

To: Councillor Lovelock (Chair)
Councillors Page, Brock, Ennis, Hacker,
Hoskin, James, Jones, O'Connell, Pearce,
Skeats, Stevens, Terry, Vickers, Warman
and White

Direct: ☎ 0118 9372303

29 March 2019

Your contact is: **Simon Hill - Committee Services (simon.hill@reading.gov.uk)**

NOTICE OF MEETING - POLICY COMMITTEE 8 APRIL 2019

A meeting of the Policy Committee will be held on Monday, 8 April 2019 at 6.30 pm in the Council Chamber, Civic Offices, Reading, RG1 2LU. The Agenda for the meeting is set out below.

ITEMS FOR CONSIDERATION IN CLOSED SESSION

1. EXCLUSION OF THE PRESS AND PUBLIC

The following motion will be moved by the Chair:

“That, pursuant to Section 100A of the Local Government Act 1972 (as amended) members of the press and public be excluded during consideration of the following items on the agenda, as it is likely that there would be disclosure of exempt information as defined in the relevant Paragraphs of Part 1 of Schedule 12A (as amended) of that Act”

2. DECLARATIONS OF INTEREST FOR CLOSED SESSION ITEMS

3. CONTRACT TO PROVIDE A HOUSING REACTIVE REPAIRS SERVICE TO WOKINGHAM BOROUGH COUNCIL **BOROUGH WIDE** **5 - 8**

Councillor Ennis / Director of Environment and Neighbourhood Services

THE FOLLOWING ITEM WILL BE CONSIDERED BY POLICY COMMITTEE ACTING AS THE SHAREHOLDER COMMITTEE OF HOMES FOR READING LIMITED

4. HOMES FOR READING **BOROUGH WIDE** **To Follow**

Shareholder / Chief Executive

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ITEMS FOR CONSIDERATION IN PUBLIC SESSION

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|-----|---|---------------------|---------|
| 5. | CHAIR'S ANNOUNCEMENTS | | |
| 6. | DECLARATIONS OF INTEREST | | |
| 7. | MINUTES | | 9 - 12 |
| 8. | PETITIONS AND QUESTIONS | | |
| | To receive any petitions from the public and any questions from the public and Councillors. | | |
| 9. | DECISION BOOK REFERENCES | | |
| 10. | PUBLIC HEALTH BUDGET | BOROUGH WIDE | |
| | Councillor Hoskin / Director of Adult Care and Health Services | | |
| | (a) Public Health Budget Consultation 2018 | | 13 - 24 |
| | This report summarises feedback gathered through a two month consultation to identify the issues of interest and concern to Reading residents relating to the Council's Public Health responsibilities. | | |
| | (b) Public Health Budget 2019-2021 | | 25 - 50 |
| | This report sets the budget for Public Health for 2019/20, 2020/21 and 2021/22 including the required re-profiling of the Public Health budget between 2019/20 - 2021/22. | | |
| 11. | REPLACEMENT OF WATER STORAGE, MAINS WATER SUPPLIES AND DISTRIBUTION PIPEWORK TO COLEY HIGH RISE TOWER BLOCKS AND INSTALLATION OF SPRINKLER FIRE SUPPRESSION SYSTEM | MINSTER | 51 - 54 |
| | Councillor Ennis / Director of Environment and Neighbourhood Services | | |
| | This report seeks delegated authority and capital expenditure approval relating to the replacement of water storage, mains water supply and distribution pipework and the installation of fire suppression sprinkler systems at flats at Coley High Rise, Wensley Road. | | |
| 12. | FINANCIAL ASSISTANCE FOR RESIDENTIAL LEASEHOLDERS | BOROUGH WIDE | 55 - 60 |

Councillor Ennis / Director of Environment and Neighbourhood Services

This report seeks approval to establish a framework for financial assistance options to be offered to Council residential leaseholders with regards to rechargeable major works undertaken by the Council in relation to fire safety.

THE FOLLOWING ITEM WILL BE CONSIDERED BY THE POLICY COMMITTEE ACTING IN ITS CAPACITY AS SOLE MEMBER FOR BRIGHTER FUTURES FOR CHILDREN LIMITED

- | | | | |
|------------|--|---------------------|-----------------|
| 13. | BRIGHTER FUTURES FOR CHILDREN BUSINESS PLAN 2019-2021 | BOROUGH WIDE | 61 - 112 |
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Councillors Lovelock, Terry, Pearce & Brock / Director of Resources

This report seeks approval from Policy Committee, in its capacity as sole member for Brighter Futures for Children Limited (BFfC), for the BFfC Business Plan for 2019-2021.

WEBCASTING NOTICE

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Members of the public who participate in the meeting will be able to speak at an on-camera or off-camera microphone, according to their preference.

Please speak to a member of staff if you have any queries or concerns.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Present: Councillor Lovelock (Chair);

Councillors Page (Vice-Chair), Brock, Ennis, Hacker, James, Jones, O'Connell, Pearce, Skeats, Stevens, Terry, Vickers, Warman and White

Apologies: Councillors Hoskin

RESOLVED ITEMS

72. MINUTES

The Minutes of the meeting held on 18 February 2019 were agreed as a correct record and signed by the Chair.

73. PETITIONS AND QUESTIONS

Questions on the following matters were submitted by members of the public:

	<u>Questioner</u>	<u>Subject</u>	<u>Reply</u>
1.	Colin Lee	Business Model for Leisure Services	Cllr Hoskin
2.	Colin Lee	Leisure Services - third-party management	Cllr Hoskin
3.	Colin Lee	Rivermead Contract	Cllr Hoskin
4.	Ayo Solanke	Education Funding	Cllr Pearce
5.	WITHDRAWN		
6.	Richard Stainthorp	Support for Community Groups	Cllr James
7.	Richard Stainthorp	Recruitment and Retention of Teachers	Cllr Pearce
8.	Richard Stainthorp	Nature Reserves	Cllr Hacker
9.	Ayo Solanke	CQC Inspection	Cllr Jones
10.	WITHDRAWN		

Questions on the following matters were submitted by Councillors:

	<u>Questioner</u>	<u>Subject</u>	<u>Reply</u>
1.	Cllr White	Climate Emergency Action	Cllr Page
2.	Cllr White	Exempting Young People Leaving Care From Council Tax	Cllr Terry

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

74. RECOMMISSIONING OF INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES

POLICY COMMITTEE MEETING MINUTES - 11 MARCH 2019

The Director of Adult Care and Health Services submitted a report on the procurement of Sexual and reproductive health (SRH) services. The following documents were attached to the report:

- Appendix A - Reading Summary of Berkshire Sexual Health Needs Assessment 2017
- Appendix B - extract from Reading Public Health Outcomes Framework
- Appendix C - Equality Impact Assessment

The report noted that SRH services were a mandated provision for Local Authorities under the Health and Social Care Act 2012. The existing integrated SRH provision was jointly commissioned with West Berkshire and Wokingham Councils and delivered by Royal Berkshire Hospital Trust, who provided Sexually Transmitted Infection testing and treatment, contraception (aged 25 and under), contraception (referrals from GPs for over 25 for complex cases), open access sexual health services, and nurse-led outreach services for vulnerable groups. The existing contract was due to end on 31 March 2020 and it had been agreed in principle with the other Berkshire West Local Authorities that the current arrangements with a single provider supporting delivery across the area provided an efficient and effective service which met the SRH needs. The report therefore sought approval for the Council to participate in a joint competitive tender with Wokingham and West Berkshire over 2019/20.

The report explained that Bracknell Forest Council's Shared Public Health Team would lead the recommissioning of the Integrated SRH Tender. Joint commissioning would support the delivery of robust local SRH services and improve the ability to negotiate with providers to seek best value. The contract would be written to be flexible to allow for possible integration of other SRH services as they were reviewed, and possible changes in legislation or funding. Further negotiation was required to agree the final contract period.

Resolved -

- (1) That the intention to undertake procurement for Reading's SRH services, with new provisions being awarded and commencing from 1 April 2020 be approved;
- (2) That the proposal to jointly procure services in principle with the two other Berkshire West Local Authorities be approved;
- (3) That the Director of Adult Care and Health Services, in consultation with the Lead Councillor for Health, Wellbeing and Sport, and the Chief Executive, Head of Finance and Head of Legal & Democratic Services, be authorised to agree the final contract value and contract period, and to award the sexual and reproductive service contract, following the completion of the procurement process;
- (4) That the indicative tender timeframe set out in the report be noted.

75. QUARTER 3 PERFORMANCE MONITORING REPORT

The Director of Resources submitted a report setting out the projected revenue and capital outturn positions for 2018/19 as at the end of December 2018 (Quarter 3), and also the performance for the first three quarters against the measures of success published in the Council's Corporate Plan. The following documents were attached to the report:

- Appendix 1 - Financial Monitoring for Quarter 3, and
- Appendix 2 - Performance Monitoring for Quarter 3

The report stated that the forecast outturn showed a projected overspend on the General Fund as at the end of period 9 (December) of £1.511m, which was an increase of £0.036m since that reported at the end of Period 8. The Children's Services, Education and Early Help forecast overspend had risen in month from £1.427m to £1.443m, and the majority of the projected variance related to the Children's Social Care Team - £1.160m for LAC placements and £0.330m relating to agency staffing costs. The Housing Revenue Account was forecasting a £2.069m underspend at the end of December 2018 due to rent collection rates being higher than budgeted, expenditure on reactive and planned maintenance being underspent, and staff vacancies in the Sheltered Housing Team. The General Fund Capital Programme was forecast to underspend in 2018/19 by £6.3m, which was predominantly the result of slippage on two larger schemes (ICT Technical Infrastructure and phase three of the Accommodation Review) from 2018/19 into future years.

The report explained that the 'Purchase of Commercial Property' capital scheme currently had an approved budget of £50m for 2018-19. It now looked increasingly likely that the completion of any purchases would be deferred into the 2019-20 financial year, and approval was therefore sought to re-profile the capital budget according.

The report also included a summary of performance, as at the end of the third quarter, against the success measures published in the Corporate Plan to monitor progress against the Council's six priorities. Measures where there had been key shifts in performance and/or significant variation from the target were highlighted. Since the Quarter 2 report 14 measures had improved, five measures were static and three measures showed a dip in performance from the second quarter, although two of these (delayed transfers of care and customer satisfaction) were still expected to achieve the targets set.

Resolved -

- (1) That the following be noted:
 - (a) That the forecast General Fund outturn position as at the end of December 2018 was an overspend of £1.511m excluding the use of contingency;

POLICY COMMITTEE MEETING MINUTES - 11 MARCH 2019

- (b) That the forecast outturn position on the Housing Revenue Account as at the end of December 2018 was a projected underspend of £2.069m;
 - (c) That the forecast outturn position on the Capital Programme as at the end of December 2018, was a projected underspend of £6.330m for the General Fund and £5.708m for the Housing Revenue Account;
 - (d) The performance achieved against the Corporate Plan success measures as set out in the report and Appendix 2 attached to the report;
- (2) That the re-profiling of the 2018 capital budget, for the 'Purchase of Commercial Property' within the General Fund Capital Programme 2019, be approved.

(The meeting started at 6.30 pm and closed at 7.26 pm)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	POLICY COMMITTEE		
DATE:	8 APRIL 2019		
TITLE:	PUBLIC HEALTH BUDGET CONSULTATION 2018: FEEDBACK AND NEXT STEPS		
LEAD COUNCILLOR:	CLLR HOSKIN	PORTFOLIO:	HEALTH, WELLBEING AND SPORT
SERVICE:	PUBLIC HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	MARION GIBBON	TEL:	0118 937 4538
JOB TITLE:	INTERIM CONSULTANT IN PH	E-MAIL:	marion.gibbon@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report summarises feedback gathered through a two month consultation to identify the issues of interest and concern to Reading residents relating to the Council's Public Health responsibilities.
- 1.2 This feedback has been taken into account as the Council has developed plans for the use of Public Health Grant in 2019-20 (detailed in a separate report presented today) and wider budget proposals (as agreed by Policy Committee in February 2019). In several areas, the feedback indicates the need for further engagement so issues can be explored in greater detail to develop solutions with and for the residents of Reading.

2. RECOMMENDED ACTION

- 2.1 That the Committee notes the public feedback on the Council's Public Health responsibilities, in particular the priorities and concerns highlighted by local residents; and plans for further public engagement on these issues.

3. POLICY CONTEXT

- 3.1 Since the implementation of the Health and Social Care Act 2012, local Public Health teams sit within the local authority, which has a duty to protect the health of its residents. Councils receive a specific allocation of funding from central government to support the discharge of this duty - the Public Health Grant. In addition, Reading Borough Council continues to provide or commission other services which support healthy independent living, many of which pre-date the Health and Social Care Act and are funded wholly or in part from other sources.
- 3.2 Council provided and externally commissioned services promote wellbeing in various ways, including services which benefit the 'well' population as well as those who are at risk of needing care or who are living with established long term health conditions. Services support health and wellbeing in the home, in the workplace and in the local area generally. Continuing to provide these services, however, is becoming increasingly challenging for the Council with funding from Central Government having been cut by nearly £58 million between 2010 and 2020.

3.3 The Public Health Grant for Reading Borough Council is £9.758m in 2018-19, having reduced by 2.6% in cash terms from the grant amount awarded in 2017-18. A further 2.6% reduction will be applied for 2019-20. In order to manage these reductions, the local authority has been reviewing how to use the Grant to make sure this is as efficient as possible and addresses the priority health issues for Reading.

4. CONSULTATION APPROACH

4.1 The Council conducted an open public consultation on the Council's approach to supporting health and wellbeing, running from 01.11.2018 to 06.01.2019. Within the consultation paper were: a list of services which had in the past wholly or partially been funded through Public Health Grant; and another list of Council services identified as supporting health and wellbeing but not currently funded from Public Health Grant. People were invited to identify which services they had used - or referred others to - and whether they recognised this as a Public Health or other Council area of activity. At a public meeting on 18th December, people were invited to comment on the role of the state (including the local authority) in addressing various health issues, and how the state's role linked to the roles of individuals and communities.

4.2 People were invited to highlight the most important and most helpful services in terms of keeping residents healthy and well, and to suggest any gaps or areas for improvement. As part of the consultation, the Council also asked for comments on proposals to offer support to lead healthier lifestyles in different ways in future - by combining support to help people quit smoking, eat well, be physically active and in good emotional health, for example, as well as improving digital access to such support and offering services through different settings.

4.3 The consultation was promoted through libraries, community centres and community groups, as well as to patient and service user forums & participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations. A press release was issued at the start of the consultation. Information promoting the consultation was also published as a news item on the Reading Voluntary Action and Healthwatch Reading websites. The consultation questionnaire was available on the Council's website, and in paper copy on request as well as in alternative formats. The Council worked through partners to promote the consultation, such as sharing information electronically with community services so this could be cascaded verbally at suitable opportunities.

4.4 At the public meeting, people encouraged the Council to offer more opportunities for face to face discussion of these issues, e.g. an evening slot for people who are usually at work during the day. In addition, those residents and partners who attended the public meeting were keen to see more outreach to gather feedback from a broader range of people, such as residents with disabilities or who were not currently in contact with services.

5. WHO RESPONDED

5.1 A total of 260 questionnaires were returned. Slightly under half of the total number were returned by members of the Council's Citizens Panel. In addition, there were three written responses to the consultation issues set out in a different format. Verbal feedback was gathered from 35 attendees at a public meeting to discuss the consultation issues.

5.2 Demographic analysis is available only from those who responded to the consultation by returning a questionnaire and completing the 'about you' questions - which were optional.

- 61% of respondents who identified by gender were female and 35% identified as male. 2 respondents claimed a gender identify different to that assigned to them at birth.
- The age band most strongly represented in the completed questionnaires was the 65-74 age group (22% of returns), closely followed by the 45-54 age group (21% of returns), and then the 35-44 age group (13% of returns). 2% of responses came from people under 25, and 9% were from people aged over 75.
- 26% of questionnaires were completed by people who identified as having a long term health condition.
- 77% of questionnaires were returned by people who identified as White British. 1% of respondents identified as being from another White background. A total of 9% of responses came from people who identified as either Asian or Asian British, Black or Black British, from a Mixed ethnic background or other ethnic group.
- 48% of respondents identified as Christian, whilst 33% stated they had no religion. Fewer than 1% of responses came from people who identified as Buddhist, Hindu, Jewish, Sikh or Muslim.
- 81% of respondents identified as heterosexual, fewer than 1% as gay or bisexual.

6. CONSULTATION FEEDBACK

Support for physical activity and healthy weight

6.1 There was strong support for encouraging physical activity, including play, and recognition of the health benefits, particularly for those who are currently inactive or living in more deprived parts of the borough. There were a number of references to the need for accessible and affordable leisure services generally, in order to encourage people to be physically active. People referred to the various health risks associated with physical inactivity, and also the opportunities for social contact which services can provide, linking this to mental wellbeing (see below). People thought it was important that facilities are actively promoted to people who may who need support to take more exercise.

6.2 The Council service which most people (57) mentioned as being important for keeping residents healthy and well was parks and open spaces. Respondents noted how versatile and accessible these places are, offering health benefits for everyone. They afford opportunities for all residents and across all socio-economic groups - opportunities which are often driven by partnership working led by the Leisure and Recreation Service. People felt it was important that people can access a form of wellbeing support which is free, and noted both the individual and the environmental benefits of green spaces. Parks provide residents with places to take exercise and breathe clean air, promoting both physical and mental health, as well as a sense of community. Parks are especially important for families and those on lower incomes to help them be active and get outdoors, and for any resident who doesn't have a garden, of which there are many in Reading.

- 6.3 People pointed out the importance of the Council having a role in maintaining these spaces, as they need to be safe, welcoming and inviting areas in order to deliver the many benefits which they can when well used. Some concern was expressed about a local arrangement which meant a tennis club had taken over maintenance of part of a park. Unfortunately, this restricted access for local residents.
- 6.4 31 survey returns referred to swimming pools specifically, and highlighted the range of health benefits associated with swimming, the suitability of water-based exercise for people of a range of abilities, and the social benefits of exercising in a group setting. 2 people specifically identified the free swimming offer for children as a priority. At the public meeting, several people highlighted recent pool closures in Reading as a cause for concern.
- 6.5 Equal numbers (17) listed gyms and exercise classes in their survey responses as being important in this area, and 11 people referred to walks programmes. At the public meeting, people commented that there seemed to be less information in Reading now than there was several years ago promoting walking. People suggested the Council's website could be a good place to offer information on routes to encourage walking.
- 6.6 12 people listed streetcare as a priority service for achieving public health outcomes as well maintained streets open up walking and cycling as cheap accessible ways for many residents to be able to enjoy the benefits of physical activity and being outdoors.
- 6.7 13 people included specific weight management support services in their priority list, noting the wide range of risk factors associated with obesity. There were mixed views as to how effective previously commissioned services had been, however, despite a consensus that this is an important area in principle. In addition, weight management was frequently mentioned as a reason for prioritising gyms, exercise classes, swimming and parks and open spaces, as described above. The Council has re-profiled its use of Public Health Grant for 2019-20 to reinstate some specific weight management support, a service which had been discontinued in late 2018.
- 6.8 The Council intends to commission some further research designed to find out what community members think about activity and exercise in general, their local leisure centres/facilities, and what would encourage them to use them to use these facilities in the future. It will also identify barriers to activity. This research will include an online survey, a 500 sample face to face street survey, followed by a series of ten in-depth focus groups. This approach will enable us to target particular groups of residents whose views are less often heard via traditional consultation routes, e.g. older people, BME groups, people with disabilities, inactive young women etc.

Mental wellbeing

- 6.9 There was a strong theme throughout the feedback of people wanting to see support for mental health and wellbeing being prioritised. There were several separate services listed in the consultation paper which directly came under this theme - and there were specific references to support for children's and young people's mental health (15), support for volunteer recruitment and training in suicide prevention (5), Sport in Mind (5) and the Compass Recovery College (7). However, most respondents tended to comment on the significance of mental health generally. People observed that poor mental wellbeing has wide repercussions, with low self-esteem being a factor in many unhealthy behaviours which can lead to physical as well as mental health problems.
- 6.10 18 people listed support to reduce loneliness and social isolation as a priority. This was seen as an underlying or contributory factor to a wide range of health problems.

On the other side, people noted the number of both physical & mental health benefits which come from having strong social connections. Several people suggested these services were an important investment to reduce health crises. There were some suggestions about which groups of residents were most vulnerable to the health impacts of loneliness, including older people, those living alone and people who have recently been bereaved.

- 6.11 The Council hosts a multi-agency steering group to oversee local work on reducing loneliness and social isolation. On behalf of this group, the Council has commissioned the University of Reading to carry out some research to improve our understanding of the impact of loneliness on particular groups of residents. This will be used to refresh action plans later in the year.

Information, advice and guidance

- 6.12 There was mixed feedback on the significance of campaigns to promote health and wellbeing. Some people saw this as a cost effective investment of resources as it supports people to help themselves. Others felt there was a lot of repetition of messages which are now well understood. There was widespread agreement that residents need to take some personal responsibility for their health, with differences emerging between people over the extent to which it is the Council's responsibility to drive this up.
- 6.13 31 people observed that libraries are important for delivering information to people about health and wellbeing as well as other topics. For similar reasons, 4 people listed the New Directions adult learning service, and 2 people mentioned the Reading Services Guide (online directory). Libraries were also seen as important for promoting social inclusion and mental stimulation - an essential service for adults who want to keep learning and for children who don't want to fall behind in school and who come from lower income families. 15 people listed libraries as a priority, and one person commented that libraries should be made a statutory service given the range of benefits they offer.
- 6.14 There were 8 references to information and advice services which can be accessed face-to-face or over the telephone, and 3 people listed social prescribing. This developed some of the more general feedback about the importance of helping people to help themselves by making sure they had access to accurate guidance about health and wellbeing issues. People commented that providing information and advice to the population as a whole is far cheaper than dealing with health crises, which good information and advice can help to avoid. For similar reasons, 9 people included NHS health checks amongst their top priorities. People commented that this is a good way to give people messages about steps they can take to stay healthy, as well as being a good way of spotting problems in their early stages.

