4.4.6 Printed publicity materials have been distributed to strategic locations throughout the borough, including doctors surgeries, places of worship and schools. Marketing materials have also been sent electronically to the local police station to advertise to other public sector employees, and have been placed in the Reading Voluntary Action newsletter.

## **4.5 Recruitment**

- 4.5.1 A Shared Lives officer has been recruited to the existing team to support the expansion of the scheme. This officer will assist with ongoing marketing efforts to increase referrals to the Scheme and focus on expansion to support Older People, and will support recruitment of carers with risk assessments, registration and the matching process.

## **4.6 Direction of Travel**

- 4.6.1 A Strategic Plan is being created to support the further expansion and development of the service. This will include a review of the project, lessons learnt and future actions.
- 4.6.2 A particular focus will be on generating a marketing strategy for Shared Lives week which takes place in June. This will be a further opportunity to promote the scheme locally and recruit potential carers.

## **5.0 CONTRIBUTION TO STRATEGIC AIMS**

- 5.1 The purpose Shared Lives Scheme is in line with the overall direction of the Council by meeting some of the Corporate Plan priorities:
1. Securing the economic success of Reading and provision of job opportunities - the scheme meets this aim by providing jobs to carers in Reading.
  2. Ensuring access to decent housing to meet local needs - the scheme meets this aim by providing housing through full-time carers welcoming vulnerable adults in Reading to live with them.
  3. To protect and enhance the lives of vulnerable adults and children - the scheme meets this aim by placing vulnerable adults with carers who safeguard the adults and help them to live more independently; in many cases, adults on the scheme gain skills which they would otherwise have missed such as cooking or going to the shops on their own.
  4. Ensuring that there are good education, leisure and cultural opportunities for people in Reading - the scheme meets this aim by ensuring that carers involve service users in community life. Often, carers take service users with them to activities such as attending church, attending a social club or attending the gym.
  5. Ensuring the Council is fit for the future - the expansion of the scheme meets this aim by offering a wider variety of placements for vulnerable adults in Reading. As stated above, the use of Shared Lives as opposed to other more traditional forms of care has the potential to save money which in turn will ensure the Council can provide sustainable services.

## **6.0 COMMUNITY ENGAGEMENT AND INFORMATION**

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 6.2 An informal engagement was undertaken with existing Shared Lives carers in February 2019 to discuss the service provided by Shared Lives and the expansion of the scheme to support older people. All carers supported the expansion of the scheme to support vulnerable people in addition to those with learning disabilities.

## **7.0 EQUALITY IMPACT ASSESSMENT**

- 7.1 Under the Equality Act 2010, Section 149, an Equality Impact Assessment has been drafted (Appendix 1) and due consideration has been given to promote equality, diversity and human rights through this project and will be updated throughout the expansion of the Scheme.
- 7.2 The service supports adults with learning disabilities and will be expanded to support older people. Adults with learning disabilities will continue to be supported, and as the number of carers increase, more service users with learning disabilities will be offered placements where eligible.

## **8.0 LEGAL IMPLICATIONS**

- 8.1 None at this stage

## **9.0 FINANCIAL IMPLICATIONS**

- 9.1 Funds (£30,000) have been secured to cover the recruitment of an additional Shared Lives officer and the initial marketing campaign. The recruitment process has been carried out for the new Shared Lives officer, who is due to commence in April 2019 and provides additional capacity amongst the Shared Lives team to support an additional 15 placements. The Marketing campaign to recruit new Carers has been carried out throughout March 2019.
- 9.2 The funding was allocated for one year as an “invest to save” project. It is anticipated that future costs will be covered by savings made as a result of expansion of the scheme.
- 9.3 **Value for Money (VFM)**
  - 9.3.1 As outlined in paragraph 4.3, the Shared Lives scheme offers significant value for money when compared to traditional forms of care.
- 9.4 **Risk Assessment.**
  - 9.4.1 No financial risks associated with the proposals

## **10.0 BACKGROUND PAPERS**

*Appendix 1: Equality impact assessment*

*Appendix 2: Bus advert*

## Appendix 1: Equality Impact Assessment

### Provide basic details

**Name of proposal/activity/policy to be assessed:** Shared Lives Scheme

**Directorate:** Adult Care & Health Services

**Service:** Adult Care and Health Service

**Name:** Amelia Johnson

**Job Title:** National Management Trainee

**Date of assessment:** 22/03/19

### Scope your proposal

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

We are proposing to expand the Shared Lives service to support older people, in addition to those with learning disabilities and some service users with mental health who are currently supported by the service.