Smoking, drugs and alcohol

- 6.15 19 people included smoking cessation services amongst the most important for keeping residents healthy and well. Most people referred to the seriousness and significance of the illnesses caused by smoking as their reason for including this service. Some also talked about the wider benefits, e.g. for families, in supporting people to give up smoking. However, several people suggested that this should be either an NHS treatment service or a privately charged service rather than part of the Public Health offer. Support for smoking cessation is maintained in the Public Health Grant budget for 2019-20, although with a view to developing a holistic wellbeing service going forward which offers smoking cessation support alongside weight management and other healthy lifestyle services.

- 6.16 15 people listed support to end drug or alcohol dependence, and their reasons were generally the extent of the wider impacts of dependency - on individual health, on families and on communities. There were slightly more comments about the importance of support for young people than for adults, with people referring to the importance of tackling problems early and offering young people separate provision. Again, some people suggested that support to manage these problems ought to be charged to individuals.
- 6.17 Drug and alcohol support services have recently been re-commissioned. A public consultation in 2018 informed a new Drug and Alcohol Strategy, and the priorities identified through that engagement were used to re-model the service. This re-modelling means that the Public Health Grant allocation to drug and alcohol misuse services in 2019-20 is reduced modestly from the 2018-19 level, but then maintained at the same level into 2021-21.

Supporting child health

- 6.18 Public Health nursing was mentioned by 35 people, who said that focusing on a good early start was the best way to invest in the health of the local population. People had concerns about the mental health of children and young people, in particular (see above), and felt that school nursing was an important part of supporting this. Health visitors were seen as an important part of encouraging breastfeeding, which needs face to face support alongside online information and campaign messages, and several people expressed concern that breastfeeding support had already been reduced in Reading after the Breastfeeding Network withdrew from local delivery. One person listed the enuresis service as a priority. Public Health Grant funding for Public Health nursing (health visitors and school nurses) reduces in 2019-20 following a contract review with the local provider to facilitate a more flexible and targeted approach, but the plan is to maintain funding levels at this level into 2020-21.
- 6.19 18 people included Children's Centres amongst the services they regarded as most important. Support for parenting was seen as important for supporting the mental health of parents as well as children. It was another example of people wanting to see a focus on young people so as to give people strong foundations for a healthy life. Others commented that health messages can be delivered effectively to whole families via children. 3 people highlighted the importance of the Education Welfare service.

Vulnerable groups

- 6.20 Support for people who are homeless or at risk of homelessness was listed by 13 people in their survey returns, and this was a group which was the focus of much discussion at the public meeting. There was a strong perception that this is a growing need and that homelessness makes people particularly vulnerable to poor health.
- 6.21 17 people commented that support for unpaid carers was an important part of keeping the population well. Most of these remarks were about carer support generally, but some picked out breaks provision and/or young carer support services as being particularly important. Unpaid carers were described as 'vulnerable', 'overlooked' and 'at risk' as well as key to keeping many people with existing health problems in a stable position and averting health crises. Several people said that carer support should be regarded as an investment given how much unpaid carers contribute to preventing worse health problems.
- 6.22 5 people made specific reference to the peer support service which the Council commissions to support people who are HIV positive. People commented on the particular vulnerabilities and risks faced by this group of residents, and the

importance of providing them with specific support to stay as well as they can and also to reduce the spread of infection.

- 6.23 Three people queried whether the particular needs of care home residents were recognised in the local Public Health offer.

Transport

6.24 20 people made specific reference to transport support, including accessible transport (Readibus). There were comments about how this is an important link between individuals and many of the other health and wellbeing services listed in the consultation paper. For some, public transport was described as a 'lifeline', without which people would struggle to access the community generally as well as specific healthcare services.

6.25 At the public meeting, recent discussions about changes to concessionary travel passes was raised as something which could contribute to health risks for disabled residents. The outcome of this consultation was reported to Policy Committee in February 2019, where there was agreement to maintain the current offer on concessions.

Housing

6.26 There were a number of references to housing services generally as being an important part of keeping residents well. 8 people picked out supported housing as a priority as this offers a safe and stable environment for vulnerable adults, which is likely to reduce the risk of health problems or crises. 7 people listed home adaptation as one of the most important services for keeping people well, and 3 people listed home safety checks. 5 people listed the Winterwatch service to help vulnerable people keep warm in their homes.

Feedback on service quality, areas for improvement and gaps

6.27 Most feedback about services used was positive, and the main criticism was lack of capacity, leading to delayed access or waiting lists. Again, the service which was commented on most often was parks and open spaces. Many people identified the benefits of walking and how accessible this is as a form of exercise for the whole family, but noted how much more attractive this is in green spaces. One suggestion about improving parks and open spaces was that it would be good to be able to move on travellers more quickly if they are spoiling other people's enjoyment of the space. Another person suggested that Prospect Park would benefit from better lighting.

6.28 Most suggestions for improvements concerned swimming, with people expressing concern about recent pool closures. People welcomed the rebuilding of Central Pool, but there were several comments about the town needing more swimming facilities, including longer hours and additional locations, such as in the University area and in schools (with public access out of hours). A couple of people noted particular difficulties in access to swimming for disabled people because of needing access to larger and/or unisex changing rooms where support can be given. People observed that some leisure facilities are looking run down and need to be refreshed and/or cleaned more regularly. Others suggested that some of the equipment is dated and needs to be replaced. Affordability is also a concern for some residents.

6.29 People felt that transport services are generally good in Reading, and support people to access other services. People commented that some parts of borough seem to be better served than others by public transport, however. For some, the radial

transport arrangement and need to change buses to travel between North and South Reading was problematic. One person suggested a partnership arrangement to promote walking at bus stops. This would involve advertising the time needed and calories burned by walking additional stops so as to encourage people to make fewer entire journeys by bus.

- 6.30 Feedback on the support provided by Children's Centres, School Nursing and Health Visitors was very good, including breastfeeding support. Many people felt these services had made a significant difference to their families at times of particular vulnerability. There was concern about the various reductions in Children's Services meaning potentially less support for young people at risk of health problems, including mental health issues. One person commented that the range of activities in Children's Centres is now very limited. Some people felt that health visitor training needed to be improved as staff didn't seem equipped to answer the queries put to them. Several people took the opportunity to give positive feedback on support for young people with drug dependency.
- 6.31 In terms of support for mental health and wellbeing, people were most positive about advice services which provided support with practical issues and causes of stress. The Compass Recovery College and Sport in Mind services were also well regarded. People suggested there needs to be greater counselling provision generally, more support for children and young people experiencing mental health problems, and more support after bereavement. Some people's experience was that they were unable to access mental health support without reaching crisis point.
- 6.32 There were several references to the value of New Directions courses - particularly for those over retirement age - in giving people access to mental stimulation and opportunities to meet others on a regular basis. Another observed that the work of Regulatory Services gave people confidence in eating out, which can be important socially. There were also various positive references to support to combat social isolation almost vulnerable groups, especially new parents, older people and unpaid carers. Both current and former carers talked about the benefits to them of being supported to take breaks. A number of people felt that more support is needed to address loneliness, as some of the people using existing services still go for several days at a time without speaking to anyone. Feedback was very positive about the library and museums services, with people commenting that it is important to retain these despite current financial pressures. Ideally, people would like to see libraries open for longer hours, but were generally appreciative of the Council having retained as much provision as it has in challenging financial times.
- 6.33 All of the feedback on the local smoking cessation service - from service users and referrers - was positive. One person had found the weight management service simplistic and patronising, and pointed out that services need to recognise that not all weight problems come from ignorance of what constitutes junk food. People were also positive about NHS healthchecks, and said these were helpful in supporting them to make lifestyle changes as they got older in order to maintain health. People commented that sexual health services generally and HIV support services in particular are both important sources of support as taboos prevent many people from being able to talk openly about these issues and so understand how to manage their health in this area.
- 6.34 There were various services which people felt needed to be promoted more effectively, giving examples of under-used services or valued services which people felt they had 'stumbled upon'. This included smoking cessation support, with several people observing that they hadn't understood how much more likely people are to quit with support until they were in touch with the service and experienced it themselves. Another example was support to access physical activity via GP referral.

Some people thought there were too often blanket approaches to advertising, rather than targeting services on people who need them most or who find it harder to access support. Although interpretation and translation support is available to support access to many services, this is not widely known which means that people with sensory needs or who speak little or no English may miss out. In general, people felt it was also important to consider access outside of office hours for residents who are in full time employment. Another general comment was that there is scope for more integration of services to encourage take-up - at libraries, GP surgeries and Children's Centres, for example.

- 6.35 Several people commented that they don't expect any more from the Council as they regard the further steps they need to take to improve their health and wellbeing as a personal responsibility. However, some went on to note that making positive lifestyle changes is often dependent on having personal assets to build on - financial, social and emotional - and that not all residents have these in place. The suggestion was made that any development of services should involve better identification and targeting of support on those in greatest need.

Next steps for healthy lifestyle support

- 6.36 Lifestyle factors make a higher contribution than anything else to rates of premature death, and are the factors which should be most in people's control. However, people make poor lifestyle choices for many reasons and may need support to change. We asked for specific feedback on the idea of introducing more digital support for healthy lifestyle choices, as well as integrating this support and offering it alongside other services or in alternative settings.
- 6.37 Feedback was overwhelmingly in favour of combining lifestyle support services in future. People gave several examples of locations where this approach was already being used very successfully. Some people pointed to efficiency gains as an expected benefit, but more people felt that this was simply an approach which reflected the reality of people's lives, with issues tending to go hand in hand. There was strong support for a holistic approach, supporting collaboration amongst a wide range of statutory partners, and enabling people to access various support through a single point of entry. A minority did express concern, however, that access to specialist support could be diluted.
- 6.38 97% of respondents owned a mobile phone or a device such as an iPad. 52% said they used this for calls or texts only, although actually 72% reported that they also used Apps. 48% said they weren't currently using any health-related technology. Of those who indicated they did use health-related technology, the devices most frequently identified were a Fitbit (51 examples) and a Step Tracker (48 references). 26% stated they owned a Voice Personal Assistant: 19% were currently using this to access music and radio only.
- 6.39 Many people agreed that there was a place for a digital offer as part of this service, and some said this would be their primary or sole route for accessing such support if it was available. However, some people thought this would not be an appropriate route at all, and felt it would exacerbate people's reliance in digital channels, which can have negative health impact in itself. On the plus side, people noted that digital access could take services to more people for a modest cost. However, respondents also identified a number of groups who would continue to require face-to-face access to this sort of support. The residents most people referred to here were people who were unfamiliar with digital technology and so would not be motivated to access services in this way, including people who were concerned about how private their digital interactions could be. Other feedback was that whilst some people could be supported to become more comfortable with technological support, some would

continue to find this uncomfortable or difficult to use, e.g. older people, or people with physical or cognitive limitations. People also pointed out that digital support alone would be insufficient for people who are homeless or living in deprived areas as their access to digital technology will be limited.

6.40 Some people suggested that digital support is inappropriate for getting people to take the first step towards a healthier lifestyle as they don't know what they don't know at that stage. Several people commented that, even for access to preventative information and advice, the point at which many people first access services may be when faced with some form of crisis. It was suggested that digital support is not appropriate then as emotions are running high and people need support to find their way through the information available to what is most relevant to them. Several people felt that face-to-face support was likely to be more effective in supporting people to quit smoking or recover from dependence on drugs or alcohol because of the need for challenge at key points. Others suggested that the social isolation which often accompanies these problems makes face-to-face support an important part of helping people towards a healthier life.

6.41 People suggested a wide range of settings which could potentially be used to offer support for healthier lifestyles - GP surgeries and health centres, Council offices, libraries, post offices, community centres, leisure centres, pharmacies, bars, nightclubs, schools, Children's Centres, churches, supermarkets and cafes. We invited people to suggest what services could be offered alongside one another effectively, and people suggested various 'clusters' - such as information about maintaining a healthy environment, a digital and assistive technology hub, a family and parenting support centre, a homelessness outreach service, a wellbeing newsletter, a voluntary sector services hub, a disability support centre, and an older people's information point. Several people pointed out the benefits of centralised one-stop hubs for health and wellbeing, including statutory and third sector organisations. Many people commented that the right setting would depend on the precise service and the circumstances of the individual being offered support. Sometimes there will be a greater need for confidentiality or restrictions on an individual's ability to visit settings so home visits may be necessary.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Noting public feedback on the Council's Public Health responsibilities promotes the development of a healthier environment and improved population health, which in turn supports meeting the priorities set out in the Corporate Plan 2018-21:

1. Improving access to decent housing to meet local needs
2. Protecting and enhancing the lives of vulnerable adults and children
3. Keeping Reading's environment clean, green and safe
4. Promoting great education, leisure and cultural opportunities for people in Reading
5. Ensuring the Council is Fit for the Future

6. EQUALITY IMPACT ASSESSMENT

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

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

- 6.2 An Equality Impact Assessment is not relevant to the action the Committee is recommended to take in relation to this report. However, the public feedback identifies some potential disproportionate impacts on 'protected' groups of residents in the event of changes being proposed to Council spending in support of its Public Health responsibilities. These would be considered further in order to develop Equality Impact Assessments in the event of specific proposals for change being recommended.

7. LEGAL IMPLICATIONS

- 7.1 There are no direct legal implications from the recommended course of action.
- 7.2 There is a legal requirement on the local authority to set a balanced budget each year, and in doing so consider the statutory advice of the Chief Finance Officer on the robustness of the budget and adequacy of balances. Public Health Grant may be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006.

8. FINANCIAL IMPLICATIONS

- 8.1 There are no direct financial implications from the recommended course of action.

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT AND HEALTH CARE SERVICES

TO:	POLICY COMMITTEE		
DATE:	8 APRIL 2019		
TITLE:	PUBLIC HEALTH BUDGET 2019-2021		
LEAD COUNCILLOR:	CLLR GRAEME HOSKIN	PORTFOLIO:	HEALTH, WELLBEING AND SPORT
SERVICE:	PUBLIC HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	MARION GIBBON	TEL:	0118 9374538
JOB TITLE:	CONSULTANT IN PUBLIC HEALTH	E-MAIL:	marion.gibbon@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets the budget for Public Health for 2019/20, 2020/21 and 2021/22 including the required re-profiling of the Public Health budget between 2019/20 - 2021/22.
- 1.2 The Public Health budget for 2018-19 was agreed at Policy Committee on 9th April 2018 and an in-year re-profile was presented on 29th October 2018. Services are expected to be delivered within the envelope of the Public Health grant in this financial year without the need to draw down on the reserve as previously anticipated.
- 1.3 Public Health commissioners have worked with providers to explore both in year and future in-year options whilst working within contractual constraints. This has resulted in some positive negotiations with providers in identifying ways to address the risks associated with funding reductions, and continued service delivery in areas of priority for Reading.
- 1.4 The work to renegotiate services to date has been based on direct collaborative working with relevant providers and partners to maintain delivery of key outcomes for target groups. This work has focussed on sustainability and review against best value and quality principle. This work has involved the continued wider commissioning with other local authorities in West Berkshire and is aimed at maximising this approach if appropriate.
- 1.5 **LIST OF APPENDICES**
 - Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19
 - Appendix 2: Equality Impact Assessment

2. RECOMMENDED ACTIONS

- 2.1 That Policy Committee agree the proposed use of the Public Health grant in meeting Public Health outcomes by the local authority from 2019/20 to 2021/22.**

3. POLICY CONTEXT AND BACKGROUND

- 3.1** The Health and Social Care Act 2012 (“the Act”) passed a duty to upper tier and unitary local authorities to take such steps as it considers appropriate, to improve the health of the people in its area. A Public Health Grant is provided to support local authorities in the discharge of these duties. This Grant is currently ring-fenced and comes with certain conditions on its use.
- 3.2** Reading’s current Health & Wellbeing Strategy and Action Plan sets out the borough’s strategic priorities based on local need:
- Supporting people to make healthy lifestyle choices - focused on dental care, reducing obesity, increasing physical activity and, reducing smoking
 - Reducing loneliness and social isolation
 - Promoting positive mental health and wellbeing in children and young people
 - Reducing deaths by suicide
 - Reducing the amount of alcohol people drink to safer levels
 - Making Reading a place where people can live well with dementia
 - Increasing take-up of breast and bowel screening prevention services
 - Reducing the number of people with tuberculosis
- 3.3** Whilst responsibility for overseeing the delivery of the Health and Wellbeing Action Plan sits with the Reading Health and Wellbeing Board, governance arrangements within the local authority for the Council’s contributions to meeting these strategic priorities sits with an officer led Public Health (PH) Board. The PH Board’s role is to oversee the Public Health and Wellbeing budget and ensure it is deployed effectively to meet health and wellbeing duties and priorities, consulting and engaging with wider health and social care partners as appropriate. A Memorandum of Understanding (MoU) is in place for use when Public Health Grant is being managed outside of the Directorate by other Council departments to meet public health priorities for Reading.
- 3.4** A Public Health Grant budget for 2018-19 was brought to Policy Committee in April 2018, followed by a report in October 2018 setting out a re-profiling of that budget within the same financial envelope. This profiling addressed partners concerns related to the significant inequalities that smoking poses to both financial and health outcomes: also drug related county border issues being faced by Reading. A review of commissioning options led to the development of an alternative profile for the use of Reading’s Public Health Grant in 2018-19 whilst not altering the agreed total spend.

4. THE PROPOSAL

- 4.1 In response to partner and public feedback (from the Public Health Budget Consultation from 1 November 2018 to 6 January 2019) on the importance of support to prevent (or reduce) ill health, budget proposals have been prepared for 2019/20 through to 2021/22 which largely maintain the Council's level of expenditure on these services, but re-profile the budget to ensure financial sustainability. The proposed Public Health Grant budget for 2019-20 reflects the 2.6% reduction in the Grant from central government. The grant value is then expected at this stage to be maintained in 2020-21 and 2021/22.

Smoking Cessation: Position and Improvements

- 4.4 Smoking prevalence in adults continues to fall across Reading (now standing at 13.6%) and is lower than the England average (14.9%). This positive performance provides an opportunity to review the current service model and reframe our approach as people's behaviours change and different interventions are required. The Council views this as a positive opportunity to work with organisations and partners to develop a new approach, which can respond to people's lifestyle choices.
- 4.5 Reading's smoking cessation provider continues to offer and deliver community outreach smoking cessation services. From April to December 2018 they had supported 324 Reading residents to complete a 4 week quit and 147 people to complete a 12 week quit. They also continue to support innovation having launched a new online product, Bella, which has been made available to Reading residents - with 216 self-reported quits through this approach.
- 4.6 The current provider has developed a combined approach of online support with face to face and group support, and is finding that it is having positive outcomes for people which will be beneficial for our future commissioning.
- 4.7 Nationally, traditional health and wellbeing organisations, including Public Health England, are moving towards developing online platforms which target lifestyle and health related interventions which could benefit Reading Borough residents - for example, weight management support alongside stop smoking support. Many people whose lifestyle leads to health risks tend to have multiple unhealthy risk factors in their lives, and developing an approach that takes a more holistic approach to people and is more in tune with the way people live their lives. The Council is keen to explore this approach, underpinned by research into national best practice, developing our model with and across Berkshire, with a clear view to how we can implement change that focuses on prevention of ill-health that best meets the changing needs of people in Reading.

Healthy Weight Management: Position and Improvements

- 4.8 Reading is similar to the England average in the % of population classified as overweight or obese for both children and adults. (Reception Children 22.9% - Reading and 22.6% - England, Adults 59.2% - Reading and 61.3% - England)
- 4.9 As of April 2018, the Eat4Health Weight service was performing well with 36% of participants achieving a weight loss of at least 5% of their initial starting weight (against a target of 35%) and 55% of participants taking 150 minutes exercise a week (against a target of 50%). In the previous year (2016/2017), 28% achieved a 5% weight loss (target 30%) and 53% achieved 150 minutes exercise a week (target 50%).
- 4.10 Again the current programme has improved weight outcomes for people, and had a positive impact, but with a drive for continued improvement in outcomes further innovative approaches will be needed.
- 4.11 The re-profiled budget would ensure that there is a child and adult weight management service after April 2019. The initial proposal will maintain the group sessions; however, our current provider is considering more innovative online solutions. For example, the University of Southampton has been undertaking research with a study called POWeR which stands for Positive Online Weight Reduction. The study is developing a nurse-delivered behavioural intervention to support weight loss in obese adults. The University of Southampton model uses an online platform which has successfully shown that service users lose weight.
- 4.12 It is proposed that the total budget for Smoking Cessation and Healthy Weight Support be combined in future to form part of an Integrated Health and Wellness Service covering the services listed above.

Peer support to reduce loneliness and support self-management of long term health conditions

- 4.13 From June 2018, the Council put in place a number of contracts to facilitate peer support services for residents particularly vulnerable to the health impacts of loneliness and social isolation, including barriers to social inclusion on account of long term health conditions. These services are performing well in developing people's skills and confidence to live healthier lives. However, results from the 2017-18 Adult Social Care user survey indicate that a higher proportion of respondents to the survey than previously have reported that they have less social contact than they would like. Furthermore, a larger proportion of respondents in Reading reported less social contact than they would like compared with elsewhere in England and amongst residents of councils similar to Reading.
- 4.14 Overall, the level of Public Health Grant invested in these services will continue to be targeted towards the most vulnerable residents. The re-profiled budget also promotes social inclusion by funding support for adults with a learning disability / in contact with secondary mental health services which allows them to live in stable and appropriate accommodation.

Drug & Alcohol Service Position

- 4.15 The Reading estimate is that 30,000 residents are drinking to hazardous¹ levels and 4,500 are drinking to harmful² levels. Deaths from drug misuse in Reading in 2015-17 were 36 (7.9% per 100,000 in comparison to 4.3% per 100,000 for England)
- 4.16 In 2016, Reading performed well against the national average for Successful Completion of Alcohol and Drug Misuse treatment programmes. There is improving performance across all 3 outcomes (Appendix 1 - Figures 3a - 3c), with Reading performing significantly higher than England for the Successful Completion of the Drug Misuse treatment (opiate and non-opiate) programmes last year.
- 4.17 The re-profiled budget addresses the numbers in specialist treatment for drugs and alcohol. Numbers in specialist treatment for alcohol were 166 (2016/17). Those that successfully completed alcohol treatment were 78 (Reading 46.99%, England 39.98%) Numbers in specialist treatment for opiate drug misuse were 616 (2016). Those that successfully complete drug misuse treatment (opiate) were 59 (Reading 9.58% England 8.11). Numbers in specialist treatment for non-opiates were 73 (2016). Those that successfully completed drug misuse treatment for non-opiates were 40 (54.79% Reading, 51.28% England (See Appendix 2 - Table 2). However, successful treatment does not necessarily mean that someone never needs treatment again, although currently we do not have performance data highlighting the numbers that re-present.
- 4.18 The proposed remodelling of the service is in line with the priorities identified through public consultation to inform Reading's 2018 Drug and Alcohol Strategy. The re-profiled budget includes placement support for adults with mental health issues and funding for rehab for drug and alcohol users.

0-19 Public Health Nursing Service - Health Visiting and School Nursing

- 4.19 Our 0-19 Public Health Nursing Services enables children and young people in Reading to access a range of services quickly to ensure they achieve their full potential as adults. The service delivers a universal Healthy Child Programme for 0-19s (up to age 25 for children with Special Educational Needs) which focuses on universal prevention.
- 4.20 The service offers advice and support around sexual health and emotional wellbeing, birth and infant feeding support, as well as wider health and wellbeing concerns, such as stopping smoking, alcohol/drug misuse, mental health, internet safety, aspirations and goals, confidence and self-esteem. Reading performs better than the England average for the Health Visitor Service Delivery metrics, particularly the 12 month Reviews completed within 12 months of age, i.e. 17% which is higher than England average.
- 4.21 The Commissioning Team commenced a contract review with the provider from October 2018 to January 2019. This resulted in a positive outcome in a revised service specification that continues to deliver improved outcomes to 0 to 19

¹ A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences.

² A pattern of alcohol consumption that is causing mental or physical damage

children and which allows the provider to work in a more flexible way in how it chooses to use its workforce to better target vulnerable groups and deliver good outcomes.

- 4.23 The longer term strategic plan for this service is to work with the sub regional public health team and West of Berkshire authorities to redesign the service and to realise economies of scale and efficiencies, resulting in a procurement of services starting in 2021. This will include a robust analysis of evidence, outcomes and models of delivery.

Shared Team and Informatics Support

- 4.24 The Shared Team and Informatics Support service provides five functions:

- Strategic Leadership - provided by the Strategic Director of Public Health with PH Consultant support of one day a week to be provided by the Council which includes provision of support in kind for the appropriate Clinical Commissioning Group
- Health Protection leadership and support which includes support to commission and clinically manage sexual and reproductive health service contracts
- Public Health Contract Management and Contracting Support
- Public Health Informatics support which includes facilitating and maintaining access to key datasets. Database management, analysis and information governance and
- Children Death Overview Panel (CDOP) though the finance of this post is not included within the financial envelope of this contract

A Memorandum of Understanding (MOU) has been signed for each of the boroughs that are party to these arrangements (West Berkshire, Reading, Wokingham, Royal Borough of Windsor and Maidenhead, and Slough).

- 4.25 A set of key performance indicators have been approved which cover the five functions provided by the service. The Strategic Director of Public Health reports directly to the Chief Executives of each of the boroughs and informs them of progress in meeting the statutory responsibility of the Director of Public Health and ensuring governance arrangements are in place.

- 4.26 The budget for the shared team and informatics support will decrease by £15k in 2019/20. This reduction will not adversely affect Reading Borough Council as the changes have been made in light of workload and the contribution that the Reading Consultant in Public Health makes to the shared team as part of the existing arrangements.

Sexual Health services

- 4.27 Sexual and reproductive health services involve contracts with multiple providers which provide services focused on improving the sexual and reproductive health of our community e.g. long-acting reversible contraception, emergency hormonal contraception, HIV, Sexually Transmitted Infections (STIs), family planning and genito-urinary medicine. The largest contract is an Integrated Sexual and Reproductive Health Service. The services are open access which means Reading Borough Council pays for its residents

who access services in all areas across England and promote a preventative and positive approach towards sexual health.

- 4.28 Reading has higher diagnostic rates for STIs than the England average which indicates that prevalence of infection is higher. 19.8% of young people are screened for Chlamydia which is higher than the England average (19.3%). New diagnosis rates for STIs are 986/100,000 in Reading which is higher than the England average of 794/100,000. HIV testing coverage is 70.4% which is higher than the England average (65.7%). HPV vaccination coverage is 96.8% in Reading which is higher than the England average (87.2%).
- 4.29 Reading is part of a re-procurement of an integrated sexual and reproductive contract which is due to be tendered for in 2019/20.

Early intervention and advice

- 4.30 The Public Health Grant is also used to help fund some early intervention and advice services for particular groups of vulnerable residents to support wellbeing and reduce health inequalities:
- helping families to access services and support to manage insecurity of housing, food or other basic needs and to manage the stress and stigma of poverty and its impact on child health;
 - advising and supporting people who are at greater risk of health problems and premature mortality by virtue of being without a permanent fixed place of abode;
 - advising people at risk of fuel poverty so as to reduce excess winter deaths and supporting vulnerable residents to mitigate against the impact of cold weather.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Meeting the Council's Public Health responsibilities promotes the development of a healthier environment and improved population health, which in turn supports meeting the priorities set out in the Corporate Plan 2018-21:
1. Improving access to decent housing to meet local needs
 2. Protecting and enhancing the lives of vulnerable adults and children
 3. Keeping Reading's environment clean, green and safe
 4. Promoting great education, leisure and cultural opportunities for people in Reading
 5. Ensuring the Council is Fit for the Future
- 5.2 The proposal contributes to meeting the priorities set out in Reading's Health and Wellbeing Strategy. The proposed use of Reading's Public Health Grant set out in this paper particularly applies to:
- Priority 1 - Supporting people to make healthy lifestyle choices - focused on dental care, reducing obesity, increasing physical activity and reducing smoking
 - Priority 2 - Reducing loneliness and social isolation
 - Priority 5- Reducing the amount of alcohol people drink to safer levels

The proposals also apply to one of the underpinning principles of that strategy - high quality co-ordinated information to support wellbeing.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 6.2 The Council conducted a public consultation from 1st November 2018 to 6th January 2019 to identify and explore the issues of particular interest to Reading residents relating to the Council's Public Health responsibilities. This included previous allocations of Public Health Grant, and other services provided by the local authority to promote, protect or improve health, funded from other sources.
- 6.3 The service which most people highlighted in their responses was the maintenance of parks and open spaces, followed by health visiting, school nursing and children's centres. Support for mental wellbeing was also identified as a priority by a significant number of residents.
- 6.4 Most of the services currently provided to support health and wellbeing were held in high regard, but with people having concerns for their capacity in light of previous funding reductions and the prospect of further such reductions as local authority budgets remain under pressure.
- 6.5 People were invited to comment on the principle of offering certain 'healthy lifestyle' support services differently in future - to include an enhanced digital offer and a more holistic approach. This was broadly welcomed, but with some reservations as to how effective this might be for some sections of the community.
- 6.6 Whilst the recent consultation feedback provides an indication of resident and partner priorities with a view to achieving many of the public health outcomes, some areas require further exploration to inform how the Council will address the issues.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The local authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. Many of those who would benefit from Public Health funded services in Reading will be in possession of 'protected characteristics' as set out in the Equality Act.
- 7.2 The recent consultation on Reading residents' health and wellbeing priorities has developed our understanding of how the Public Health Grant re-profiling might impact differently on protected groups. Potential adverse equality impacts have been identified, but these can be mitigated against by focusing on efficiency gains over absolute reductions in service delivery, and targeting services to promote equity of access.

7.3 An Equality Impact Assessment is relevant to the decisions regarding the 2019-21 Public Health budget re-profiling, and a completed Assessment is attached as Appendix 2.

8. LEGAL IMPLICATIONS

8.1 There is a legal requirement on the local authority to set a balanced budget each year, and in doing so consider the statutory advice of the Chief Finance Officer on the robustness of the budget and adequacy of balances. Public Health Grant may be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006.

8.2 Legal advice has been sought and complied with relating to the budget changes proposed and where contract notice needs to be issued.

9. FINANCIAL IMPLICATIONS

9.1 The table below the Public Health grant for Reading since 2014/15 with the amounts transferred to the Council from the NHS in relation to the Public Health Nursing Service. The service was transferred part way through 2015/16 with related funding transferred mid-year and at the start of 2016/17, this totalled £2.892m with the remainder of the service £0.321m from within the general public health grant.

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Initial Grant Value	8,212	8,212	9,060	10,269	10,016	9,758
Transfer of 0-19 Public Health Nursing Service Funding	N/A	1,446	1,446	N/A	N/A	N/A
PHE Reduction in Grant	N/A	-598	-237	-253	-258	-258
Revised Grant Value	8,212	9,060	10,269	10,016	9,758	9,500
% Grant Reduction	0.0%	-6.2%	-2.3%	-2.5%	-2.6%	-2.6%

9.2 The PHE reduction in grant line shows the reduction in the Public Health grant provided to Reading on an annual basis. The total value of this reduction in cash terms is £1.604m.

9.3 The table below shows how the budget has been reallocated to ensure funding is available to each service areas based on expected spend across the next three financial years. The money saved from the efficiencies generated across the main Public Health contracts have been reinvested in council delivered services which meet public health outcomes, further details are below.

Table 1: Redistribution of Public Health Funding

Row No:	Service Area	2018/2019 £000	2019/2020 £000	Change £000	2019/2020 £000	2020/21 £000	Change £000	2020/21 £000	2021/22 £000	Change £000
1	Staffing and Related Expenditure	399	399	0	399	399	0	399	399	0
2	Sexual Health	1,665	1,612	-53	1,612	1,512	-100	1,512	1,512	0
3	Wellbeing Services	163	187	24	187	157	-30	157	157	0
4	Shared Team	135	120	-15	120	120	0	120	120	0
5	Health Visiting	3,213	2,947	-266	2,947	2,860	-87	2,860	2,860	0
6	Drug and Alcohol Team	1,949	1,831	-118	1,831	1,831	0	1,831	1,831	0
7	Public Health Services Voluntary Sector support delivered by Adults Care and Health Services	373	358	-15	358	358	0	358	358	0
8	Public Health Services Non Voluntary Sector support delivered by Adults Care and Health Services	305	757	453	757	878	121	878	878	0
9	Public Health Services delivered by Environmental and Neighbourhood Services	583	583	0	583	583	0	583	583	0
10	Public Health Services delivered by Directorate of Resources	308	408	100	408	408	0	408	408	0
11	Public Health Services delivered by Brighter Futures for Children	497	497	0	497	394	-103	394	394	0
12	Contingency Budget	168	0	-168	0	0	0	0	0	0
13	Reserve Drawdown	0	-199	-199	-199	0	199	0	0	0
14	Total Expenditure	9,758	9,500	-258	9,500	9,500	0	9,500	9,500	0
15	Public Health Grant Value	-9,758	-9,500	258	-9,500	-9,500	0	-9,500	-9,500	0

Explanation of re-distribution:

The Contingency Budget of £168k (Row 12) available in 2018/19 has now been allocated in 2019/20 to ensure budget matches expected spend across the service areas. No further contingency is available in the budget for future years.

The Reserve Drawdown of £199k (Row 13) in 2019/20 has been agreed for one year whilst permanent efficiencies are finalised for 2020/21.

Row 8 relates to services in Adult Social Care that are meeting Public Health Outcomes (funding of £438k in 2019/20 and £121k in 2020/21). In particular services that:

- Support Adults with a learning disability / in contact with secondary mental health services to enable them to live in stable and appropriate accommodation.
- Support placements for Adults with Mental Health issues and funding for rehab for Drug and Alcohol users.

Row 10 relates to services funded from the Resources Directorate in the Council (funding of £100k in 2019/20) that are meeting Public Health Outcomes. In particular services that:

- Provide Advice Services relating to Children in Poverty
- Provide Advice Services for people that are homeless
- Provide Advice Services to people about Fuel Poverty.

9. RISK ASSESSMENT

- 9.1 The further work undertaken to assess the budget and proposed adjustments to the Public Health allocation of funding, minimises the risks to the Council on the basis that services will be maintained and targeted to ensure maximum benefit to the residents in line with Reading's Health and Wellbeing priorities.
- 9.2 The Public Health Grant is monitored by Public Health England and following the reduction in the grant funding from central government the Council is confident that the above proposed adjustments in the redistribution of the grant will meet the requirements on the basis of the mechanisms locally to track performance in both the mandated and non-mandated services.

10. SUPPORTING DOCUMENTS

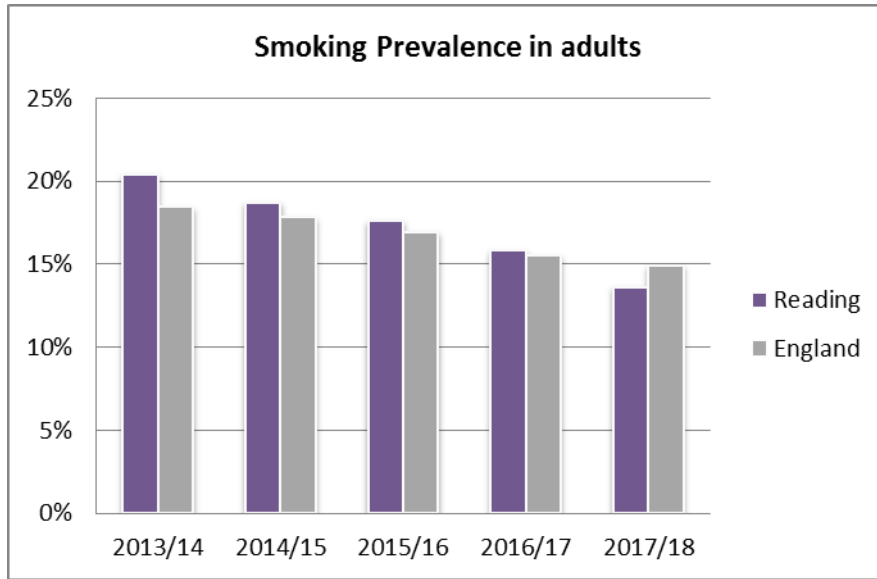
Appendix 1: Public Health Performance & prevalence data for services subject to budget change in 2018-19

Appendix 2: Consultation report

Appendix 3: Equality Impact Assessment

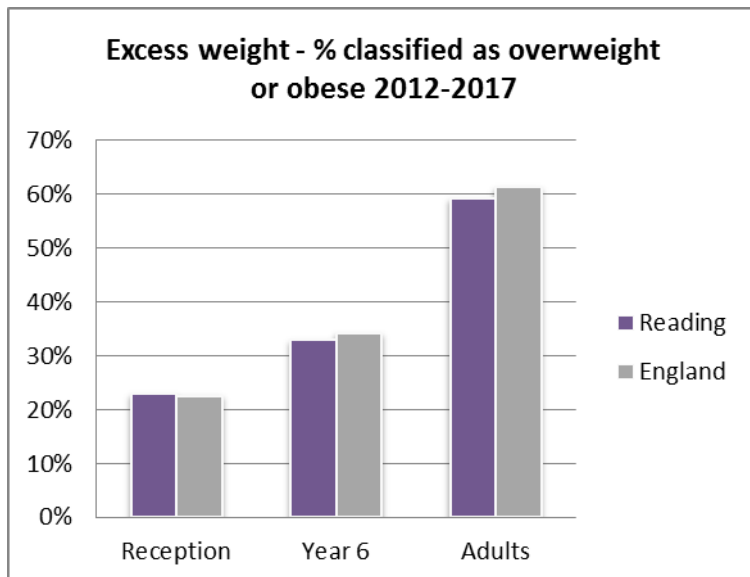
APPENDIX 1: PERFORMANCE AND PREVELANCE DATA FOR PUBLIC HEALTH SERVICES AFFECTED BY THE BUDGET CHANGE

Figure 1: Smoking Cessation



Smoking prevalence in adults continues to fall and is now lower than the England average.

Figure 2: Weight Management



Reading is similar to the England average in the % of population classified as overweight or obese for both Children and Adults.

Figure 3a: Drug & Alcohol Treatment

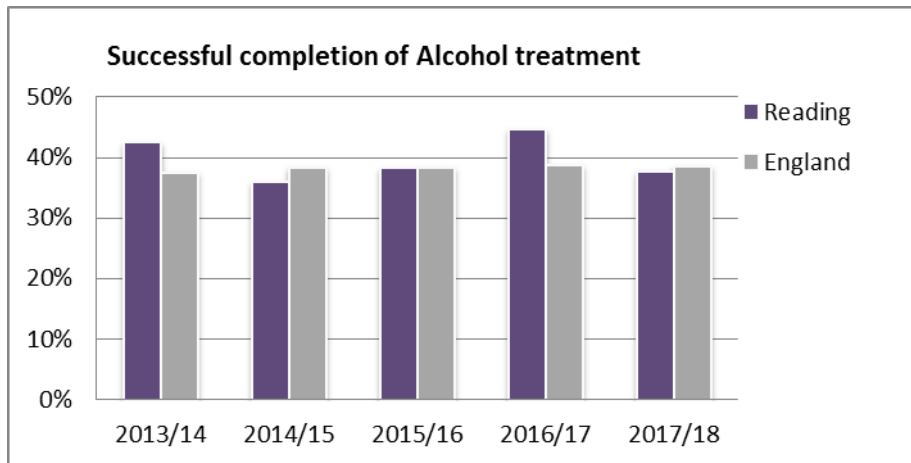


Figure 3b: Drug & Alcohol Treatment

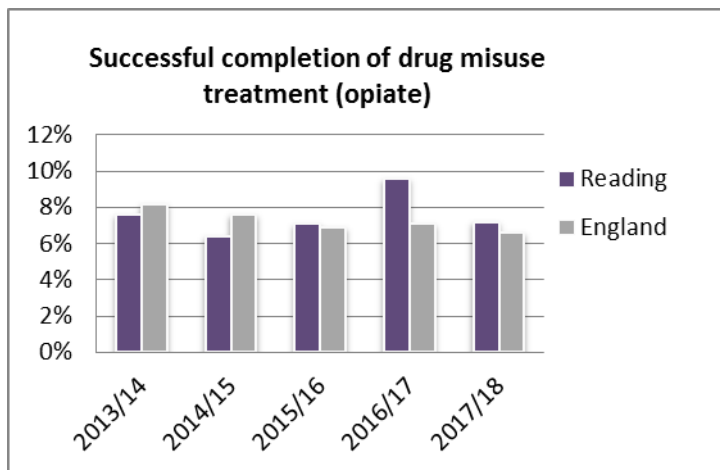
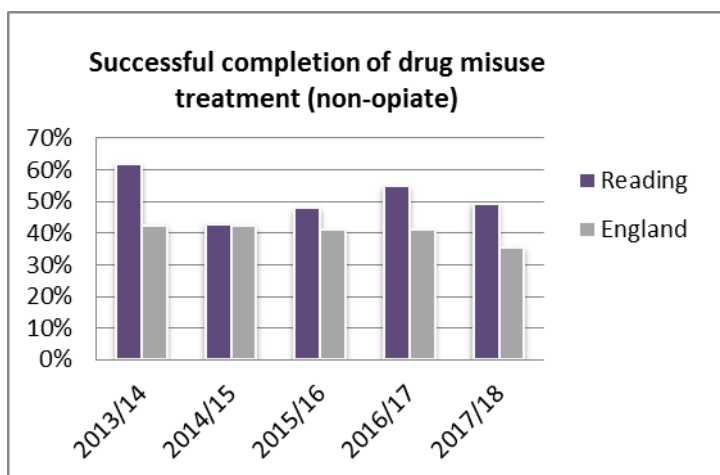
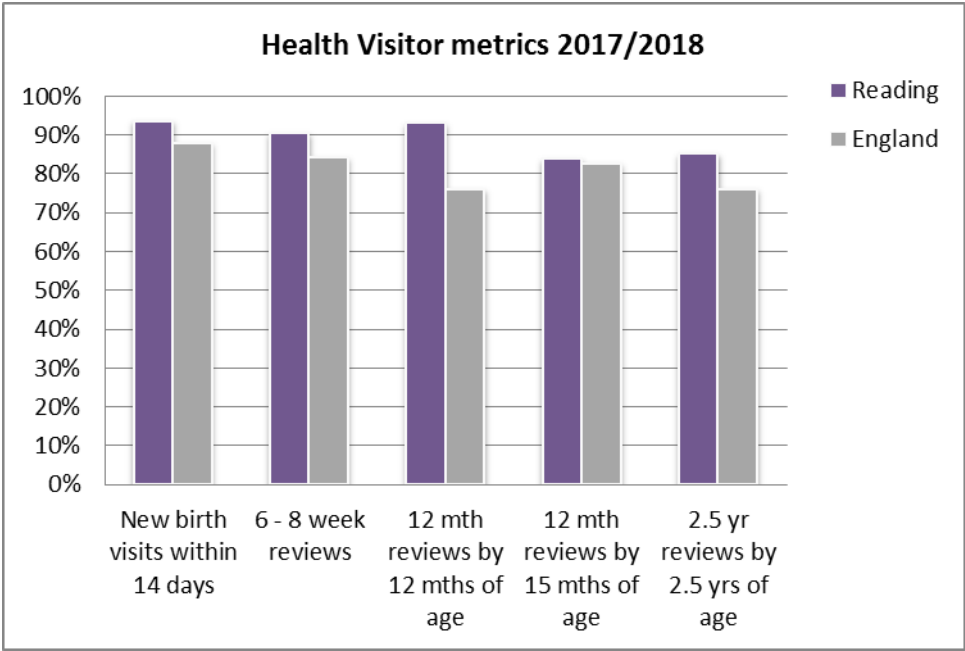


Figure 3c: Drug & Alcohol Treatment



In 2016, Reading performed well against the national average for ‘Successful Completion of Alcohol and Drug Misuse Treatment’ programmes. There is an improving picture across all three Drug and Alcohol treatment outcomes, with Reading higher than England for the Successful Completion of the Drug Misuse treatment for both opiate and non-opiate programmes for the last 3 years.

Figure 4: Health visiting (0-19 service)



Reading Health Visitor service performs better than the England average for the delivery metrics for 12 month Reviews completed within 12 months of age being 17% higher than the England average.