**Who will benefit from this proposal and how?**

The expansion of the scheme will provide more carers to support Older People (over 65) in Reading; these adults will meet the eligibility criteria and be supported to maintain independence and reduce isolation; this has long-term benefits for health and reduces the dependence on traditional forms of care such as residential placements.

Furthermore, additional carers recruited by the scheme will be able to further support service users with learning disabilities and mental ill health.

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

The change aims to provide a more inclusive service to support a wider variety of vulnerable adults in Reading by supporting another of our main service user groups. The change will provide a service to older people which isn't currently a care option.

**Who are the main stakeholders and what do they want?**



The expansion aligns with the Adult Social Care vision for Provider Services which supports an independence model based in the community first and foremost. The expansion of the scheme has been agreed as a corporate priority due to cost avoidance benefits and additional care provision for vulnerable adults in Reading.

### **Assess whether an EqlA is Relevant**

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

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

No

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

No

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

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

The expansion of the service provides additional support and care to vulnerable adults in Reading. The service currently supports adults primarily with learning disabilities and some adults with mental ill health. The expansion will support an additional group of adults, whilst maintaining the current provision with the potential to add to this provision.

Referrals to the Shared Lives service are made on a care need basis and are indiscriminate of race, gender, sexuality and religious belief. The service is only eligible for vulnerable adults, which includes those with disabilities and older people requiring support. The expansion will focus on recruitment of carers who are willing to support older people, but referrals will be accepted for all client groups and therefore age will not be a discriminatory factor.

Amelia Johnson

Date 25/03/19

Melissa Wise

Date 25/03/19

# Do you have a room to spare and some time to care?

We are recruiting potential carers to support and care for an older person in Reading

Info evening:

1<sup>st</sup> April 2019, Civic Offices, Reading, 17:30 -19:30

[www.reading.gov.uk/sharedlives](http://www.reading.gov.uk/sharedlives) • 0118 937 3700

Benefits: • Full Training • Support • Additional Income • Make a Difference





## **Fair Workload Commitment for Schools**

### **Introduction**

Reading Borough is committed to promoting the health and wellbeing of staff within our schools. As part of this, we have been working with schools and professional associations to establish a framework of guidance, and a core set of principles governing a fair workload charter for staff working in schools. This guidance reflects a commitment to ensuring that workloads are reasonable but that the way this manifests itself is flexible to meet the diverse needs and working patterns of schools and teachers.

### **The Reading Pledge**

The work-life balance of staff in schools is a high priority for school managers, staff, the local authority and also Trades Unions. It is an area that needs to be monitored and managed, with individual schools feeling supported in finding strategies that work for them.

This pledge has been consulted on with headteachers, the local authority and Trades Unions to demonstrate a commitment to finding and maintaining a fairer work and life balance for all staff. It provides flexibility for schools to find what works best for their staff and their school ethos.

The aim of our pledge is to achieve a consensus of staff who feel valued and supported, and who feel they have control over managing their workload. This will help support the well-being of staff, and will contribute to the recruitment and retention of staff.

The pledge provides a set of core principles that all parties have committed to, and these are:

- Senior leaders of schools will monitor and review workload, and help staff identify ways to reduce or eliminate unnecessary tasks, including work specifically for senior leaders themselves. Senior leaders of schools will monitor and review workload to ensure it is at a fair and reasonable level
- Any new strategy, for example a change in the schools' marking policy and approach, will be assessed in the context of the overall workload demand on staff, and any adverse impact will be reduced or removed
- Staff will be encouraged to manage their own working time, for example by agreeing a reasonable time to go home, and being mindful of individual commitments such as journey times and family

- Schools are committed to using the Reducing Teacher Workload guidance and toolkit from the DfE, and to working collaboratively with staff to develop, embed and support these strategies
- Any member of staff who may be struggling with their workload should feel able to discuss this openly with their manager and/or Headteacher. Equally a manager who may have concerns about the workload of a member of staff should feel able to discuss this constructively. Where a member of staff believes that their school has not delivered on the principles it has signed up to, they have recourse to external partners such as their trade union, Chair of Governors, or School Partnership Adviser.
- Workload will be kept under regular review at school, team and individual level so that any emerging issues that have an impact on workload and working patterns can be handled early
- Provision of guideline limits on teacher working time outside of directed time to a reasonable number of hours (not usually longer than an average 2 hours per day, 3 hours for leadership) with a focus on quality rather than quantity
- The publishing of a directed time calendar in June