Appendix 2 - Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Public Health Grant budget for 2019-21

Directorate: Adult Care & Health Services

Service: Public Health

Name of person doing the assessment

Name: Janette Searle

Job Title: Preventative Services Development Manager

Date of assessment: 18 March 2019

Scope your proposal

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

This assessment sets out potential equality impacts which have been identified as possible consequences of profiling Reading's Public Health Grant as proposed for 2019-21. This analysis will be used to implement budget realignments in ways which are fair, transparent and - where possible - mitigate against the risks of adverse impacts or of exacerbating health inequalities.

Local Public Health delivery was moved into the local authority in 2012-13 (having previously been the responsibility of Primary Care Trusts / PCTs) and from this date councils have received an annual allocation from Public Health England to be spent in accordance with conditions so as to ensure the delivery of mandated functions and the achievement of outcomes per the Public Health Outcomes Framework (PHOF). The move into local authority presented an opportunity to create a holistic social model in relation to the prevention of illness, the promotion of health, and addressing the wider determinants of health such as housing, the environment and neighbourhoods. In accordance with this aspiration, Reading Borough Council has and continues to manage its Public Health grant across directorates in order to achieve Public Health outcomes via a range of policies and services. Part of the Public Health Grant is managed directly by the Public Health and Wellbeing Team within the Directorate of Adult Care and Health Services. In other cases, Public Health Grant is disbursed by other teams working in partnership with the Public Health and Wellbeing Team to agree targets and manage performance.

In 2019-20, there is a reduction of £258,000 in the central grant from Public Health England received by Reading Borough Council, taking the local authority's income from this source down to £9,500,000. This allocation could be further reduced in subsequent years. The local authority's income from other sources is also reducing whilst demand pressures are increasing.

The changes proposed for 2019-20 are a re-profiling of Reading's Public Health Grant allocation to reflect the financial pressures faced, whilst continuing to address the priority health and wellbeing issues for Reading and the key health inequalities. This

will support a corporate approach to delivering on the agenda set out in the Public Health Outcomes Framework across the four domains of:

1. Improving the wider determinants of health
2. Health Protection
3. Health Improvement
4. Healthcare and preventing premature mortality.

The re-profiling of the Public Health budget will lead to changes in the following specific services.

Smoking cessation

This service will be maintained at the current level into 2019-20 but with the expectation of efficiency savings thereafter through a managed transition to a new service offer. This is intended to integrate smoking cessation support with other support to maintain healthy lifestyle choices, and have a greater focus on digital delivery.

Proposals to implement a reduction in the service sooner have been rejected as this would have limited opportunities to work with the current provider to develop a more targeted approach, drawing on local knowledge of where the health inequalities associated with smoking are greatest. The most significant differences in life expectancy and health inequalities between the richest and poorest people in the UK are attributable to smoking. On average, smokers lose 10 years of life by comparison with non-smokers. Smoking is twice as common amongst routine and manual workers than amongst those in managerial or professional roles. The higher prevalence of smoking in disadvantaged communities leads to it being more socially acceptable. Poorer smokers are likely to smoke more each day, increasing levels of nicotine addiction. Richer smokers, on the other hand, are more likely to succeed when they attempt to quit.

Weight management

Two weight management support programmes were de-commissioned in September 2018, but will be reinstated in 2019-20. There is now an increased emphasis on using other in-house or commissioned council services and points of contact with the public to provide information and advice about healthy weight as well as encouraging residents to be more physically active in conjunction with what might be offered by our provider in future. The future expectation - subject to further consultation feedback - is that a new service offer will be developed which integrates weight management support with other support to maintain healthy lifestyle choices, and has a greater focus on digital delivery.

Reading's levels of 4-5 year olds classed as overweight or obese is slightly above target this year after three years of slight reductions. Levels of overweight and obesity in older primary school aged children have fallen significantly this year. As nationally, in Reading there are clear links between obesity and levels of deprivation with men and women in unskilled, manual occupations are more likely to be obese than those in professional occupations. Work to prevent and reduce obesity needs to

take account of and be accessible to those living in deprivation in order to help narrow the inequality gap.

Drug & alcohol advice, referral and assessment

There will be a modest reduction in the value of the Council's drug and alcohol support services in 2019-20 following the recommissioning of the service in line with a revised model. Proposals to reduce this service more significantly have been rejected because of the assessed health and wellbeing risks. A reduction in service availability could mean an increase in drug /alcohol abuse and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.

Budget reductions are aligned with and managed via a new Drug and Alcohol Commissioning Strategy for Reading which includes children, young people and adults - whether they are consuming alcohol or drugs themselves or affected by other people using these substances. The strategy is built around three themes: prevention - reducing the amount of alcohol people drink to safer levels and reducing drug related harm; treatment - commissioning and delivering high quality drug and alcohol treatment systems; • enforcement and regulation - tackling alcohol and drug related crime and anti-social behaviour.

Public Health Nursing (0-19 contract)

The Public Health Nursing contract for services for 0-19 year olds has been renegotiated to deliver efficiencies. This contract covers the provision of Health Visitor and School Nursing support to all families - enabling early intervention to provide lower cost but high value services that can reduce the need for more complex, costly health and social care. The service identifies families requiring additional support and signposts them accordingly. It is an important gateway to more specialist support, particularly for families in communities which have historically been under-represented in the take-up of those services. As the value of the 0-19 contract is less, it will be important to consider how to retain a targeted approach to reach those families in greatest need.

NHS Healthchecks

A budget has been set to support the NHS Healthcheck programme, based on 2018-19 levels of demand but without any allowance for active promotion of the programme and the impact this could have. A consideration of the current model of delivery is being undertaken with a view to changing this if the evidence supports it. The programme currently delivers health check-ups for adults aged 40-74 without an existing diagnosed health condition. The checks are designed to identify early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. The current budget means that the health check offer will not be increased to meet more than current demand, but eligibility has not changed, and GP practices will still be funded to respond to healthcheck requests. Other activity by the local authority will raise awareness of the value of individuals taking stock of their health, but may be supported by other professionals outside of the NHS Healthcheck programme. The emphasis is on residents likely to be at greater risk and so more able to benefit from

the healthcheck, e.g. those with caring responsibilities, or living with mental health challenges.

It should be noted that changes to the Health Check service commissioned by Public Health does not preclude any individual concerned about their CVD risk factors consulting their GP practice for advice and assessment as part of routine clinical care. GP practices also offer regular health checks to people with various long term health conditions outside of the 40-74 programme.

Sexual health

There are some reductions proposed to the allocation of funding for sexual health, affecting condom distribution and access to the morning after pill. Both services will remain available via community providers although the budget reduction will reduce the number of access points. This has the potential to impact disproportionately on those of lower means, including younger people.

Oral health survey

The Council will continue to support the delivery of an oral health survey, but seek to achieve efficiencies to as to obtain results from a reduced level of expenditure. An oral health strategy for Reading is being developed on the back of the results of the last oral health survey, which will help to prioritise areas of enquiry and communication channels for the next survey.

Community wellbeing services (Narrowing the Gap II)

The Council has re-commissioned a number of community services from 2018 for local people who face risks to their wellbeing or of care or support needs increasing because of age, frailty or long term health conditions. This includes peer support for managing various long term health conditions, support for unpaid carers, services to reduce social isolation, and help to re-settle at home following a period of hospitalisation. This has been done via a commissioning framework designed to target the Council's investment to meet priority needs, and which is funded in part from the Public Health grant. Funding allocations have been re-shaped to mitigate the adverse equality impacts of budget reductions. This re-shaping reflects the need to promote equality of opportunity and the Framework therefore includes a number of services targeted on groups experiencing higher health inequalities, e.g. people with experience of mental ill health.

Who will benefit from this proposal and how?

There is a legal requirement on the Council to set a balanced budget each year. In order to be able to meet its responsibilities towards protecting the health and wellbeing of local residents, the local authority needs to follow robust plans to protect its own financial sustainability.

The proposed use of Public Health grant in Reading for 2019-20 and 2020-21 covers services and campaigns which - taken together - impact on all age groups and areas of Reading. The Public Health budget has been reviewed by the local authority's

Consultant in Public Health, in partnership with the Corporate Management Team and the Director of Public Health for Berkshire. Following this exercise, a number of services have been prioritised to be maintained at their current level given the current health needs of Reading. Reductions are proposed in other areas where these reductions can be managed safely and ensure that the Council continues to meet its statutory obligations.

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

The Public Health and Wellbeing service exists to improve the health of the whole population and to develop methods of promoting good health for the widest range of the population. This includes some work targeted on vulnerable groups.

The proposed re-profiling of the Public Health grant for 2019-20 and 2020-21 supports the Council's achievement of a balanced budget whilst recognising and addressing health and wellbeing risks / potential adverse equality impacts. Some services will be delivered from a reduced budget going forward, and this will be achieved by:

- Targeting specific parts of the population in order to reach people who will most likely benefit
- Ensuring drug and alcohol services reach those that need them
- Re-designing services for children 0-19
- Devising new ways of working which are in accordance with the stated aims of Reading Borough Council, for example, digitisation, and online access where it is likely to be successful. This will focus on stop smoking services in the first instance and include healthy weight in future.

Reading wants to undertake transformational change in the way it provides services and will be working with its public health partners across the Berkshire West 10 area and the other Berkshire counties that are part of a shared public health team to investigate and use the best models and methods of public health practice.

Who are the main stakeholders and what do they want?

The main stakeholders are communities and individuals who benefit from the services and activities provided by public health. Other stakeholders include public bodies in Reading such as the NHS, Police, Fire and Rescue Services; the voluntary sector, church and faith groups who work in partnership with the aim of improving health outcomes for the Reading population.

A series of health and wellbeing priorities for Reading were identified and endorsed by stakeholders as part of the development of Reading's Health and Wellbeing Strategy for 2017-20. These are:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, smoking, obesity and physical activity)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide

- Reducing the amount of alcohol people drink to safe levels
- Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

Reductions to Public Health services carry potential risks. Those which are aimed at preventing ill health may lead to an increase in demand for services at a later point - when an outcome which could have been prevented manifests. Reductions in public health services which are based on treatment of existing disease or illness risk more severe disease or people seeking treatment elsewhere in the health and social care system.

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.)

Most of the services described in this proposal take a universal but targeted approach. The services included in this proposal which have a focus on reducing health inequalities in many cases target groups with 'protected characteristics' per the Equality act 2010.

The impacts of budget reductions would apply across the various target populations. However, there is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.

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

Yes - the Reading Public Health Budget for 2018-19 has been re-profiled to mitigate some risks and concerns raised.

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:

This paper is re-profiling and is to mitigate some risks and concerns that have been raised. It does not increase risk.

Signed (completing officer) Marion Gibbon

Date 18/03/2019

Signed (Lead Officer) Seona Douglas

Date

Assess the Impact of the Proposal

Describe how this proposal could impact on Racial groups

There are a number of areas in which people from minority ethnic groups have poorer health outcomes compared to the general population, and so reductions in service could compromise the local authority's ability to close the health gap. For example, Asian men are at a higher risk of cardiovascular disease and diabetes, and smoking

prevalence also varies across racial groups. Reducing services may therefore impact on some racial groups more than others because of them having a higher baseline risk and hence potential to benefit. The future targeting of reduced services will need to address potential adverse impacts for particular racial groups.

Is there a negative impact? Yes No **Not sure**

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

Reductions in the 0-19 service could impact negatively on the ability of the service to support mothers during pregnancy and in the post-natal period. This includes support around maternal mental health and wellbeing, breastfeeding and early attachment, all of which impact upon the short and longer term health and wellbeing outcomes of children and their parents. However, the aim is to achieve savings on this contract through efficiency gains rather than reducing the outcomes achieved.

More men are impacted by problematic drug and alcohol use and therefore could experience greater impact of reductions to the drug and alcohol service, although this is being managed at a more gradual pace than previously envisaged, so as to mitigate this and other risks.

Is there a negative impact? Yes No **Not sure**

Describe how this proposal could impact on Disability

Long term drug use is associated with a range of other chronic health problems, and people with disabilities are therefore likely to be over represented in the group using drug and alcohol recovery services and impacted by reductions in the service.

People with mental health disorders are also twice as likely to smoke as other members of the population, so could be disproportionately adversely affected by reductions in the smoking cessation service.

Is there a negative impact? Yes No **Not sure**

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

LGBTQ Lesbian, Gay, Bisexual, Trans and Queer) groups have a higher incidence of substance misuse than the general population so could be disproportionately affected by reductions in the drug and alcohol recovery service.

Gay men and men who have sex with men are groups with higher recorded levels of some sexually transmitted infections and any service reductions in sexual health may disproportionately affect men in these groups.

Is there a negative impact? Yes No **Not sure**

Describe how this proposal could impact on Age

Younger people are higher users of sexual health services and the current proposals to reduce some sexual health activity may disproportionately affect this group, although a range of services will still be available.

Efficiencies being made in the 0-19 service could disproportionately affect young people, although there could also be an impact on parents. Efficiencies are, however, being sought in ways which do not compromise service outcomes overall.

Obesity prevalence varies with age; the lowest levels in adults are seen in the 16-24 age group after which prevalence increases with age, up until 75+ years, where there is a decline. This pattern is evident in both males and females. How the weight management support is provided is therefore likely to impact differently on different age groups.

Is there a negative impact?	Yes	No	Not sure
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Describe how this proposal could impact on religion or belief?

There is no evidence that this proposal would impact differently on different faith groups.

Is there a negative impact?	Yes	No	Not sure
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Make a Decision

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

Tick which applies (Please delete relevant ticks)

1. **No negative impact identified** **Go to sign off**

2. **Negative impact identified but there is a justifiable reason**

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

Reason

3. **Negative impact identified or uncertain**

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

The general equality duty requires the Council to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations - when making decisions and setting policies. A number of services affected by the proposed re-profiling of the Reading Public Health budget are designed to address health inequalities and so benefit some parts of the community more than others. Where these groups overlap with the 'protected characteristic' categories set out in the Equality Act, budget reductions carry the potential for adverse equality impacts and these need to be considered and addressed as more detailed proposals are developed.

How will you monitor for adverse impact in the future?

The contracts described are all monitored regularly to include a service user profile. These monitoring reports will be scrutinised closely for evidence of adverse equality impacts in future so that remedial action can be taken as appropriate.

Signed (completing officer): Janette Searle

Date 18.03.2019

Signed (Lead Officer): Marion Gibbon

Date 18.03.2019

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ENVIRONMENT AND NEIGHBOURHOOD SERVICES

TO:	POLICY COMMITTEE		
DATE:	8 APRIL 2019		
TITLE:	REPLACEMENT OF WATER STORAGE, MAINS WATER SUPPLIES AND DISTRIBUTION PIPEWORK TO COLEY HIGH RISE TOWER BLOCKS AND INSTALLATION OF SPRINKLER FIRE SUPPRESSION SYSTEM		
LEAD COUNCILLOR:	CLLR JOHN ENNIS	PORTFOLIO:	HOUSING
SERVICE:	HOUSING AND NEIGHBOURHOODS	WARDS:	MINSTER
LEAD OFFICER:	LAURENCE CROW	TEL:	0118 937 4234
JOB TITLE:	PRINCIPAL BUILDING SURVEYOR	E-MAIL:	Laurence.crow@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The report seeks the following approval as part of the project to replace the existing water storage facility, water supply mains and distribution pipework at the Coley High Rise Flats in Wensley Road, incorporating the installation of a new fire suppression sprinkler system to each block of flats:

- Authority to enter into a negotiation and value engineering exercise for the works with the lowest tenderer, United Living, following the tender exercise carried out via the Fusion 21 Framework and, subsequently, award the contract for the works.
- Approval to spend a revised increased total of up to £3.35m.

2. RECOMMENDED ACTION

2.1 That Policy Committee provide delegated authority to the Head of Housing and Neighbourhood Services in consultation with the Lead Councillor for Housing to enter into a negotiation and value engineering exercise for the works as tendered and award the contract for the replacement of water storage, mains water supply and distribution pipework and the installation of fire suppression sprinkler systems at flats at Coley High Rise, Wensley Road, Reading.

2.2 That Policy Committee approves a revised capital expenditure of up to £3.35m in the Housing Revenue Account across the financial years 19/20 and 20/21.

3 INTRODUCTION AND BACKGROUND

- 3.1 Coley High Rise Tower Blocks are located off Wensley Road, Reading and provide accommodation comprising 267 two and three bedroom flats and bedsits, distributed equally over the three 15-storey blocks.
- 3.2 On 19th February 2018, Policy Committee approved capital expenditure of up to £2.5m in the Housing Revenue Account across the financial years 18/19 and 19/20 to replace the water systems in the blocks and to install fire suppression sprinkler systems in the flats. Committee also approved the submission of a Planning application for the ground level water storage tank and pumping station required, and delegated authority for award of the contract for the works to the head of service in consultation with the lead councillor for Housing.
- 3.3 The water supply pipework in the blocks has exceeded its operational lifespan as have the water storage tanks and the systems need to be replaced. This replacement work presents an opportunity to improve access to the dry risers (vertical pipes intended to distribute water to multiple levels of a building) and to relocate water tanks - which will reduce maintenance costs; reduce the need to access flats to carry out repairs; ensure compliance with current regulations; and reduce costs of servicing.
- 3.4 The Council has also committed to retrofitting sprinkler systems in the Coley high rise blocks, although this is not a current legal requirement as per reports to Housing, Neighbourhoods and Leisure Committee in November 2017 and March 2018. Including the sprinkler system installation within the water main replacement project is the most cost-effective and expedient approach to complete the works and will minimise potential tenant disturbance.

4 CURRENT POSITION

- 4.1 Ridge and Partners were engaged under the City West Housing Framework to prepare a full design, specification and schedule of works documents on behalf of RBC. They prepared and obtained Planning approval for the works. A procurement exercise was undertaken using the Fusion21 Framework on a fully managed basis. The framework is specific to the type of works which the Council wish to carry out at Coley High Rise and gave direct access to pre-approved specialist contractors highly experienced in this type of work.
- 4.2 Following the procurement process unfortunately only one tender return was received in the sum of £3,354,375. There has been a continued growth in demand for this type of large volume works following the events at Grenfell Tower, and the contractors at this work value band have a shortage of available resources to tender and undertake works. There has consequently been a significant uplift in the expected costs of the new water storage facilities and the sprinkler installations and various associated works from specialist nominated suppliers.
- 4.3 A retendering exercise via the framework could be undertaken, however, taking into account feedback received from suppliers further to the procurement exercise, it is unlikely that we would receive a better response or

a cheaper tender and given the urgent nature of the works it is not an option to wait to see if the market will rebalance at a future date.

4.4 The framework agreement allows for a post tender value engineering process where only 1 or limited tender responses are received, provided the essential works are not materially changed and a clear objective is identified. United Living have indicated that they would be open to working with RBC, Ridge and Fusion 21 to undertake this process. There is no financial burden on RBC for this exercise.

4.5 Authority is therefore sought to enter into a value engineering exercise with United Living and, subsequently, to award the contract for the works. Based on current conditions it is difficult to quantify the potential reduction achievable against the tendered sum. Whilst a reduction in spend will be sought without compromising the effectiveness of the systems, spend approval is sought up to the full tender sum.

4.5 It is anticipated that subject to Committee approval, the exercise would be commenced within two weeks of approval and would be completed within three weeks. A commencement of works on site of June 2019 is anticipated. In addition, the contractors have proposed a reduction in the contract period, which would see the works completed within 12 months. This would appear a tight programme for the works, but the contractors have maintained their confidence that this could be achieved.

5.0 CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposed works will deliver improvements to Council housing stock and contribute to the corporate plan priority 'Improving access to decent housing to meet local needs'. Tenants will also have potential to reduce their ongoing water rate bill by the installation of water meters. The installation of a sprinkler system to the blocks will improve fire safety for tenants.

5.2 Tenderers were advised that the Council's current Low Wage policy expects the payment of the Living Wage rate set independently by the Living Wage Foundation and updated annually in the first week of November each year. All providers appointed are expected to pay a living wage in accordance with this policy to all staff working on Reading Borough Council contracts.

6.0 COMMUNITY ENGAGEMENT AND INFORMATION

6.1 There will be an ongoing process in place to engage with tenants (and any leaseholders) in the blocks. A communications plan will be agreed with tenant's representatives and relevant lead and Ward councillors.

6.2 The contract will state that the successful contractor will be required to appoint and maintain a tenant liaison officer on site for the duration of the works. Tenants will be provided with details of the work programme dates and the contractor will engage directly with them to agree convenient access to transfer each tenant's water supply onto the new installation.

7.0 EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to –
- eliminate discrimination, harassment, victimization and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 No Equalities Impact Assessment is required for this contract.

8 LEGAL IMPLICATIONS

- 8.1 This contract has been procured in accordance with the current Reading Borough Council Procurement rules and will be awarded using the Joint Contracts Tribunal (JCT) ‘‘Intermediate Form of Contract - 2016’’.
- 8.2 Consultation with Fusion21 has identified that under the Dynamic Purchasing Systems, the framework allows for a post tender value engineering process where only 1 or limited tender responses are received, provided the essential works are not materially changed and a clear objective is identified.

9. FINANCIAL IMPLICATIONS

- 9.1 Within the Housing Revenue Account (HRA) 30 year plan and the Council’s capital programme there is a budget allocation of £1.53m for the water main replacement works and £750,000 for the installation of sprinklers in the Coley High Rise blocks as part of a wider provision for sprinkler installation.
- 9.2 Spend approval is sought for a total of up to 3.35m (subject to value engineering) - an additional £850,000. Expenditure is anticipated to be spread over two financial years - under the contractors proposed programme, this would be split between circa £2.5m in 2019/20 and £850kin 2020/21.
- 9.3 The overall revised spend approval at £3.35m allows for a contingency of circa 10% - this is prudent given the nature and complexity of the works.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ENVIRONMENT & NEIGHBOURHOOD SERVICES

TO:	POLICY COMMITTEE		
DATE:	8 APRIL 2019		
TITLE:	FINANCIAL ASSISTANCE FOR RESIDENTIAL LEASEHOLDERS		
LEAD COUNCILLOR:	JOHN ENNIS	PORTFOLIO:	HOUSING
SERVICE:	HOUSING	WARDS:	BOROUGHWIDE
AUTHOR:	ZELDA WOLFLE	TEL:	0118 937 2285
JOB TITLE:	HOUSING OPERATIONS MANAGER	EMAIL:	zelda.wolfle@reading.gov.uk

1. EXECUTIVE SUMMARY

- 1.1 This report seeks approval to establish a framework for the financial assistance options to be offered to Council residential leaseholders with regards to rechargeable major works undertaken by the Council in relation to fire safety.

2. RECOMMENDED ACTIONS

2.1 That Policy Committee approve the following:

- a) The Financial Assistance Guidelines outlined within paragraph 4.2 which sets out the repayment options which may be offered to leaseholders being charged for major works undertaken by the Council on residential blocks of flats in relation to its fire safety and replacement cladding programme.
- b) Where leaseholders are unable to pay a major works invoice for works relating to the fire safety and cladding programme in full within 28 days of receipt, they are entitled to apply for assistance under the Financial Assistance Guidelines. Applications will be assessed based on the qualifying eligibility criteria as set out in this report.
- c) Delegated authority is given to the Head of Finance and the Head of Housing and Neighbourhood Services to operate the Financial Assistance Guidelines and the assessment process.
- d) The Council adopt the process for dealing with exceptional hardship as set out in The Social Landlord's Discretionary Reduction of Service Charges (England) Directions 2014 outlined within paragraph 4.2.1.

3. POLICY CONTEXT

- 3.1 In November 2017, HNL Committee received a report which set out the Council's response following the Grenfell Tower fire in Kensington on 14th June. This included action taken in relation to the Authority's own housing stock, other corporate buildings and schools, as well as wider work in partnership with the Royal Berkshire

Fire and Rescue Service in respect of privately owned high rise residential blocks within the Borough boundaries.

- 3.2 The November report advised that the Housing Service had appointed an external, qualified Fire Engineer (FireSkills) to carry out a review of fire safety practices in respect of the management and maintenance of Council housing stock. FireSkills were also asked for a professional view on whether additional fire precautions were advised in any of the building types surveyed, to improve the fire safety standard in the context of recent incidents nationally and the learning from those.
- 3.3 Overall FireSkills noted that the Council's Housing Service has a 'forward facing and proactive fire safety strategy' and whilst the Council is fully compliant with current legislation, FireSkills have recommended that the Council consider implementing a number of additional measures. These include a range of measures but principally:
- a. The installation of a new fire suppression sprinkler system to the 15 storey blocks in Coley. This will be procured imminently as part of the project to replace the existing water storage facility, water supply mains and distribution pipework at the Coley High Rise Flats.
 - b. Additional smoke and/or heat detectors for some block types, for example where access/exit is via a lounge and in properties with 'stacked windows'.
 - c. In blocks where the flat front doors open directly onto the enclosed escape staircase, installation of communal smoke detector systems at each landing level.
 - d. Further to work already underway for Coley high rise blocks, the inspection of flat front doors to check smoke seals and fire resistance is advised for some blocks.
 - e. In terms of the Council's sheltered accommodation, whilst outside of scope and not inspected, FireSkills recommended ensuring that a smoke detector or heat detector is allowed in all habitable rooms as well as the main exit corridor of the flat. In addition where residents are immobile and unable to self-evacuate, consideration should be given to installing a single unit misting system.
- 3.4 The Council will need to monitor and take on board any future Government recommendations regarding external cladding. However, the cladding to the 15 storey Coley blocks is already reaching the end of its design life. There is no current requirement to remove such cladding retrospectively, although the regulatory framework is under review. However, in terms of proactively maintaining stock, minimising future repair liabilities and optimising safety, it would be beneficial if over the next few years this could be stripped and replaced with an alternative cladding system that does not utilise a polystyrene based insulation board as this is classed as 'fire retardant' rather than 'fire resistant'.
- 3.5 The cost of the installation of sprinklers and replacement of the cladding for Coley High Rise blocks will be substantial and as such will have a significant impact on some leaseholders in terms of the level of contribution they will be expected to pay in line with the terms of their lease.
- 3.6 This report sets out the current position in respect of leaseholders' responsibilities for service charges and proposes that in respect of major works relating to the fire safety programme the Council provide financial assistance where it is deemed

necessary. Currently this relates to Coley but proposals will cover future major works which might be required in support of fire safety.

4. OPTIONS

4.1 Current Position:

- 4.1.1 The Council still retains legal ownership of a large number of leasehold dwellings previously sold under the Right to Buy scheme (RTB) and consequently still retains obligations to provide, maintain, refurbish and improve shared communal services and facilities and the structure and exterior of blocks of leasehold flats. Leaseholders have a responsibility under the terms of their leases to pay a proportion of those costs via annual service charges. The charge is based on the number of flats in the block and in cases of major works such as replacement windows, the charge may be considerable. Statutory consultation with leaseholders and other residents is undertaken before the commencement of any major works to a building.
- 4.1.2 Leaseholders may be resident or non-resident. Non-resident leaseholders may be an individual who rents the property out on the private rental market. In each case the provisions of the lease together with the rights and obligations contained within would apply regardless. The number of leaseholders will continue to increase as properties are sold under the Right to Buy. Currently there are 215 leaseholders in Council flatted blocks in total and 8 in the Coley High Rise blocks.
- 4.1.3 The Housing Revenue Account (HRA) capital programme includes provision for refurbishment and other major works on residential flat blocks throughout Reading. Major works can also arise outside of the capital programme for instance where an unexpected major improvement is needed to a block of flats, for example the installation of sprinklers.
- 4.1.4 The general provisions for the recovery of service charges and major works liabilities are set out in the respective leases of individual leaseholders and the Council can, under the terms of most of its leases, also collect an annual payment towards a sinking fund, so that in cases of major works where the charges may be considerable, a sum has already been set aside to minimise the cost to the leaseholders.
- 4.1.5 Leaseholders are required to settle their major works bills within 28 days of invoice and failure to comply or otherwise make an arrangement with the Council, would leave them liable for forfeiture proceedings so that the outstanding debt can be settled on the re-sale of the property.
- 4.1.6 The current Home Ownership Management Policy sets out how the Council can assist leaseholders to meet their repayment obligations in addition to the Housing (Service Charge Loans) Regulations 1992, as amended by the Housing (Service Charge Loans) (Amendment) (England) Regulations 2009, which sets out the statutory right to a loan for leaseholders (Statutory Scheme).
- 4.1.7 Under the Statutory Scheme the right to a loan is only applicable to leaseholders where the property was purchased under RTB within 10 years prior to the major works service charge liability arising and the statutory right to a loan may still provide an unaffordable solution for leaseholders with an invoice for these types of major works. The Council's proposed financial assistance option outlined in paragraph 4.2.2 below may be more suitable.

4.2 Options Proposed

4.2.1 As well as the statutory obligations referred to in paragraph 4.1.6 the Council has additional powers available under the Social Landlords Discretionary Reduction of Service Charges (England) Directions 2014 (Directions) which gives the Council discretionary powers which it can exercise to assist leaseholders facing large bills. These discretionary powers include:

- providing a range of repayment and loan options to leaseholders;
- the ability to purchase equity shares and offer equity loans;
- on application and in exceptional circumstances, to waive or reduce the service charge for repair, maintenance or improvement by an amount the Council considers to be reasonable.

4.2.2 The Directions also set out criteria which should be considered by the Council and factors to consider relating to exceptional hardship.

4.2.3 The option proposed is that the Council adopt the Directions to provide financial assistance (Financial Assistance Guidelines) to leaseholders facing large bills for major works in relation to the fire safety programme and replacement cladding, in addition to the statutory provisions available.

4.2.4 To qualify for assistance leaseholders would be required to:

- a) Make an application to the Council, setting out their current financial circumstances, including details of income, savings and assets such as other properties they may also own.
- b) If they qualify for assistance, leaseholders would be expected to use a reasonable proportion of their available cash (savings) or realisable assets to reduce their liability as part of the loan agreement.
- c) How much a leaseholder will be expected to pay towards a loan each month will be based on their applicable disposable income, so that a leaseholder can retain some disposable income while making affordable loan repayments.
- d) Where a leaseholder has insufficient funds or realisable assets to settle the invoice but has equity in property or properties (excluding the property leased), the leaseholder would be expected to make arrangements to release the equity and reduce the outstanding invoice amount.
- e) Each case will be considered on its own merits based on the assessment. Qualification for loan options will depend on affordability across the period of the loan. Loans will be available on the basis of the shortest repayment time possible.

4.2.5 Repayment options

- a) Loan with a variable interest rate as set under the statutory scheme;
- b) Interest free loan over 36 months provided payments are made by direct debit;
- c) 5 year payment plan 36 months interest free and with 24 months at interest as set under the statutory scheme provided payments are made by direct debit;
- d) Legal Charge entered into by the leaseholder and registered against the title of the property and the Council's outstanding sum is recovered when the property is

subsequently sold. The charge would be based on an 'equity share' represented by the percentage of the value of the property that the financial assistance required relates to from the date on the demand (example value of flat £200,000, outstanding service charge £40,000. Council's equity share 20%).

4.3 Other Options Considered

- 4.3.1 That the Council does not adopt the Directions and continues to apply only the Statutory Scheme;
- 4.3.2 A leaseholder not protected by the Statutory Scheme and unable to fund the payment either from savings or by obtaining a personal loan or re-mortgage would be required to sell their property or the Council would have to consider taking forfeiture proceedings.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The proposal supports the following priorities of the Council's Corporate Plan 2016-2019 Building a Better Reading:
 - 1. Safeguarding and protecting those that are most vulnerable;
 - 2. Providing homes for those in most need;
 - 3. Remaining financially sustainable to deliver these service priorities.

- 5.2 The fire safety and replacement cladding programme ensures that the Council is providing a safe and healthy environment for all. Providing financial assistance for leaseholders who require it promotes equality and social inclusion.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Tenant involvement is a priority for the service. Tenants and leaseholders will be consulted and advised of works planned as required at a local block level.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 An Equalities Impact Assessment is not applicable

8. LEGAL IMPLICATIONS

- 8.1 The Directions give the Council the power to provide financial assistance to leaseholders and to waive or reduce a service charge for repair, maintenance or improvement by an amount the Council considers to be reasonable which it can exercise to assist leaseholders facing large bills.
- 8.2 It is proposed that the Head of Finance and the Head of Housing and Neighbourhood Services be delegated to operate the Financial Assistance Guidelines and the assessment process referred to above.

9. FINANCIAL IMPLICATIONS

- 9.1 There are a number of potential financial liabilities arising in respect of necessary fire safety assessments following the Grenfell Tower fire and provision for these is reflected in the current capital programme and within the HRA Business Plan.
- 9.2 The impact of this proposal on the HRA Business Plan is likely to be limited as there are few leaseholders in high rise blocks and several have adequate provision within

sinking funds to cover costs or their liability is otherwise covered. In the context of a circa annual budget of £43m and a 30 year business plan the impact will not be material.

10. BACKGROUND PAPERS

- 10.1 November 2017 HNL Committee Report - Update on Fire safety Considerations Post Grenfell Tower.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF RESOURCES

TO:	POLICY COMMITTEE (ACTING AS SOLE MEMBER FOR BRIGHTER FUTURES FOR CHILDREN)		
DATE:	8 APRIL 2019		
TITLE:	BRIGHTER FUTURES FOR CHILDREN BUSINESS PLAN 2019-2021		
LEAD COUNCILLORS:	CLLR JO LOVELOCK, CLLR LIZ TERRY, CLLR ASHLEY PEARCE & CLLR JASON BROCK	PORTFOLIO:	LEADERSHIP, CHILDREN, EDUCATION, CORPORATE AND CONSUMER SERVICES
SERVICE:	PROCUREMENT & CONTRACTS	WARDS:	BOROUGHWIDE
LEAD OFFICER:	KATE GRAEFE	TEL:	0118 937 4132/ 74132
JOB TITLE:	HEAD OF PROCUREMENT AND CONTRACTS	E-MAIL:	kate.graefe@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report seeks approval from Policy Committee, in its capacity as sole member for Brighter Futures for Children Limited (BFfC), to agree the Company Business Plan for 2019-2021 (FY2019/20-FY2020/21)
- 1.2 The report also provides an overview of the arrangements provided for within the contract with Brighter Futures for Children (BFfC) for monitoring Children's Services and progress with setting up these arrangements and contract implementation.

2. RECOMMENDED ACTION

It is recommended that Policy Committee, in its capacity as sole member for BFfC:

- 2.1 Note the BFfC Contract governance arrangements and progress with their implementation
- 2.2 Consider and agree the BFfC Business Plan for FY2019/20-FY2020/21
- 2.3 Delegate the finalisation of the revised contract KPIs to the Managing Director of Brighter Futures for Children and the Council's Chief Executive in consultation with the Lead Member for Children's and the Lead Member for Education

Appendix 1 - BFfC Business Plan 2019-2021

Appendix 2 - Current Contract KPIs

Appendix 3 - RBC/BFfC Contract Management Group Terms of Reference

3. BACKGROUND AND WORK TO DATE

- 3.1 At Full Council on the 16th October 2018, it was agreed to transfer the delivery of the Council's children's services to a newly established, wholly owned subsidiary Company of the Council, Brighter Futures for Children Limited ('BFfC'/the 'Company'). This follows the recommendation of the Children's Services Commissioner (Nick Whitfield) to establish a 'full service' children's Company, which in turn was preceded by an August 2016 Ofsted inspection rating of 'Inadequate' and the subsequent issue of a statutory direction notice to support improvement of RBC Children's Services. As well as agreeing to transfer the Council's Children's Social Care, Early Help and Education services have also been passed to BFfC to allow a holistic, focussed approach to the promotion and delivery of improved outcomes for the Reading's children, young people and their families.
- 3.2 Following this decision, the Service Delivery Contract and other relevant arrangements were finalised to allow the transfer of Children's Services (excl. Fostering) to BFfC on the 1st December 2018. Fostering subsequently transferred on the 1st March 2019 following the Company's successful registration with Ofsted as an IFA (Independent Fostering Agency).
- 3.3 The Council has 100% ownership of BFfC, which is run by a senior management team reporting to the Company board of directors. In turn, the Board reports to the Council (Policy Committee) as its sole member/owner. Under the provisions of the Company's Articles of Association, the adoption of the Company's Business Plan is a 'reserved matter' that requires the approval of Reading Borough Council as the sole member. The Company's proposed Business Plan for 2019-2021 is attached in Appendix 1.
- 3.4 Members are asked to consider and agree the proposed Business Plan; noting that that the finances and Contract Sum is in line with the MTFs report which was agreed by Council on the 26th February 2019.
- 3.5 In order to provide the appropriate assurances to the Council on service delivery the agreed contract monitoring and governance framework includes:
- An annual report from BFfC on performance to Policy Committee (in its capacity as sole member);
 - An annual report from BFfC on the Company's business plan to Policy Committee (in its capacity as sole member) - as per this report;
 - Reports from BFfC to the Adults, Children's and Education Committee;
 - Monthly performance monitoring of Children's Services service delivery through the Children's Services Improvement Board, chaired by an independent chair and supported by relevant RBC partners such as the Police, Health, LCSB (to transfer to the Multi-Agency Safeguarding Arrangements [MASA] in 2019), etc.
 - Monthly financial monitoring through the contract management function underpinned by contractual reporting requirements including open book provision of data;
 - Bi-monthly (6 times a year) Contract Management Group meetings to review overall contract performance and also review performance of the Council in terms of Support Services provision.

(It should be noted that whilst Children's Services are under intervention, there is also a reporting and oversight requirement between the Company Chair and the Department for Education (DFE)).

- 3.6 Underpinning all of the above is a set of contract Key Performance Indicators, as attached at Appendix 2. It should be noted by Members that the drafting of the Service Delivery Contract reflects the intention for the current contract KPIs to be reviewed to ensure that they are meaningful and appropriately aligned to the desired service outcomes rather than focussed on levels of activity. Therefore, Appendix 6 of the BFfC Business Plan includes revisions as currently proposed by BFfC. As per recommendation 2.3 of this report, it is proposed that authority is delegated to the Company's Managing Director and Council's Chief Executive in consultation with the Lead Members for Children and Education to finalise these.
- 3.7 In order to allow the Company sufficient operational independence and permit the Company Board to proactively address any issues in performance that may be indicated by the KPIs, the provision of reporting information and the proposed timing of the Contract Management meetings has been scheduled to allow the BFfC Board at least one opportunity to view and comment on the information to be provided to RBC prior to issue. Practically this means that:
- Financial information is provided 30 days after the end of the period to be reported, i.e. Jan 2019 financial data should be provided by no later than 1st March
 - The Contract Management Group will review other performance information once every 2 months and with an approximate 60 day time lag, i.e. Dec 2018 and Jan 2019 performance information should be advised for consideration at the March 2019 Contract Management Group, Feb & Mar 2019 information will be considered at the May 2019 meeting, and so on.
- 3.8 The initial Contract Management Group (CMG) meeting was held on Friday 22nd February. This initial meeting covered the governance set up, including confirmation of the CMG terms of reference (as attached, Appendix 3). The first CMG meeting to consider overall contract performance of both BFfC and RBC services took place on Tuesday 26th March and covered the periods up to the end of January 2019. The next CMG meeting is scheduled for the 21st May.
- 3.9 To support the governance framework and relationship management between RBC and BFfC, a Contract Manager post has been created and recruitment completed late October 2018. Fiona Betts has subsequently joined RBC from the Royal Borough of Windsor & Maidenhead (RBWM) on Monday 25th February. The role reports to the Head of Procurement and Contracts.
- 3.10 To support the delivery of the BFfC Business Plan and required transformation (including efficiencies) necessary to meet the key objectives of the Company, the Council has agreed provision of Delivery Funding to BFfC. This, along with funding from the DfE, will allow the Company access to sufficient resource to manage the required transformation at pace. As part of the monthly finance reporting, monitoring of the use of the RBC Delivery Funding will require specific tracking, so that the Council are assured that the monies spent are covered by the relevant capitalisation direction.

PROVISION OF SUPPORT SERVICES TO BFfC

- 3.11 The set-up of BFfC has been undertaken on the basis that the Company will 'buy back' the majority of support functions from the Council for a minimum of two years (from 1st April 2019, i.e. earliest SLA termination possible would be 31st March 2021). An over-arching Managed Services Agreement acts as an umbrella contract for all the Service Level Agreements between the Company and the Council. The Service Level

Agreements are then detailed within Schedules to the Managed Services Agreement and cover the following services:

- Audit & Inspection
- Emergency Planning, Business Continuity & Risk Management
- Procurement
- Regulatory Services
- Customer Services
- Records Management
- ICT
- Finance
- Insurance
- Health & Safety
- Joint Legal Services
- Transport
- Legal & Democratic Services
- HR
- Business Change

3.12 To support both the overall contract implementation and the implementation of the SLAs, there have been weekly meetings between Andrew Withey as interim programme lead, Kate Graefe as interim Contract Manager and David Morrow as BfFC Transitions Manager. This has helped ensure that any initial ‘teething’ issues have been suitably managed and as smooth a transition as possible effected.

4. NEXT STEPS

4.1 There are a number of other matters provided for within the contract(s) still to be finalised and/or implemented, namely:

- Property leases and FM SLAs - A plan is currently in place to have these in a position for final agreement and sign off by 1st May 2019;
- Novation of relevant 3rd party supplier contracts from RBC to the Company;
- Review and revision of the Service Delivery contract KPIs, as outlined in 3.6, above;
- Agreement of an exit plan - initial drafting for which is required by the end of August 2019.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 All elements within this report are focused on the Corporate Plan priorities of: Ensuring the Council is fit for the future and Protecting and enhancing the lives of vulnerable adults and children.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 No community engagement has been carried out or is required in the creation of or as a result of this report.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment (EIA) is not relevant to the report or its recommendations.

8. LEGAL IMPLICATIONS

8.1 Any revisions agreed to the current contract KPIs will require recording as a formal contract change, in accordance with the processes and procedures within the BFfC Services Contract.

9. FINANCIAL IMPLICATIONS

9.1 There are no specific financial implications arising from this report. The proposed Contract Sum for BFfC for FY2019/20 has been provisioned for within the MTFS and is as stated within the RBC/ BFfC Services Delivery Contract.

9.2 Any changes with the plans associated to the leases for BFfC property may lead to a change in the assumed costs to BFfC and income to RBC. However, the appropriate adjustments would be made to both the property/ lease charges as well as the BFfC Contract Sum, resulting in a £0 net effect for the Council.

10. BACKGROUND PAPERS

10.1 16 October Full Council Report - Establishment of BFfC

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Initial Business Plan

2019 - 2021

SUMMARY

This document outlines Brighter Futures for Children's three-year business plan. It will be updated with business and project action plans in due course.

OWNERS

Deborah Jenkins MBE DL,
Board Chair
Antony Kildare,
Managing Director

VERSION

1.1

DATE

March 2019

TO BE REVIEWED

March 2020

© Brighter Futures for Children

Brighter Futures for Children
Civic Offices, Bridge Street,
Reading RG1 2LU

Registered company in England & Wales:
11293709



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1. Foreword

Every child and young person in the borough of Reading deserves the chance to flourish, thrive and have a bright future.

We believe that, by launching Brighter Futures for Children, we are creating better opportunities to improve services offered to children, young people and care leavers. Our ambition is to engage the whole community in making Reading a happy and fulfilling place in which to grow up and live.

We have a duty to protect and cherish the most vulnerable and troubled children and young people in our society. We also have a responsibility to work smarter with partners to create an environment which supports all children and families in Reading.

We know that, in recent years, services have not been as good as they could be. Brighter Futures will give strong leadership and a clear focus on improving services and building the foundations for better ways of working.

We cannot operate in isolation. A stable and ambitious workforce, enthusiastic partner agencies and engaging children and young people will be the ingredients of our success. We hope to regain and improve trust and confidence in what we offer.

It will not be an easy path. There is much to do with limited resources, but we have the enthusiasm, drive and determination to succeed. The greater freedoms of the new company model will give us the chance to work in different and creative ways to improve children's lives now and in the future.

Reading is becoming increasingly wealthy and successful. Businesses are choosing to move here and it's now one of the UK's top 10 places to earn a living*. We want our children and young people to be an integral part of Reading's future workforce and community and to lead happy, fulfilled lives here.