## **Good Practice Examples**

The following initiatives provide a few examples of current practice that are in place and that have been gathered from headteachers in the Borough, across both primary and secondary schools. Such strategies are offered as examples that may be adopted and adapted to fit the ethos of individual schools, to support a fair workload culture for staff and to promote a positive work-life balance. This is not intended to be an exhaustive list, and schools will continue to adapt and are free to identify approaches that work for them. These examples include:

- Encouraging and promoting team planning and the sharing of resources, with clear identified and sign-posted resources available to support teachers with planning and teaching;
- Organising PPA time in useful blocks of time, and allowing PPA time to be used at home where both possible and practical;
- Scheduled time for shared planning, with lesson planning not being monitored unless there are concerns to be managed;
- Allowing the format of planning to be left to individual teachers and year groups rather than a standard format being dictated by the school;
- Additional non-contact time being provided for activities such as assessment and report writing;

- Limiting staff meetings within a set duration and to one per week, ensuring that meetings are carefully planned and managed to ensure that there is no duplication of discussion elsewhere and that they do not over-run;
- Agreeing guideline times within which e-mails should be sent and responded to;
- Operating a centralised detention system thereby reducing time given by individual teachers to monitoring pupils independently in their own classrooms;
- Building in a system whereby extra days given to work, e.g. covering a class or extra-curricular activity on a Saturday, are off-set by a planned in day off in lieu;
- Looking at marking selected pieces of work rather than everything, or marking in depth a sample of books per lesson and pacing the marking of a cohort's books over a period of time, with the use of symbols or colours used to quick mark;
- Homework being provided which is based on students learning knowledge and not automatically marked by teachers but exploring other ways of valuing and checking, for example, peer reviews;
- Avoiding the collection of or expectation that teachers produce individual lesson plans or teacher planners being completed each day.

January 2019

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# Reading Borough Council Special Educational Needs and Disability (SEND) Strategy 2017 – 2022



**Safeguarding and protecting those that are most vulnerable  
Providing the best life through education, early help and healthy  
living**

## **1 Introduction**

- 1.1 Special educational needs and disability (SEND) is a complex area with a wide range of agencies and professionals involved. While there is evidence of some good practice in the local area, there is a need for a more co-ordinated approach to identifying and meeting needs.
- 1.2 It is expected that the vast majority of children and young people's needs will be able to be met locally, with most in the context of universal services that are able to identify needs early, and are inclusive and responsive to meeting needs within their context whenever possible.
- 1.3 Clear pathways are required that set out expectations of what should be provided by universal services and at what point more specialist services might be required to provide further assessment, advice and support, and/or more specialist provision.
- 1.4 This strategy draws on an overview of relevant and comparative data and information, and proposes a number of key strands which will provide a focus for its delivery. The strategy and action plans that prescribe its delivery will, at a minimum, set out:
  - the actions the authority and its partners are taking to ensure all duties under relevant legislation, statutory guidance and regulations are carried out (see attachment one to this document for a list of relevant legislation);
  - the numbers of pupils who have SEND and the specialist educational provision required in the planning period (see attachment two for pupil data);
  - the projected costs of the provision, and how this is to be contained within budget (see attachment three for tables setting out current dedicated schools grant (DSG) expenditure, including the high needs block (HNB)).

## **2 Aims**

- 2.1 To provide a framework for a coordinated approach that will support **all** stakeholders and partners to:
  - understand the profile of children and young people's needs with special educational needs and / or disabilities (SEND) 0-25 within Reading borough and how that compares to other local authorities;
  - have clarity regarding their responsibilities and their role in identifying and meeting the needs of children and young people with SEND;
  - ensure that there is a continuum of provision to meet the range of needs of children and young people with SEND and their families which is flexible to the changing profile in Reading;
  - understand the pathways to accessing more specialist support when required;
  - have confidence that high needs spending and resources are targeted effectively and support improved outcomes for children and young people;
  - understand what needs to be commissioned, recommissioned and decommissioned to meet the changing profile of needs across Reading borough both now and into the future.