We are steadfast in our commitment to make Brighter Futures for Children a success. As a new company and part of 'Team Reading', we're excited by the enthusiasm of our staff, colleagues and the partners who want to work with us.

We hope that you will join us and support us as we set out on our journey towards a brighter future for Reading's children.



Deborah Jenkins MBE DL
Board Chair
Brighter Futures for Children



Antony Kildare
Managing Director
Brighter Futures for Children

*2018 survey by TotallyMoney.com

2. Welcome

We are delighted to introduce this initial Business Plan from the newly-formed Brighter Futures for Children.

We are impressed with the dedication and commitment shown by the Board of Directors and the newly-formed leadership team to turn children's services around.

Brighter Futures for Children only came into being on December 3, 2018. In the very short space of time since then, they have both worked out the financial detail and outlined their delivery plans for the transformational work they aim to deliver for children and their families in Reading.

We warmly welcome Brighter Futures for Children as the newest member of Team Reading and we congratulate them for such a positive start to this new business venture.

We endeavour to work in co-operation and collaboration with Brighter Futures for Children to make this new business model a success and look forward to the detailed business plan in due course.



Peter Sloman
Chief Executive
Reading Borough
Council



Cllr Jo Lovelock
Leader of the Council
Reading Borough
Council



Cllr Liz Terry
Lead Councillor for
Children
Reading Borough
Council



Cllr Ashley Pearce
Lead Councillor for
Education
Reading Borough
Council



3. Executive Summary

This document outlines the three-year business plan for Brighter Futures for Children. It sets out our business model, our key focus for each of the three years, our nine key priorities for Year One and outlines the way in which we will deliver improved children's and educational services.

Our ambition is to achieve a 'Good' Ofsted rating for children's services, fostering and adoption services. We intend to help schools and nurseries improve their Ofsted ratings throughout Reading by offering enhanced services for all children, especially those with Special Educational Needs and Disabilities.

We know, as a new company, that we face challenges. We need to improve on current practice, build a stable, skilled and committed workforce and manage limited resources to deliver best value in a time of rising demand and great complexity. We intend to provide and develop ways of working which will keep all children safe.

We believe that we are most likely to succeed if our staff and the children and young people we work with are involved and engaged in everything we do. We will make sure that their voices are heard and that they influence how we design and run the business.

We also fully intend to involve the community to achieve better outcomes for children and young people. We have outlined ways in which we will develop smarter partnership working with partner agencies as well as ways in which we want to involve both the residents of Reading and the business community in helping us to reach our goals.

To achieve this, we have set out our mission, vision and values, our governance structure and our business model and funding arrangements. We have been mindful of the need to cross-check our transformation and improvement plans and projects appropriately with capital receipts guidelines, so that monies are appropriately targeted, allocated and monitored against outcomes.

We have clearly identified the sequence of our approach. To succeed we must first identify and analyse the root causes of past problems. Alongside each team, we are mapping current processes and working practice and looking for ways to improve. We are clear that our approach is not to offer a 'sticking plaster' solution.

We intend to streamline and improve processes so that we can move forward, with staff less burdened and more able to work effectively and closely with our families, children and young people. This change won't happen overnight, but our intention is that our detailed work now will deliver long-term sustainability and better outcomes.

We are also mindful of the statutory duties which impact our company, the reporting we have committed to provide and to ensure our work dovetails with RBC's policy framework and fits into its corporate plan. We understand our contract service specifications and the need to deliver what we've promised to do.

We have outlined our financial position, in terms of time-limited grants and allocated funds and how we intend to implement budgetary controls to spend less but more wisely to succeed in what we have set out to do.

We have also given an initial indication of our intention to generate income for the business by trading services and, by Year Three, we hope to grow the company by providing services to other authorities and independent children's services providers, modelled on the improvements achieved in Reading.



4. Our Vision and Values

Our overall objective is to deliver the best possible opportunities for the children of Reading.

Our Vision

To unlock all the resources in the borough of Reading to help every child have a happy, healthy and successful life.

Our Values

We have set our company values and, from now, are embedding them across the company. Each team has a 'values champion' and, in addition, everyone, from Board members down, through each level of management, to frontline and support staff, have given their commitments to each other and to the people we serve.

We have held 'Getting to Good, Aspiring to Outstanding' workshops with frontline practitioners and managers in children's social care. In these, staff have formulated their commitments to the children, young people and families they work with, set against the six priorities for our Improvement Plan (see page 25). Some of the suggestions can be seen at **Appendix A**. These agreed commitments alongside our values, will thread through all our action plans, projects and day-to-day work.

Our values are to be:

Honest	We will always be transparent and open
Creative	We will always look for creative approaches and solutions, not be bound by convention
Caring	Every decision we make and action we take will be in the best interest of the child
Respectful	We will value diversity
Quality Driven	We will work to high standards of efficiency, effectiveness and professionalism
Responsible	We will always be a good partner, mindful of our duty to use resources wisely and well

5. Our Services

Brighter Futures for Children has the statutory responsibility, on behalf of Reading Borough Council, for:

Children's social care

Social care services provide support to children in need of help and protection. Our services include statutory assessment and care planning for children at risk of significant harm, provision for looked after children and those leaving care, as well as fostering and adoption services.

Education, Special Education Needs and Disabilities

Our services include school improvement support and traded services to schools, special educational needs and/disabilities, home to school transport and children missing education.

The statutory responsibilities for pupil place planning, admissions, children missing education, and elective home education are also managed by Brighter Futures for Children.

We support schools and parents on exclusions and provide guidance for schools and alternative providers on improvement and safeguarding.

Our services also include support in relation to educational psychology, therapies and emotional health and wellbeing support.

Early Help

Early help services provide targeted support to children, young people and families at the earliest point of identified need.

The aims of early help are to support families to support themselves, to prevent problems escalating and to reduce the number of children and young people needing statutory interventions.

The umbrella of early help also covers Early Years, including nurseries and children's centres, the Youth Offending Service, young people's drug and alcohol support, support for young parents, support for young people not in employment, education or training and information and advice and guidance for young people with special educational needs.



6. Governance

Brighter Futures for Children is a company limited by guarantee and not-for-profit, wholly owned by Reading Borough Council (RBC) but run by an independent Board of Directors. It was created on December 3, 2018.

The Board of Directors

The Board Chair and our Non-Executive Directors bring professional skills and expertise from different sectors. A representative of RBC sits on the board and there are also places for up to four Executive Directors, with three currently in post.

The Board is responsible for setting the strategy for Brighter Futures for Children, driving high performance and quality in everything the company does, ensuring that the contract objectives are met and promoting the interests of children and young people throughout Reading.

Board Committees

The Board has three committees to monitor progress in detail and report back to the full Board:

Audit and Risk, which monitors the finances, resources and risk register

Quality and Improvement, which monitors both quality and performance across all strands of the organisation

Fostering, which ensures the company can fulfil its obligations as an Independent Fostering Agency (IFA)

The Executive Committee (ExCo) and Senior Management Team (SMT)

The Executive Committee (ExCo) meets every Monday to oversee the corporate and strategic direction of the company. It is led by the Managing Director, who works closely with the Director of Children's Services (DCS) and the Director of Finance and Resources. ExCo is then joined by the Senior Management Team (SMT), including all Heads of Service, to discuss and report on the performance of the day-to-day operations of the company.

Stakeholder Meetings

Brighter Futures for Children holds regular contractual meetings with RBC, as well as providing performance data for the Children's Services Improvement Board, Local Safeguarding Children's Board and other multi-agency meetings.

The majority of our staff have been transferred into Brighter Futures for Children from their roles in RBC and we are working closely with RBC to ensure that support services are provided in the most effective way, through service level agreements, if they do not need to be wholly within the organisation.

The Council has agreed a seven-year contract with Brighter Futures for Children, which will be managed through regular commissioning arrangements. Within the contract there are provisions to ensure that the Council is able to discharge its responsibility as a Corporate Parent and that Brighter Futures for Children can manage the demands of the services with enough flexibility and independence. As the services are under intervention, the Department for Education (DfE) has a role in the oversight of the company.

Brighter Futures for Children will provide regular briefings for Members, in particular the Lead Member for Children and support for the Corporate Parenting Board.

Our leadership structure can be seen on the next page (page 9).



Brighter Futures for Children - Our Board and current Leadership Team

MEET THE BRIGHTER FUTURES FOR CHILDREN BOARD OF DIRECTORS



NICOLA GILHAM
Non-Executive Independent Director

Nicola is highly skilled in the areas of social enterprise and HR and has worked as a CEO. One of her current NED positions is for leading social enterprise Turning Point.



PAUL SNELL CBE
Non-Executive Independent Director

Paul has extensive experience at the forefront of innovative work in child protection. Previously he was the Chief Inspector for the Commission for Social Care Inspection and was an Ofsted board member.



ELENI IOANNIDES
Director of Children's Services

Eleni brings extensive experience to the role of Director of Children's Services having held the same role at Children's Services in Bury. She has managed several interim posts across a number of authorities.



DEBORAH JENKINS MBE DL
Board Chair

Deborah has held senior leadership positions in organisations ranging from small-scale third sector projects to major healthcare providers. She has been a NED and Chair for the NHS for 24 years.



ANTONY KILDARE
Executive Director & Managing Director

Antony has extensive experience and skills as a Chief Executive. He has worked in economic development, business investment, enterprise innovation and complex infrastructure programmes consulting in the fields of health and education



DAVID LOCKE
Executive Director & Director of Finance & Resources

David is a Chartered Accountant and has worked initially in both the private and public sectors. He has almost 20 years' experience as a Finance and Operations Director in the education and charity sectors.



SEONA DOUGLAS
Non-Executive Director

Seona is Director of Adult Care and Health Services at Reading Borough Council. She represents RBC on the board. Seona worked at Oxfordshire County Council, as Deputy Director of Adult Social Care.



ANTONY BYRNE
Non-Executive Independent Director

Antony has substantial experience working in senior executive roles in education, healthcare and defence. One of his NED positions is with the School Food Trust.

MEET THE CURRENT LEADERSHIP TEAM

ANTONY KILDARE
Managing Director

Antony is Managing Director of Brighter Futures for Children and is responsible to the Board for the overall effective performance of the company, its leadership, direction and staff.

DAVID LOCKE
Director of Finance & Resources

As Finance & Resources Director, David has strategic and operational accountability for our financial portfolio and leads on financial strategy, IT systems, planning and reporting.

ELENI IOANNIDES
Director of Children's Services

Eleni has the statutory role of Director of Children's Services, responsible for performance of our early help, children looked after, care leavers, fostering and adoption services.

LISA ARTHEY
Deputy Director of Social Care

Lisa brings an impressive skillset and experience to her role. She is responsible for all statutory functions relating to children's social care.

VICKY RHODES
Head of Early Help & Partnerships

Vicky has considerable skills and experience in her area of responsibility, which includes non-statutory and early help services, including the Youth Offending Service.

MARK FOWLER
Head of Education & SEN

Mark brings extensive experience in leading education in the UK and abroad. His background includes helping create the national curriculum and GCSEs and leading the highest achieving council. He is responsible for driving up education standards.

CARL EDWARDS
Head of Transformation

Carl is responsible for delivering the transformation programme for Brighter Futures for Children. He has led similar programmes for several children's services and across a number of other private and public sector organisations.

ATHENA DAVIES
Head of Human Resources

Athena brings a vast experience of working within local authorities having previously held Head of HR roles for several adult social care services. She will be ensuring our approach is optimised to attracting, recruiting and retaining high quality staff.

PAULA GLEDHILL
Head of Finance

Paula has substantial experience and skill in managing children's services budgets. She is responsible for the day to day management of the finance team.

FIONA TARRANT
Head of Communications & Marketing

Fiona has led on communications and marketing for a variety of public and private sector organisations. A former award-winning journalist, she also brings considerable experience of children's services and education to the role.

TBA
Head of Commissioning & Procurement

Responsible for overseeing our non staffing expenditure with external suppliers, agencies and direct payments, whilst maximising value for money.



7. Context

7.1 National Context

According to the Office for National Statistics (ONS) the rate of children in need has remained relatively steady since 2010, but rates of children with child protection plans and those taken into care (looked after) have both risen throughout that time.

Over the same period, local authority budgets have reduced significantly and a national funding gap of £2 billion has been predicted by 2020 should current trends continue.

The Institute of Fiscal Studies (IFS) 2018 report for the Children's Commissioner '*Public Spending on Children 2000-2020*', states that almost half of the national budget is spent on the 73,000 children who are looked after, while the remaining half is spent on the other 11.7 million children.

Although overall spending on children and families has been maintained at similar levels overall, almost 72% of budgets are now spent on interventions for families with complex needs, as spending on prevention and youth services had been reduced by more than 60%.

Benefit spending on families has reduced by 11% since 2010 and is planned to reduce further. National research by the Joseph Rowntree Foundation in 2018 showed that 66% of children in poverty live in working households, so unemployment is no longer a good indicator of child poverty.

Child poverty in the UK has been rising since 2011/12. The Joseph Rowntree Foundation '*UK Poverty Report 2018*' states there are currently 4.1 million children living in poverty, a rise of 500,000 in the last five years.

The report found that four million workers are living in poverty – a rise of more than half a million over five years; and that in-work poverty has been rising even faster than employment, driven almost entirely by increasing poverty among working parents.

The 4.1 million children living in poverty equates to 30 per cent of children, or 9 in a classroom of 30. Although spend on 4-16 education has been maintained, resources in post-16 and further education will be at 1990 levels by 2020 if current trends continue.

7.2 Local context

Reading Borough Council is ambitious and has shown a willingness to innovate in order to drive improvement. Brighter Futures for Children is a good example of this.

Children's social care services in Reading have been graded 'Inadequate' by Ofsted since August 2016. Problems with retaining a stable workforce, inconsistencies in practice and increasingly complex cases were reflected in the rating.

Concerted efforts were made by the Council, with the support of a DfE Commissioner, to put an improvement plan in place. Some improvements were evidenced through a range of performance indicators and audit, including Ofsted monitoring visits and Action for Children (AfC) support. However, the service remained fragile.

The Council took the decision that the Brighter Futures for Children model, as a wholly-owned but independent, not-for-profit company concentrating on services for children would offer the best opportunity to bring new focus to the issues faced by children and young people in the borough.

Brighter Futures for Children was registered as a limited company in April 2018. Deborah Jenkins MBE DL was subsequently appointed as Chair and then Antony Kildare as Managing Director, ahead of the 'go live' date in December 2018. A new board of independent non-executive directors has



been recruited and is in post, bringing an added depth of knowledge and experience as well as commitment.

Changes in leadership have generated some instability and anxiety among staff and the unrelenting nature of the work needed to achieve improvement has taken its toll on some, but there is a real determination and focus to make Brighter Futures for Children a success.

As part of our improvement journey, we work with an independently chaired Children's Services Improvement Board (CSIB), which is a multi-agency body providing support and challenge to help us improve our services to the children of Reading. A list of Ofsted recommendations included in our Improvement Plan is shown in **Appendix 3**. Our Improvement Plan priorities are shown in **Section 12**.

Since the full inspection in 2016, there have been eight Ofsted monitoring visits, including one since the Company went live. Most have reported evidence of improvement, although consistency is lacking. The Company begins life with a clear trajectory for improvement, which is under close scrutiny by both Reading Borough Council and the Department for Education.

Our role is to steepen the improvement trajectory, deepen the quality of our practice and accelerate the improvement journey.

The Company is wholly-owned by the Council. Our work is commissioned by the Council and our success will be the Council's success. However, our status means we are operationally independent of the Council. We will create our own policy and procedures; we have our own finance, HR, commissioning and business support services.

We are accountable for the outcomes we deliver, but how we organise, shape and resource our services to deliver these outcomes is a matter for the Company through our Board and our staff.



8. Our Business Model

We are ambitious for the future, but very much aware that our first priority must be to develop and embed consistently good and safe practice in children’s care. That will give us a base on which to develop innovative and excellent services through wider partnerships.

From the outset, we will explore opportunities for learning and sharing with neighbours and with other Alternative Delivery Models (ADMs) for children’s services.

Looking ahead, we hope to grow the company by providing services to other authorities or providers of children’s services, but that will depend on our ability to prove that we are truly excellent at home first.

As a very new organisation, our business plan is complex as there is much to be done. It takes the shape of an overarching business plan, under which the Transformation Programme (see **Section 12.1**), the Improvement Plan (see **Section 12.2**), the Education and SEND Strategy (see **Section 13**) and their workstreams will target specific areas of work essential to our success.

We have established a Risk Register for performance in all areas of the company, our Scheme of Delegation for our financial and decision-making authorisations, a Quality Assurance Framework in place for children’s social care, which is overseen by the Quality Improvement committee and a Company-wide Business Continuity Plan is in place to ensure business carries on if, due to circumstances beyond our control, our workplaces are affected.

Despite the short timeframe since we went live, we have agreed our focus for each of the three years. In addition, we have identified nine key priorities for Year One (starting on April 1, 2019), which steer all of our action plans.

8.1 Our focus for the next three years

April 2019 – March 2020: Improvement & Development

Year One will be on meticulous improvement of practice, stabilisation and development of the workforce, and engaging with children, families, staff and partners to ensure that they are part of our journey towards excellence.

April 2020 – March 2021: Growing/Embedding Quality Practice

Year Two will be on embedding quality of service, growing partnerships to develop innovation, engaging the wider community in our work and exploring the potential for growth.

April 2021 – March 2022: Sustainability

Year Three will be on developing sustainability of quality, coaching and developing a wider workforce, inter-agency working, sourcing additional external resources and developing traded services.

We will develop a clear reporting line for updates from all associated action plans that are being developed in the areas of transformation and improvement, supported by finance, HR, communications & marketing. This will help us to report to our key stakeholders – Reading Borough Council and the Department for Education, as well as our staff and partners, on our achievements.



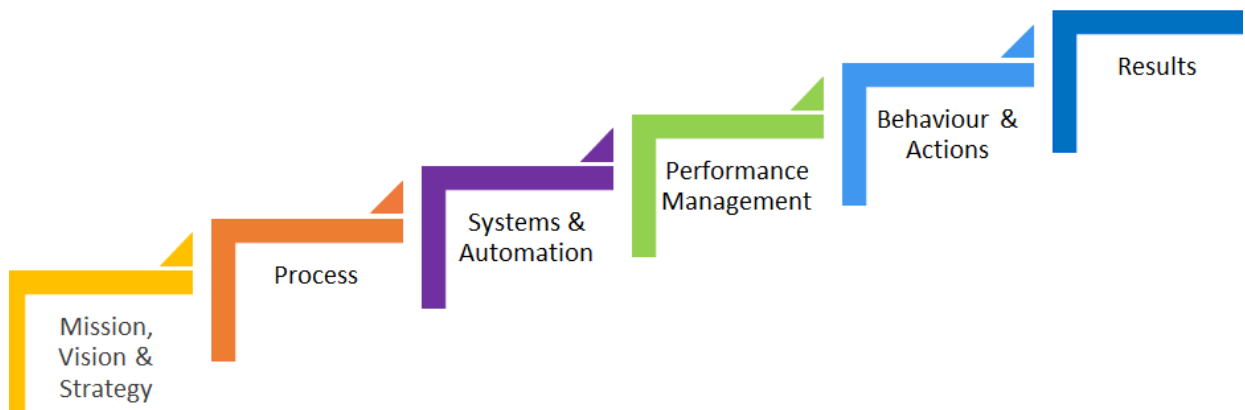
8.2 Our 9 Priorities for Year One

Despite a challenging operating environment, Brighter Futures for Children remains determined to succeed. Our priorities are based on our local operating context.

To deliver these, we have analysed and assessed current working practices. This has taken time but is essential to ensure how we operate is fit for purpose and producing the right outcomes for children, young people and their families.

Our approach is to document our streamlined end-to-end process architecture, from the top down. By mapping and streamlining our processes, we will have the essential framework to define results and ensure a high-performing, high-value company.

The diagram below shows the steps we are taking to transform ourselves from 'Inadequate' to 'Good':



While developing these steps, we will focus on the following priorities in Year One to maximise our budget and deliver improvement in services for children and young people in Reading:

1. Developing a stable and happy workforce which is well supported and well-led

As the organisation builds, the need for a skilled, experienced and motivated workforce will be essential to our improvement journey. We need to build our capacity and create stability across our 500-strong workforce.

We are developing a Workforce and Recruitment and Retention Strategy which will address gaps in skills, knowledge and capacity and to create an environment which affords space to our employees to innovate and transform the services they deliver.

2. Achieving the current Improvement and Learning Plan to address inconsistencies in social work practice

We want to offer services of the highest quality. Achieving the highest standards and improvement in services for the most vulnerable children and young people in Reading remains firmly at the top of our agenda. We have already started on this journey and will address any inconsistencies in social work practice through the delivery of our learning and improvement plan.



3. Establishing a strong network of stakeholders and partners across Reading and beyond to support our work

We believe that developing and operating in constructive partnerships is essential to achieving the best outcomes for our children and young people. There are already really good relationships with partners in Reading and we will capitalise on this and harness the expertise of all our partners.

We will work in an integrated way with RBC and our partner organisations to ensure that services are delivered by a suitably qualified and experienced workforce and deliver optimum value for money.

4. Building on strong foundations, create an imaginative preventative strategy to help children and families

We are committed to offering help before situations worsen, enabling families to resolve their problems. We believe that this is the route to resilient and sustainable communities. In Reading, not enough of our families receive help early enough and, as a result, more receive statutory services, either through a child protection plan or by becoming looked after, than is necessary. Working with our partners, we want to alter this balance and so expanding our Early Help offer must be one of our priorities. We have already begun this work with the establishment of a multi-partner approach we call One Reading.

5. Supporting our education providers to give the best possible start to our children and young people

We will support schools in relation to curriculum development and school leadership as well as providing support and challenge for school improvement and effectiveness.

We will ensure effective services are delivered for children with disabilities and their families and support for children with additional needs. Our services include support in relation to educational psychology, therapies and emotional health and wellbeing support.

We are committed to helping all children in our care to thrive at school. We will develop and improve support offered through our Virtual School to children looked after to ensure their needs are met and they are given the chance to meet and exceed all Key Stage milestones.

6. Driving a robust change programme which will deliver excellent and efficient services within a tight budget

The financial climate for services requires that more is achieved with less. This necessitates innovation and efficiency. Efficiency can mean spending less, or exercising better budgetary control, but it can also mean using resources better to achieve better value or re-engineering processes to become more effective. The urgent budget pressures we face make clear that efficiency must be a priority that is meaningful for all of our staff and managers.

7. Listening to and engaging with the people we are here to serve

Our children and young people will always remain at the centre of everything we do and their needs will continue to inform our service delivery and commissioning arrangements. We will work with our young people to develop a model of participation and to embed this in our culture. We will also



work with our partners to ensure that our children and young people have a voice and a real impact on decisions that affect them and the services they receive.

8. Deliver the children's services for Reading within agreed fixed fee, being £135m for 2019/2020 (£41m core funding)

As already detailed, we are streamlining and mapping processes to help us deliver a quality service within a reduced budget. We are working towards strong budgeting and financial management and an organisational culture of working within set budgets and recognising financial restrictions. We are monitoring financial reports on a regular basis and also financial controls. We will ensure financial procedures and policies are in place and have already set up a process for regular review of company activities by the audit committee. We have started work to investigate improved processes for purchasing, document management and contract management and will work towards a cultural change, delivering training where needed, of using processes which take less time and, therefore, cost less.

9. To deliver a commercial Independent Fostering Agency (IFA) leading to increased children being cared for within the 20-mile radius

Our 'Re-imagining Fostering' project is one of the top priorities within our Transformation Programme. Although Year One does not start until April 1, 2019, work is already well under way to establish the processes and pathways to connect with the people of Reading to increase the number of in-house foster carers able to offer better opportunities to children and young people in need of foster care.

The Fostering Team transferred to Brighter Futures for Children from Reading Borough Council on March 1, 2019. To increase capacity of internal foster car provision BFFC will develop a fostering strategy to support a comprehensive recruitment campaign and implement a model based on best practice and research that supports carers and children.

Recruitment of carers will be targeted to replace high cost placements from IFAs providing 30 placements in 2019-20, 40 in 2020-21 and 30 in 2021-22.

8.3 Communications & Marketing

Good communication is everyone's job but effectively communicating with staff, partner agencies, our service users, the media and the wider community needs strategic direction and detailed action plans.

We are developing a strategy of internal, inter-agency (stakeholder) and external communications, as well as associated marketing activity plans. We recognise the need to improve Brighter Future for Children's digital capabilities, as well as visibility and reputation. Actively marketing our brand and our offer to potential foster carers and adopters in our residential and business communities will help increase the number of local carers and, as a result, will prevent children from having to live far away from Reading while their home-life situation is stabilised.

We are building a strong communications and marketing team to develop this strategy - tied into business priorities - with a key objective of improving engagement with children and young people to help shape the services we offer and ensure their wishes and ideas are incorporated into everything we do.

9. Three-year financial plan

The decision to move education and children’s services into Brighter Futures for Children means we must manage limited resources but deliver best value in a time of rising demand and great complexity.

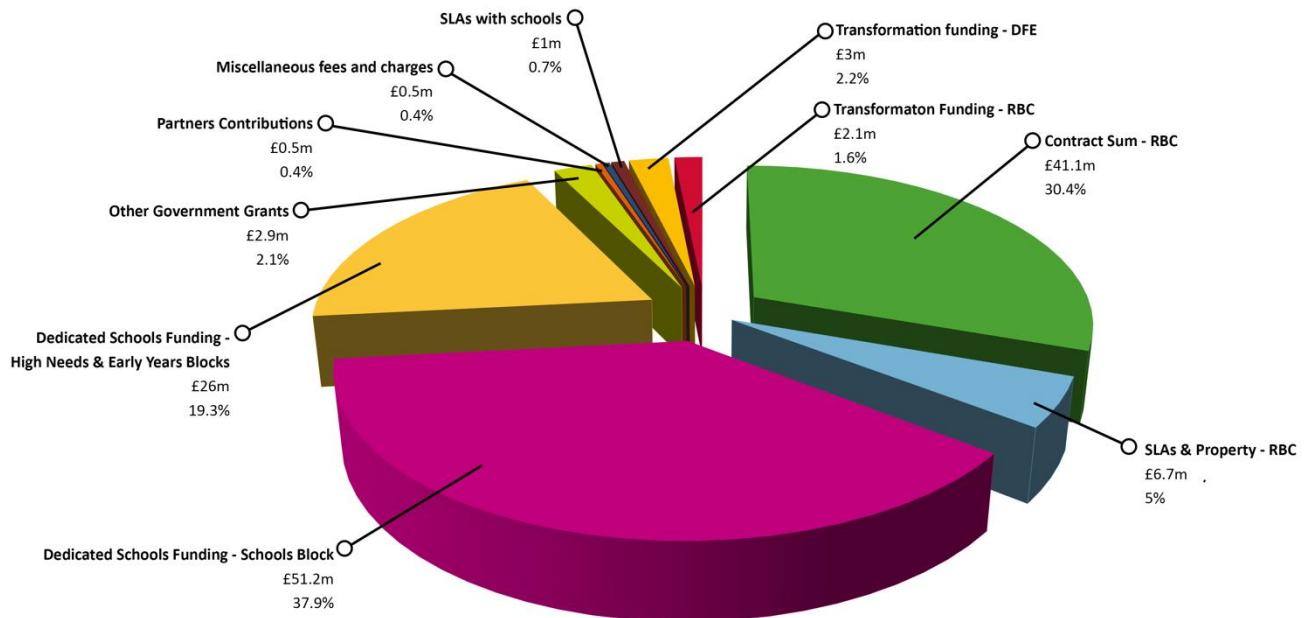
We have a seven-year contract to deliver children’s services for RBC and have agreed a fixed fee for the financial years 2019/20, 2020/21 and 2021/22 (see page 18 for Medium Term Financial Strategy and Core Contract Sum figures).

9.1 Sources of Funding

The chart below highlights the funding sources for Brighter Futures for Children for the financial period 2019/20. The funding can be summarised into four key funding streams, as follows:

Reading Borough Council – Contract sum and SLAs	35.4%
Government Grants including Dedicated Schools Grant	59.3%
Transformation Funding – including both RBC & DfE	3.8%
Other income sources – schools SLAs, partners contributions	1.5%

Sources of Funding



Sources of Funding	£m	%
Contract Sum - RBC	41.1	30.4%
SLAs and Property - RBC	6.7	5.0%
Dedicated Schools Grant - Schools Block	51.2	37.9%
Dedicated Schools Grant - High Needs, Early Years & Central Blocks	26.0	19.3%
Other Government Grants	2.9	2.1%
Partners' Contributions	0.5	0.4%
Miscellaneous fees and charges	0.5	0.4%
SLAs with Schools	1.0	0.7%
Transformation Funding - DFE	3.0	2.2%
Transformation Funding - RBC	2.1	1.6%
TOTAL	135.0	100%

9.1.1 Reading Borough Council

The funding from RBC is for the statutory and non-statutory services for children's services, covering children's social care, early help and preventative services and education services. The funding also includes the corporate services of accountancy, human resources, workforce development and communications & marketing which transferred across to Brighter Futures for Children in December 2018. This funding includes the SLAs and property costs to be recharged to us.

9.1.2 Government Grants

The Government Grants are administered by Brighter Futures for Children on behalf of RBC, and include the following key grants:

- Dedicated Schools Grant – including Schools, High Needs, Early Years & Central Blocks
- Pupil Premium Grant – allocated by the Virtual Head for CLA to Reading's schools
- SEN Grant – funding of the transfer over to EHCPs from the previous statements and to transform SEN services for young people
- Troubled Families Grant – to provide preventative services working with families, including the payments by results element of the grant
- Youth Justice Grant – source of funding for the Youth Offending Service

9.1.3 Transformation Programme Funding

Transformation Programme Funding and related savings are discussed in detail in **Sections 9.2.2 and 12.**

9.1.4 Other Income Sources

Other income sources include SLAs with Schools for Education Services, partnership contributions, health funding, selling of placements to other local authorities, fees and charges and other miscellaneous income.

9.2 Medium-Term Financial Strategy

The Medium-Term Financial Strategy (MTFS) for Brighter Futures for Children is presented in the expenditure budget table below and covers the three-year financial period of 2019/20 to 2021/22. The table below shows high level funding requirements for the organisation including Transformation Programme funding from RBC and DfE:

Expenditure Budget	19/20	20/21	21/22
	£'000	£'000	£'000
Children's Social Care Services	30,189	30,000	29,101
Early Help and Preventative Services	3,845	3,150	2,669
Education Services	6,651	5,893	6,051
Corporate Resources – BfC	5,594	3,934	3,358
Support Services RBC SLAs	4,497	4,497	4,497
Property – Rent	1,143	1,143	1,143
Property - Facilities Management	1,029	1,029	1,029
TOTAL	52,948	49,646	47,848

The funding source for the main operational budget is summarised in the Funding Streams table below for the three years:

Funding Streams	19/20	20/21	21/22	TOTAL
	£'000	£'000	£'000	
RBC Core Contract Sum	41,109	40,631	41,179	122,919
SLAs pass through including Property	6,669	6,669	6,669	20,007
DfE Transformation Funding	3,046	2,346	0	5,392
RBC Transformation Funding	2,124	0	0	2,124
TOTAL	52,948	49,646	47,848	150,442

The RBC Core Contract Sum budget figures of £41.109m, £40.631m and £41.179m, as shown in the Funding Streams table, were presented to the DfE when bidding for the Transformation Programme, along with RBC Transformation funding (£2.1m), which helped Brighter Futures for Children to successfully secure an additional sum of £5.4m.

The first two years were included in the Budget Working Groups and presented in the “lockdown sessions” in October 2018 with members of Brighter Futures for Children and RBC. An estimate has been prepared for the budget requirement for 2021/22.



Appendix 2 provides an overview of gross budget and income for the three financial years. This also details the expenditure budget split into employee costs, running costs, schools, and SLAs, at the overall company level.

Appendix 4 shows the map and location of those properties that are within the scope of transfer to Brighter Futures for Children and scheduled for completion by May 2019.

9.2.1 Key Factors and Budget Assumptions

The Net Operating Budget table below provides details of the key factors included in the budget calculations for the next three years, covering pay increments and pay inflation, contract inflation, pressures, savings and service restructures. Inflation has been separated to reflect pay award and pay inflation (1%) and the contract inflation (5% for external placements) elements. Inflation within the operational budget will be funded by the savings programme below, apart from Year Three where some funding is required to meet the inflationary costs.

Net Operational Budget	2019/20	2020/21	2021/22
	£'000	£'000	£'000
Base Budget	40,455	41,110	40,631
Pay inflation and increments	674	852	963
Contract inflation	236	385	438
Other Pressures	4,533	2,412	3,209
Savings	-2,873	-4,128	-4,062
Invest to save	-274	0	0
Fees and Charges	0	0	0
Service Restructures - management action	-2,160	0	0
	40,591	40,631	41,179
Transfer of Corporate Services budgets for staff TUPE	519	0	0
Budget - contract sum excluding SLAs	41,110	40,631	41,179

The key pressures included in the table above are high CLA costs and numbers, change in legislation for leaving care and continued use of agency staffing. The benchmarking undertaken for the company set up has shown Reading to be an outlier for the number of Children Looked After (CLA) and the high cost placements. The MTFs assumes any further growth in numbers will be managed by the Transformation Programme.

Inflation has been separated to reflect pay award and pay inflation (1%) and the contract inflation (5% for external placements) elements. Inflation within the operational budget will be funded by the savings programme (see 9.2.2), apart from the third year where some funding is required to meet the inflationary costs.

The 2018/19 in year budget pressures have been reflected in the MTFs. There has been an improvement in the use of cost drivers to identify key elements of expenditure and how they might be influenced. Modelling trends, the volume of cases and the cost per case have been used to determine the budget.

The average number of CLA reflected in the overall budget for the next three financial years are:



2019/20	264
2020/21	256
2021/22	245

The figures reflect the CLA profile continuing through to care leavers. The change in legislation which supports all care leavers up to the age of 25 has also impacted on the budget requirements of the next three years. This anticipated increased demand is to be managed within the contract sum allocation by the savings and Transformation Programme. The aim is to reduce costs by developing local independent living provision.

The use of agency social workers has caused significant budget pressures over the last three financial years and is below 40% of the overall social work workforce. The aim is to reduce this further down to 20% or less by March 2020. The Transformation Programme will invest in the social care workforce which will help with the recruitment and retention of social workers and reduce the use of agency workers.

In setting a balanced budget for 2019/20, a further reduction of £2.2m in annual running costs is required from service reviews. This will be a challenge to deliver in the first year of operation but is required to enable us to remain within the contract sum.

9.2.2 Savings

The funding secured for the Transformation Programme is essential to deliver a three-year saving programme. The Transformation Programme is provided in greater detail later in this document (**Section 12**). In summary, £9.1m of funding from both RBC (£3.7m) and DfE (£5.4m) has been secured to deliver an ambitious and challenging savings programme of £11.4m over the three-year period.

It is important for Brighter Futures for Children to transform and deliver value for money, and the successful delivery of the savings programme is core to managing current and future levels of demand as well as the relevant inflationary pressures. The investment in Early Intervention and Prevention and with effective demand management by increasing local provision and transforming the care system will enable us to remain within the contract sum. Improving practice will also deliver efficiencies.

9.2.3 Next Steps

Brighter Futures for Children's MTFS does not currently include the impact of increasing commerciality for the company. The direction of travel over the next 12 months is to develop excellent Traded Services which can be offered to schools and academies.

The two key areas to market and increase funding opportunities are increasing the Education Services, (including school improvement and educational psychology services, but not exclusively these) and financial services to schools and academies.

Brighter Futures has an opportunity to market and exploit these openings as there is clear demand for high quality services from within Reading and further Berkshire regions. This will become an excellent funding source creating additional income to re-invest in existing and new services.

9.2.4 Financing the Transformation Programme's projects

Brighter Futures for Children is about to engage on its exciting and challenging Transformation Programme (see **Section 12**). The table below summarises the Transformation Programme funding requests we submitted to the DfE and RBC with the business case. The information below it provides full details of the funding requests to both DfE and RBC. Transformation Programme funding accounts for 3.8% of the overall funding for 2019/20.

	18/19	19/20	20/21	Total
	£m	£m	£m	£m
RBC	1.6	2.1	0	3.7
DfE	0	3.0	2.3	5.3
	1.6	5.1	2.3	9.0

The Transformation Programme funding is required to help Brighter Futures for Children meet its improvement targets and the challenging savings programme over the next three years (as presented above).

In order for the Transformation Programme to succeed, Brighter Futures for Children has used the £1.2m additional Delivery Fund for 2018/19 to kick start programmes that will be funded by DfE from 2019/20 and 2020/21.

This is to ensure the programmes will be fully functional from April 1, 2019 and that savings targets are achieved and delivered in the required timescale.

In addition to this, developing the commercialisation strand will result in new income generating opportunities, such as selling of Finance and Education Services to schools and academies in Berkshire and beyond.

Within this workstream, we have identified £300k in 2019/20 to remain unallocated until April 2019. This was to allow further diagnostics to be undertaken up to March 31, 2019, which will influence the business planning process, as additional opportunities and projects to further improve outcomes and achieve cost savings are identified.

Brighter Futures for Children has a three-year savings programme dependent on this Transformation Programme. It has been developed assuming this and, if additional funding is not secured for the third year, there will be additional risk to the achievement of savings in 2021/22.

The ambition of Brighter Futures for Children is to achieve the savings and transform and improve the services for all children in Reading.

10. Organisational structure and staffing plan

10.1 National context

The provision of high-quality social work services relies upon a well-trained, supported and motivated workforce. At a national level there has been a heavy reliance on agency staff.

According to the National Audit office's January 2019 report, [Pressures on Children's Social Care](#), the number of full-time equivalent children's social workers increased by 7.5% between 2014 and 2017,

from 26,500 to 28,500. However, the children's social care workforce is also characterised by high vacancy and agency rates.

The report states that, on average, local authorities had a vacancy rate of 17% in 2017 – an increase from 14% in 2013. This increased to 27% in outer London and was even higher in certain outer London boroughs, which have a highly competitive labour market for social workers. Reading, with its proximity to London, falls within that competitive market area.

The report also highlights the difficulty of retaining social workers. Sixty-three per cent of social workers leave their local authority within five years - a figure which has been increasing since 2015. As a consequence of increased demand, increased activity and rising vacancy rates, local authorities have increased the use of agency social workers, who are more costly.

Agency worker use by local authorities increased nationally from 12% in 2013 to 16% in 2017. Across the country, overall expenditure on children's social workers increased by 15.1% between 2013-14 and 2016-17 in real terms, from £1.75 billion to £2 billion, at a time when numbers increased by only 7.5%.

The Local Government Association (LGA) has said that by 2020, there will be a £2bn funding gap in children's services spending as a result of rising demand for children's social care. It has to be recognised that this figure includes an increased cost in the recruitment of social workers and Brighter Futures for Children must work hard to improve both permanent recruitment and retention of its staff.

10.2 Local context

Ofsted findings have clearly highlighted the issues we face in terms of workforce skills and capabilities and of recruiting and retaining skilled staff. Developing a stable and motivated workforce, well-supported and well-led is the first of our nine priorities and is the key focus for Year One.

We are in the process of developing a Workforce and Recruitment and Retention Strategy, alongside operational development, in terms of learning and training priorities, to address gaps in skills, knowledge and capacity.

We recognise that staff are our most valuable resource. We have developed a new induction process and we are investing in staff through career development opportunities. We are also investing in mapping our processes to reduce the need for staff to duplicate data entry, as well as looking at new IT and digitalisation of our service, to improve our staff's ability to work in an agile and flexible way, which meets both the demands of their work and their work/life balance.

11. Strategic analysis (initial SWOT)

<p>STRENGTHS</p> <ul style="list-style-type: none"> Committed and highly skilled Board of Directors We're part of 'Team Reading' Refreshed leadership Business plan and associated workstream plans in development Long, stable contract Workforce successfully transferred to Brighter Futures for Children Increasingly permanent and skilled workforce Transformational funding from RBC and DfE Good quality premises Early Years and Early Help are well regarded 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> Ofsted rating for children's social care Educational standards below national average Don't always finish what's started (suffering from 'start-again' syndrome) Legacy of poor communication Not good at celebrating success Staff on multiple sites
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> Agency social workers – decreasing numbers Stabilise and secure permanent senior leadership team Further develop use of IT and technology Digitilisation Flexibility Early intervention opportunities 	<p>THREATS</p> <ul style="list-style-type: none"> Brexit and political context outside our control Inter-dependency and competition for limited sources of grants/funding Reading children's services poor historical reputation



12. Outline of our Transformation Programme and Improvement Plan

12.1 Transformation Programme

The Transformation Programme focuses on five workstreams, with a senior responsible officer being identified for each. Within each of the workstreams there are projects, which currently number 28. Financial details for this Programme are in **Section 9**. A full list of the 28 Transformation Projects can be found at **Appendix 5**.

Details of the workstreams are below:

Workstream A - Improving Practice Standards

The aim of this workstream is to improve the inadequate practice and high turnover of staffing which have been highlighted for improvement by both Ofsted and Achieving for Children (AfC). The investment in this workstream will lead to recruiting experienced specialists to model high quality practice, coach and mentor social workers and managers. This will result in a legacy of strong and stable workforce, improved and strong practice resulting in better outcomes for children.

Workstream B – Developing Workforce Excellence

The aim of this workstream is to reduce the number of agency social workers that are currently employed and to introduce a Practice Framework which becomes Brighter Future for Children's model of practice. The investment in this workstream will lead to a stable and skilled workforce following a Practice Framework which will result in consistent and good practice for all social workers.

Workstream C – Building Community Capacity

The aim of this workstream has two strands; the first is to address the lack of partnership in Reading to deliver the Preventative and Early Intervention Services. The second is the development of Early Intervention to address the number of Children Looked After (CLA) within Reading.

The first aim will result in a partnership approach ensuring all partners are engaged in the programme which will reduce the demand on children's services. The second aim will be the successful reduction in CLA numbers by embedding two new teams: Pre-birth Team and Family Reunification Team, and the additional Edge of Care team focused at the adolescent age group.

Significant savings can be achieved with the improvement to Preventative and Early Intervention Services, which ensure young people and their families are supported to enable them to improve outcomes outside of the looked after care system.

Workstream D – Stronger Stability for Children

The benchmarking exercise which was undertaken as part of the transfer of children's services to Brighter Futures highlighted Reading is an outlier both in terms of cost and number of CLA.

This statistic applies for both in terms of regional neighbours, statistical neighbours and national average. The aim is to address this and reduce costs and numbers by two key projects, introducing a Placements Solution Team and Re-imagining Foster Care. The success of this will be by achieving significant savings and cost reduction of CLA placements by ensuring children and young people are in safe and appropriate family settings primarily by a return to immediate or extended birth families or placed with a greater number of local Brighter Futures for Children's foster carers.

Workstream E – Consolidating Corporate Resilience

For Brighter Futures for Children to succeed long-term it is essential to develop an entrepreneurial culture and to have a properly resourced and experienced commercial team. The result of investing in this will enable us to have an improved and innovative commissioning and procurement function which will achieve value for money in the contracts it negotiates to realise cost savings.



12.2 Improvement Plan

Brighter Futures for Children is re-examining and updating the previous Improvement Plan to better address and reflect the new focus and pace of improvement for children’s social care.

The new plan has six clear improvement priorities, as seen in this diagram:

IMPROVEMENT PLAN TARGETS FOR CHILDREN’S, EDUCATION AND EARLY HELP



Activities and action plans to improve practice have been divided into workstreams for each of the six priorities. Much of this work is inter-dependent on the work of the Transformation Programme projects and the HR strategies being developed but the intention is that day-to-day operational practices will improve continuously, as new processes are ready and implemented into frontline delivery as inputs, to deliver better outcomes.

12.2.1 The six priorities

1. Quality of practice:

Ensure the core elements of social work practice are of a good standard in line with the DfE knowledge and skills statement:

- Assessment
- Planning
- Direct work
- Review

2. Management oversight and direction

Social work and early help managers will lead their teams and services effectively, ensuring their staff are supported, trained and challenged to deliver good quality interventions that improve children’s lives



They will provide regular, clear, developmental and assertive management direction and oversight, supervision to practitioners, with rigour and support in

- setting case direction
- ensuring a prompt response to risk and need
- monitoring and driving case progression, ensuring contingencies are applied when necessary
- providing opportunities for critical reflection
- providing advice and guidance on quality and professional development
- ensuring compliance with legislation, statutory guidance and corporate policy.