### 3 Anticipated Outcomes

- 3.1 We will know our key strengths, gaps and areas for improvement, and will ensure these are addressed strategically.
- 3.2 Children and young people's SEND will be identified and addressed early, preventing escalation to more specialist services where possible.
- 3.3 Children and young people, and their parents and carers will feel engaged in the process of assessing their needs and informing decisions about their support
- 3.4 Children and young people, and their parents or carers, will be clear about the identification and assessment processes and the criteria used to make decisions.
- 3.5 Children and young people and their parents and carers will feel confident in what is provided through being involved from the start in the strategic commissioning of services.
- 3.6 All agencies will work together to collectively improve outcomes for children, young people and their families.

### 4 Principles

- 4.1 The strategy will deliver the principles set out in the Children and Families Act, 2014 through delivering and ensuring systems and procedures for:

- the **participation** of children, their parents and young people in decision making;
- the **early identification** of children and young people's needs and joined up early intervention across education, health (universal and specialist) early help and social care services as appropriate to need to support them
- **greater choice and control for young people and parents** over support;
- **collaboration** between education, health and social care services to provide support, including development of jointly commissioned services;
- **high quality provision** to meet the needs of children and young people with SEN;
- a focus on **inclusive practice** and removing barriers to learning; and
- **successful preparation for adulthood, including independent living and employment.**

(SEND Code of Practice, 2015, sections 1.1 and 1.2)

- 4.2 In Reading these principles are further defined:

- co-production with families through the parent carer forum will be central to delivery of the strategy;
- the overall approach to decision making regarding SEND Provision will be linked to the overarching strategy and approved through the strategy Board and Governance Structure;
- there will be clear expectations of universal services, including early year's settings, health visitors and health services, schools and colleges, and clear pathways to early help and early intervention support across all relevant services;

- universal services will be equipped to provide the right support at the right time to prevent unnecessary escalation to more specialist services;
- the approach will support multi-agency working, breaking down barriers and ensuring a joined up approach for children, young people and families;
- changes to provision should be sustainable and based on detailed analysis of needs and evidence;
- provision will be made locally that can meet needs, and reduce out of area placements where appropriate and possible; and
- developments will take account of preparing for adulthood, working with adult services at the appropriate time to support transition and planning for adult skills and adult services.

## **5 Delivery**

5.1 These principles will be delivered through the key strands set out in the strategic framework set out in Section 10, each of which will set out specific actions and intended outcomes in more detailed plans which will be kept under regular review.

- 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.

5.2 Reading's **transforming care programme (TCP)** supports delivery of the strategy by developing and strengthening local service provision for children, young people and adults. It will have a significant impact on the planning and delivery of support services to children and young people with learning disabilities and /or autism, including those with mental health conditions. It includes:

- health care;
- preventative services;
- advocacy;
- carer support universal welfare; and
- education and training.

## **6 High needs block funding**

6.1 Actions need to be taken to review high needs block spend alongside schools block, early years block and the new central services block, benchmarking with other local authorities and ensuring that it is targeted where it should be, that it is not being used to fund costs that should be funded from elsewhere, and that it supports positive outcomes for children and young people.

6.2 All commissioned projects and services should have a contract or service level agreement (SLA) in place that is regularly monitored. These will be reviewed to ensure that all high needs block spend can be accurately reported on how it is supporting children and their outcomes and providing value for money.

## **7 Progress to date**

- 7.1 A brief summary of work undertaken to date to implement the SEND Reforms is summarised in attachment four to this document. This includes examples of work undertaken with the parent carer forum.

## **8 Governance**

- 8.1 As Reading borough council is the lead agency for delivery of the Children and Families Act, 2014, the ACE committee is responsible for approving the final strategy.
- 8.2 In order to ensure clear governance and accountability a SEND strategy Group will be set up, chaired by the director of children services with membership from all key agencies including parent carer forum.
- 8.3 The SEND strategy group will secure engagement of all key partners and lead on the monitoring of the implementation of the strategy, providing a framework for reporting progress to key stakeholders and partners, and specifically the ACE committee and health and wellbeing board.
- 8.4 The SEND strategy group will monitor progress towards fully implementing the SEND reforms.
- 8.5 The recent commencement of a cross Berkshire directors of children services group and a service Manager for the joint implementation group in the west of Berkshire will support any required strategic regional commissioning.