3. Early intervention and prevention

We will work in collaboration with others to deliver our early intervention strategy and develop and embed new partnership arrangements which increase use of early help assessment and whole family working arrangements.

We will provide mechanisms to deliver help before concerns escalate and improve early identification and intervention in cases of neglect.

In addition to the focused projects which form an integral part of our Transformation Programme objectives, we will also concentrate on embedding partnership working practices to get it right for families first time.

4. Workforce is skilled and stable

- **Culture:** Develop a company-wide culture that puts children at the centre of everything we do
- **Capacity:** improve the recruitment and retention of permanent social workers and managers
- **Capability:** ensure we recruit, develop and retain staff who are capable of delivering high quality help to children and families
- **Competence:** ensure our workforce is competent to deliver high quality services for children and families.

5. Sound finances and sustainability

We will ensure good quality services are delivered within sustainable and balanced budgets. We will maximise opportunities for cost-sharing and operate within the financial policies and procedures in place for the Company.

6. Voice of the child: All of the above priorities feed into this sixth - and most important - priority. We will ensure the views of children and young people clearly inform interventions and service developments. We will maintain a regular programme of meetings between senior leaders and the Children in Care Council, which is called *Our Choices, Our Voices*, and ensure the child's voice is the 'golden thread' throughout our practice and our work.

13. Education and SEND Services

Academic achievement is well below what Reading is capable of overall. Certain groups, especially the vulnerable and disadvantaged, achieve less well than their peers.

- Academic achievement at all stages over the last three years is around the national average.
- The pattern begins in the early years and becomes established. Whilst figures show some improvement at KS1, the improvement nationally has been slightly faster.

Outcomes at KS2 remain below average with scores in writing deteriorating. At KS4, results over the three year remain around average. Post 16 performance (A levels) is good

- The performance of vulnerable and disadvantaged is lower than the national average, in some cases, substantially lower – at all key stages
- NEETs (Not in Education, Employment or Training) are high at 9.7% (8.6% nat av)
- Exclusions are well above average but are currently showing some decline.

A clear direction has been recently set for education, demonstrated in two key three-year strategies which bring together a range of initiatives – the **Education Strategy** and the **SEND Strategy**. Both are working documents and are subject to continuous review and consultation.

While the SEND Strategy is known by many, few are familiar with the Education Strategy. The current need is to engage all around the new direction in collaboration and align activity accordingly and bring rigour to operations, so they deliver the strategy.

We will do this by:

- engaging all – especially our partners in the schools - around the new direction in collaboration and, in parallel, assess and realign activity accordingly;
- allowing the strategies (especially the education strategy) to develop iteratively in partnership with the wider education community;
- robustly assessing the resources available and harness or acquire additional resource and capability from all possible sources;
- bringing rigour to operations to ensure we engage in only those that deliver the strategy. They must also be of a standard to ensure we deliver the outcomes.

Specifically, this means we will be:

- working with schools and other partners, voicing the interests of the child and the views of parents whilst encouraging schools and partners to find and deliver solutions to challenges;
- fostering a consensus with all partners and using this to focus school2school support. (This may eventually gel into a coherent, shared vision for Reading.) This will, at the right time, mean creating together a mechanism responsible for challenging, supporting and developing a sufficient, coherent and ambitious education community;
- encouraging the support/formation of more teaching schools, NLEs, NLGs and the use of local leaders of education, whether formally recognised or not;
- encouraging schools to form structural arrangements that benefit learners, improve outcomes, deliver efficiencies and empower parents;
- working specifically with maintained schools: monitor and challenge performance and use the resources of the SLSLS to develop schools;
- ensuring that parent/carer's and pupil's stake in developments is central;
- increasing SEND stakeholders' responsibility and management of SEND services;
- ensuring robust financial control of services and seeking opportunities to provide traded services wherever the market allows;
- Creating a post 16 forum for providers.

14. Measuring progress and success

We have developed a series of Key Performance Indicators (KPIs) to ensure our key statutory duties are met and, where possible, exceeded. These can be seen at **Appendix 6**.



In addition, we are developing progress and success measurements against all of our projects and long-term strategies and associated action plans, which will be regularly scrutinised by the Brighter Futures for Children Board of Directors.

Once agreed, the plans will be monitored through the respective management arrangements. Achievement of objectives and targets will be reported to the Brighter Futures Board quarterly and lack of progress will be reported by exception quarterly.

Progress on service and team plans will be monitored monthly by the relevant management team.

Where an exception report is necessary, the responsible manager will at the same time present a remediation plan, outlining what actions are being taken to bring performance back into line with expectations.

The Brighter Futures for Children's Board of Directors will not rely exclusively on written reports, but will, in line with the Assurance Framework, seek a variety of evidence of progress. This may include visits to service teams, focus groups with staff, meetings with young people and parents, discussion with partners agencies and others.

But perhaps the most significant measure of our success will be a visible increase in the engagement of children and young people in shaping the services we provide to and for them and an increase in actions which result from their views being heard and listened to.

Appendices 1-6

The appendices follow on pages 29-39.



Appendix 1: Sample of staff's commitments to children, young people and families as part of embedding our values

Commitments

A selection from practitioners and managers' workshops. Commitments have been sought from every tier of the Company, from the Board down.





Appendix 2: Financials

Expenditure	2019/20	2020/21	2021/22
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>
Employee Costs	27,151	26,453	25,255
Running Costs	50,078	47,473	46,873
Schools	51,155	51,155	51,155
SLAs	4,497	4,497	4,497
Property - Rents	1,143	1,143	1,143
Property - Facilities Management	1,029	1,029	1,029
Gross Expenditure	135,053	131,750	129,952
<u>Income</u>			
Income - including grants	-30,949	-30,949	-30,949
Schools - DSG funding	-51,155	-51,155	-51,155
Transformation Funding - DfE	-3,046	-2,346	0
Transformation Funding - RBC	-2,124	0	0
Total Income	-87,274	-84,450	-82,104
Net Expenditure	47,779	47,300	47,848

Appendix 3: Ofsted recommendations in our Improvement Plan

1. Local authority leaders should ensure that permanent and competent social workers provide skilled, responsive and safe services to children at risk of harm, and in need of help and protection. The focus on improving practice standards for children should be urgent, determined and relentless.
2. Ensure that the timely progression of child protection inquiries are informed by clearly recorded strategy meetings with well-evaluated outcomes and recommendations that are commensurate with levels of risk and need. Inquiries and assessments should be overseen by consistent, rigorous and timely management decisions.
3. Ensure that all children in need have clear plans to support and evaluate timely improvements in their well-being and safety. Social workers and their managers should continually evaluate and review levels of risk and need, taking prompt action when children's circumstances either fail to improve or deteriorate
4. Ensure that staff are provided with regular, high-quality supervision to support and challenge their practice.
5. Achieve a consistent understanding and application of thresholds to support more effective and timely case transfers across different levels of need.
6. Ensure that assessments consistently feature consideration of family histories and children's daily experiences, to understand and evaluate the risks and needs more accurately.
7. Provide effective management oversight to prevent delays in children being seen, and to ensure the timely progression of their assessments and plans.
8. Review all cases where children are exposed to domestic abuse and neglect, to ensure that their needs have been thoroughly assessed and that they are safeguarded, where appropriate. Particular attention should be given to children living with, or in proximity to, adults with histories of violence and abuse of other adults and children.
9. Ensure that all young people who go missing from home and care are offered prompt return home interviews, and that the information obtained is used to support their safety plans. Links and associations with other young people and adults of concern should be promptly identified, and preventative and disruption activities purposefully pursued.
10. Provide rigorous screening, assessment and careful multi-agency planning and follow-up at risk assessment conferences on sexual exploitation and 'missing children' for all children identified at risk of sexual exploitation.
11. Raise awareness of private fostering arrangements and ensure that children living in such arrangements are assessed and visited within the required statutory timescales.
12. Ensure that the need for permanence for all CLA is considered at their second review and regularly reviewed thereafter.
13. Comply with care-planning regulations and legislative requirements when children are looked after under voluntary arrangements or placed with family and friends.
14. Improve the sufficiency and availability of local placements for children who become looked after, reducing the trend for placing children in settings that are at a long distance from Reading.
15. Expand the membership and influence of the Children in Care Council so that it is able to communicate effectively with and represent the views of all children who are looked after.
16. Provide stronger support for care leavers in their transition to independent living through more effective support in engaging or re-engaging in education, employment and training.
17. Ensure that all care leavers have accurate, comprehensive and up-to-date information about their rights and entitlements.
18. Ensure that pathway plans are specific and detailed.



Appendix 4: Property

Location of Brighter Futures for Children sites. All transfer should be complete by May 2019



MAP NO.	SITE	USAGE	ADDRESS	POSTCODE
1	Pinecroft Children's Home	Children's home	1 Monksbarn	RG2 7RP
2	Cressingham Children's Home	Children's home	27 Cressingham Road	RG2 7RU
3	Civic Centre	Head office	Civic Offices, Bridge Street	RG1 2LU
4	Avenue Centre	Early Help / Education	Conwy Close	RG30 4BZ
5	Southcote (1)	Children's Centre / Nursery	85 Coronation Square	RG30 3QP
6	Southcote (2)	Youth & Community Centre	Coronation Square	RG30 3QP
7	Whitley Health Building	Children's Centre / Nursery	268 Northumberland Avenue	RG2 7PJ
8	Sun Street	Children's Centre	Sun Street	RG1 3JX
9	Ranikhet Children's Centre	Children's Centre	Spey Road	RG30 4ED
10	Katesgrove Children's Centre	Children's Centre	Waterloo Meadows	RG2 0BN
11	Youth Offending Services	Youth Offending	16 North Street	RG1 7DA
12	Caversham Children's Centre	Children's Centre	114 Amersham Road	RG4 5NA
13	South Reading Community Hub	Children's Centre	252 Northumberland Avenue	RG2 7QA



Appendix 5: Our Transformation Projects

WORKSTREAM	PROJECTS
A: Improving Practice Standards	<ol style="list-style-type: none"> 1. Safeguarding Transformation team 2. Practice Improvement Leadership
B: Developing Workforce Excellence	<ol style="list-style-type: none"> 3. Achieve a stable workforce by recruiting permanent staff in children’s social care 4. Management Training Skills 5. Training and Development for Social Workers 6. Training for Safety Standards Model
C: Building Community Capacity	<ol style="list-style-type: none"> 7. Pre-Birth Support Team 8. Family Reunification Team 9. Edge of Care Team (adolescents) 10. Revise Under 5s offer of Early Years and Children’s Centre provision 11. One Reading Partnership 12. Increased income for Education Welfare Officer and Youth Services
D. Stronger Stability for Children	<ol style="list-style-type: none"> 13. Re-imagining Foster Care 14. Placement Solutions Team 15. Education and therapeutic support for young people moving within 20 miles of Reading
E: Consolidating Corporate Resilience	<ol style="list-style-type: none"> 16. Strengthening commissioning function 17. Improved contract management 18. Design and implementation of supported lodgings for 16+ 19. Review direct payments 20. Renegotiation of SLAs 21. Review continued health contribution 22. Enhanced utilisation of capacity at our children’s homes 23. Additional children’s home for high needs young people (feasibility study) 24. Housing benefit claims for 18+ 25. SEND Commissioner 26. Business improvement, digitalisation and Traded Services 27. Transformation Programme team 28. Contingency for Restructure Funds



Appendix 6: Brighter Futures for Children KPIs

KPI Ref	Description	KPI category	Children's Social Services (Y/N)	Report period (freq.)	Date of first Measurement	Target	Tolerance for Contract Year 1 (19-20)	Comment
1	Timeliness of contact decision making (early help). Decision within 24 hours*	1	Y	Monthly	Apr 19	100%	>95%	
2	% of referrals with a decision made within 24 hours*	1	Y	Monthly	Apr 19	100%	>90%	
3	% of children who become subject of child protection plan for second or subsequent time within the last two (2) years	2	Y	Monthly	Apr 19	<10%	<10%	



KPI Ref	Description	KPI category	Children's Social Services (Y/N)	Report period (freq.)	Date of first Measurement	Target	Tolerance for Contract Year 1 (19-20)	Comment
4	% of referrals which are re-referrals within 12 months	2	Y	Monthly	Apr 19	<23%	<25%	
5	% CLA who have been looked after for 2+ years in the same placement	1	Y	Monthly	Apr 19	>85%	>60%	
6	% CLA who have experienced 3+ placements in last 12 months	2	Y	Monthly	Apr 19	<10%	<12%	

KPI Ref	Description	KPI category	Children's Social Services (Y/N)	Report period (freq.)	Date of first Measurement	Target	Tolerance for Contract Year 1 (19-20)	Comment
7	% of CLA placements more than 20 miles from Reading (i.e. from home address of child)	2	Y	Monthly	Apr 19	<15%	<30%	
8	% care leavers NEET (17-21 year old)	1	Y	Monthly	Apr 19	<20%	<35%	
9	Voice of the child (measured CLA aged over 4 who attend or contribute to their own reviews)	2	Y	Monthly	Apr 19	93%	<85%	We are working on the development of a participation strategy going forward, with a range of additional measurements of the voice of the child, which may include the Mind Of My Own (MOMO) app.



KPI Ref	Description	KPI category	Children's Social Services (Y/N)	Report period (freq.)	Date of first Measurement	Target	Tolerance for Contract Year 1 (19-20)	Comment
10	Social worker turnover (no of FTE leavers / average FTE employed)	Mgmt info	Y	Quarterly	Apr 19	15%	20%	Number of Social Worker leavers over number of employed Social Workers
11	Social work agency staffing rate (agency staff FTE as % of total)	Mgmt info	Y	Quarterly	Apr 19	16%	35%	Number of agency staff as a percentage of Social Work establishment
12	Percentage of days lost to sickness / number of Children and Families Social workers x 253	Mgmt info	Y	Quarterly	Apr 19	3%	3.5%	

KPI Ref	Description	KPI category	Children's Social Services (Y/N)	Report period (freq.)	Date of first Measurement	Target	Tolerance for Contract Year 1 (19-20)	Comment
13	% of families who achieve sustained improved outcomes (and secure a Payment By results (PBR)		Y	Termly (aligned with school attendance)	Apr 19 (% of 1170 eligible families)	80%	<70%	This is a Troubled Families indicator
14	Education. % Pupils provided with a school place on offer day (primary)	2	N	Annual	Apr 19	95%	<5%	
15	Education. % Pupils provided with a school place on offer day (secondary)	2	N	Annual	Apr 19	96%	<4%	
16	Education. % Education, health care plans completed within 20 weeks	1	N	Annual	Apr 19	72%	<10%	
17	Youth Offending Service: Re-offending rate	2	Y	Quarterly via YJB	July 19	Annual target of: 35.8% (PCC target) 40.5% (South East average)	>5%	We are committed to meeting the PCC and SE average annual targets and exceeding them, where possible.



NB: The % of file audits rated good or outstanding will be a Year 2 target. In Year 1 we will work on achieving a consistency of marking audits, as well as training and developing staff understanding of what 'Good' looks like. In the Year 2 target, we should be able show a demonstrable change in grading from audit to audit.

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Policy Committee (Shareholder) Report – BfC Business Plan: Appendix 2 - BfC Current Service Delivery Contract KPIs (subject to review)

KPI ref	Description	Children's Social Services (Y/N)	KPI category	Reporting period (frequency)	Date of first measurement	CSIB Target Confirmed	Sep-18	Tolerance for Contract Year 1 (19-20)
1	Timeliness of contact decision making (early help). Decision within 24 hours*	Y	1	Monthly	Dec-18	96%	94%	>90%
2	% of referrals with a decision made within 24 hours*	Y	1	Monthly	Dec-18	95%	100%	>90%
3	% of children who become subject of child protection plan for second or subsequent time within the last two (2) years	Y	2	Monthly	Dec-18		7%	<10%
4	% of referrals which are re-referrals within 12 months	Y	2	Monthly	Dec-18	23%	26%	<25%
5	% LAC who have been looked after for 2+ years in the same placement	Y	1	Monthly	Dec-18		68%	>65%
6	% LAC who have experienced 3+ placements in last 12 months	Y	2	Monthly	Dec-18	11%	14.40%	<11%
7	% of LAC placements more than 20 miles from Reading (i.e. from home address of child)	Y	2	Monthly	Dec-18	25%	36%	<25%
8	% care leavers NEET (17-21 year old)	Y	1	Monthly	Dec-18	25%	35%	<25%
9	%children on child protection plans for over 6 months who have kept the same social worker	Y	Tbc	Monthly	Apr-19			Tbc
10	Voice of the child (measure to be defined)	Y	Tbc	Monthly	Apr-19			Tbc
11	% case file audits rated good or outstanding	Y	Tbc	Quarterly	Jun-19			Tbc

12	Social worker turnover (<i>no of FTE leavers / average FTE employed</i>)	N	Management Information	Quarterly	Dec-18		20%	20%
13	Social work agency staffing rate (<i>agency staff FTE as % of total FTE</i>)	N	Management Information	Quarterly	Dec-18		42%	35%
14	Percentage of days lost to sickness / number of Children and Families Social workers x 253 (working days).	N	Management Information	Quarterly	Dec-18		3%	3.50%

Please note: as stated in the main report, it is proposed to revise the above KPIs with initial proposals on revision being advised within Appendix 6 of the BfC Business Plan (Appendix 1 to this report).



RBC/ BfC CONTRACT MANAGEMENT GROUP

TERMS OF REFERENCE

1. **Purpose:** to periodically review each Party's respective performance, in particular the performance of the Services by the Company and the performance of the Dependencies (including the Support Services) by the Council. This in turn is to enable the Council to properly and effectively monitor the delivery of the Services and its statutory functions, whether by the Company or otherwise and equally allow the Company to effectively monitor the delivery of the Services of the Support Services.
2. **Membership** – The Contract Management Group (“**CMG**”) shall have a standing membership as follows:

Council	Company
Council Contract Representative	DCS
Council Head of Procurement	Company Finance Director
Council Head of Finance	Company Contract Representative

In addition to the standing membership of the CMG, other additional individuals from the Council or the Company may be asked to attend the all or part of the CMG as agreed in advance of each meeting.

3. **Representatives and Attendance at Meetings** – It is expected that the standing members of the CMG will be in attendance at all meetings. However in the event that a standing member is unable to attend a meeting they may nominate a representative of appropriate seniority, given the purpose and functions of the CMG, (a “**CMG Nominee**”) to attend on their behalf. Any CMG Nominee shall have the same rights and powers at the CMG as the appointed standing member.
4. **Functions** – The functions of the CMG shall include:
 - (a) monitoring the Company's performance of the Services against the KPIs, acknowledging areas of improvement and identifying areas of concern;
 - (b) monitoring the Council's performance of the Support Services against the SLA KPIs, acknowledging areas working well and identifying areas of concern;
 - (c) reviewing and considering records / logs regarding any use of the Informal Stage to address relevant contract issues and identifying any areas of concern;
 - (d) on a bi-monthly basis, reviewing and considering the General Performance Report (GPR) prepared by the Company and any advice and/or recommendations of the Improvement Board relating to the Children's Services Performance Report (CSPR) and identifying any areas of concern;

- (e) reviewing and considering the Finance Reports prepared by the Company;
 - (f) considering any issues referred to it in respect of the Council's performance of the Council Responsibilities and/or Dependencies and any issues associated with services provided by partner agencies or other divisions within the Council;
 - (g) considering any Rectification Plans which have been agreed between the Parties and for which a Resolution Notice has not yet been issued;
 - (h) inform discussions around potential service innovation and redesign to improve efficiency and effectiveness in the delivery of the Services;
 - (i) ensuring that approaches to performance management remain aligned;
 - (j) promote liaison between the Council, the Company, partner agencies and other relevant third parties (where applicable) to ensure that there is a positive exchange of information about factors that are impacting upon, or which may impact upon the Services;
 - (k) general horizon scanning, for example exchanging information about relevant partnerships and/or priorities or potential upcoming issues that may impact upon the performance of this Agreement, so that both Parties are able to consider such matters when making decisions;
 - (l) the positive exchange of information in good faith such that the Parties inform one another of any events (whether external or otherwise) that may affect the agreements between the Council and the Company and/or the performance of the Services, without prejudice to any confidentiality obligations that may be placed on a Party in this regard;
 - (m) considering government and/or Council policy objectives which may have an impact on the delivery of the Services;
 - (n) discussing and agreeing opportunities for sharing best practice across services delivered by the Company and services retained by the Council;
 - (o) to keep the both the Service Contract and the Support Services SLA KPIs under review and (where appropriate) seek to agree changes for the purposes of the Annual Performance Summary and Annual Review; and
 - (p) recording any Escalation Matters for the Issue Resolution Group detailing where the standing members (or their Nominees) reasonably consider that any performance issues, risks, decisions or other areas of concern identified are unable to be fully resolved by the CMG and/or rectified by either Party (as applicable) and which the CMG has decided should be escalated to the Issue Resolution Group for consideration.
5. **Frequency of meetings** – the CMG shall meet at least once every two months (i.e. bi-monthly), unless the Parties agree otherwise pursuant to a Change to the Contract.
6. **Agendas** – The CMG shall consider the most recently produced CSPR and GPR, together with such other matters as the standing members shall identify as of relevance to the delivery of the Services and/or the performance of this Agreement at an operational level. In consultation with the Company, the Council shall be responsible for circulating the agenda for



these meetings at least five (5) Working Days prior to the date on which the meeting is scheduled to take place.

7. **Chair** – the Council’s Contract Representative (or their CMG Nominee) shall chair the meetings of the CMG.
8. **Minutes** – a minute of, or action sheet for, all meetings of the CMG shall be prepared by the Council and circulated to the standing members of the CMG within the five (5) Working Days following the date on which the relevant CMG meeting was held. All records of the CMG shall be kept by the Council and shall be open to inspection by the Company at any reasonable time.
9. **Review of Terms of Reference** - these terms of reference are to be reviewed after the first 12 months of operation of the CMG to ensure that they remain an accurate reflection of the purpose and functions of the CMG.

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