## **9 A strategic framework for SEND**

### **Strand 1: analysis of data and information to inform future provision and joint commissioning**

- 9.1 A framework for regular analysis of needs will be developed to support the joint strategic needs assessment (JSNA) and ensure that capacity can be planned in special education provision and services, care provision (including short breaks), school nursing, including special school nursing, and therapy services to manage growing demand in terms of volume and complexity of need within a locality.
- 9.2 Analysis will be used to identify better ways of using resources early to meet needs and supporting improving outcomes for children and young people without the need for an EHC assessment and plan.
- 9.3 A framework will be agreed for production and analysis of data reports and how it will inform future planning and delivery of the strategy.
- 9.4 A review all high needs block spend alongside all other DSG blocks and other council and partner spend on high needs will be carried out to ensure compliance with regulations, efficient use of resources, further benchmark with other Local authorities and inform focus of future priorities for spend and future commissioning.
- 9.5 A methodology for planning special school and specialist provision places will be developed and included in the school organisation plan which will be updated annually. This will enable the local authority to forecast growth in high needs pupils and support place planning in schools and college provision, as well as the development of an accommodation strategy. This should take account of young people up to the age of 25.

- 9.6 A robust plan will be developed to interrogate the issues leading to low attendance and high exclusions of children and young people with SEND. These will be collectively addressed by all partners linking to early help / intervention.
- 9.7 A joint commissioning strategy will be developed with partners that will develop better services that support the earlier identification of need, remove barriers in providing the services needed, and ensure that we know the impact of the services we deliver and commission.
- 9.8 We will review all opportunities for arranging how services work together, across education, health and social care which will help to deliver more personalised and integrated support resulting in better outcomes for children, young people and their families.

## **Strand 2: Early Identification of needs and early intervention**

- 9.9 Guidance and professional development opportunities will be reviewed to enable early identification of needs and joined up support by all agencies involved with children and young people.
- 9.10 Universal services will have clear information on expectations of what they can provide, as well as pathways to more specialist support when needs cannot be met through universal services.
- 9.11 Expertise in SEND in Reading will be further developed and drawn upon so that all providers have access to and have opportunities to share high quality practice.
- 9.12 School to school support for SEND will be further developed from identified best practice to build capacity and ensure that specialist skills and knowledge are available across the widest range of settings.
- 9.13 Outcomes will be carefully monitored and benchmarked against the best national standards whatever the setting with consistently high expectations.
- 9.14 Opportunities for extending Early Help Services will be explored, enabling better integration of more specialist services.
- 9.15 There will be earlier intervention in teenage years to enable sufficient time for the young person, and their parents/carers to be actively and meaningfully engaged in identifying the support and resources required to prepare for adulthood.

## **Strand 3: Using specialist services and identified best practice to increase local capacity**

- 9.16 Specifications / service level agreements will be developed to provide a framework for specialist services, identified best practice, and schools with specialist provision to formally contribute to improved capacity for early intervention through the improvement in knowledge and skills of providers.
- 9.17 Referral pathways will be developed that provide clear information on what to expect from universal services prior to referral to specialist services and how to access specialist support services and the Early Help offer.
- 9.18 There will be a clear framework for the quality assurance of providers that gives confidence to families as well as commissioners that outcomes for children and young people will improve and there will be value for money.

- 9.19 Working with the clinical commissioning group (CCG) and local authority commissioners we will ensure that there is clear information on the role of health providers such as school nursing, including special school nursing, therapy and other services to support children and young people with medical needs/conditions.
- 9.20 Working with the CCG we will clarify the role of all partners in the education, health and care assessment and plans and annual review.

**Strand 4: Transition to adulthood**

- 9.21 We will work with families to develop a transition to adulthood plan (14-25) that outlines how young people with SEND will be supported into adulthood, recognising the extra help that may need to build their independence and clarifying pathways for accessing more specialist support and funding.
- 9.22 Everyone who is involved in supporting young people as they approach adulthood will work together to have positive aspirations for them and support them in a way that helps young people to be as independent as possible and achieve their goals.
- 9.23 Young people and their parents/carers will have clear and accessible information about what to expect in the future as they move along the pathway and prepare to become an adult living a healthy and fulfilling life in their community.
- 9.24 From the age of 14 young people will be supported to consider options for training, volunteering or opportunities for paid employment. They will be encouraged to aim for the maximum achievable independence and including, where possible, meaningful engagement in the world of work. The council will work with businesses and charities to provide better opportunities for paid work, training and volunteering.

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