

**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING  
MINUTES - 21 OCTOBER 2019**

**Present:** Councillors McEwan (Chair), David Absolom, Ballsdon, Challenger, Grashoff, Hoskin, Jones, Khan, McKenna, O'Connell, Pearce, Robinson, Sokale, Terry and White.

**10. APPOINTMENT OF CHAIR AND VICE CHAIR**

Councillor McEwan was appointed to serve as Chair of the Committee for the remainder of the Municipal Year 2019/2020.

Councillor Challenger was appointed to serve as Vice Chair of the Committee for the remainder of the Municipal Year 2019/2020.

**11. MINUTES**

The Minutes of the meeting held on 1 July 2019 were confirmed as a correct record and signed by the Chair.

**12. MINUTES OF OTHER BODIES**

The Minutes of the following meeting were submitted:

- Health and Wellbeing Board - 12 July 2019

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

Questions on the following matters were submitted by Councillors:

<b>Questioner</b>	<b>Subject</b>	<b>Reply</b>
Councillor White	Sun Street Children's Centre Temporary Closure	Councillor Terry
Councillor White	Youth Clubs in Reading	Councillor Terry

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

**14. BERKSHIRE WEST CLINICAL COMMISSIONING GROUP AND BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM PROPOSALS**

Fiona Wise, Executive Lead, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS), submitted a paper entitled "The Future Arrangements for

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NHS Commissioning in your area” that sought views on the future arrangements for NHS commissioning in Buckinghamshire, Oxfordshire and Berkshire West.

The engagement period had begun to gather feedback on proposals about ways of working to support changes to NHS commissioning within the BOB ICS and would run until midnight on 1 December 2019. Views were sought on the following two new ways of working:

- Local working in each of the three counties (the ‘integrated care partnerships’);
- Wider, at-scale working, across the three areas (the ‘integrated care system’).

Engagement was being carried out before the production of any Case for Change document was produced and was not part of any process the service was required to do; the intention was to have a dialogue to inform the Case for Change document by finding out what was really important to local partners. Views were being sought on the following three proposals for change:

- Appointment of a single Accountable Officer and Shared Management Team across the BOB geography;
- Design of stronger Integrated Care Partnerships which were constituted using a set of common principles;
- A proposal to create a single commissioning organisation across the BOB geography.

In addition, NHS England were proposing that some commissioning services that they currently held, and that used to be commissioned locally, should be taken back at local level and commissioned by the CCG, for example, primary care services such as pharmacy services and ophthalmology. This was due to the bigger framework that would result locally from the proposed changes and would also include some specialised services. In addition, there was a requirement to reduce costs by 20% with the aim being to make reductions at a strategic level so that more funding could be allocated at local level.

There was a desire for local decision making and to give more responsibility to partners to do the best for the local population; the key to this would be the Integrated Care Partnership. Decisions were also being taken countrywide with a general expectation to reduce the number of CCGs (and to align them with ICS footprints so that there is typically one CCG per ICS) and the costs of running them, although a merger of the CCGs in the local area would not take place any earlier than 2021. However, there was a requirement to move to a shared financial control model by April 2020 and there had been a commitment by all those involved to set out what this shared financial control might be by Christmas 2019; a Case for Change document would not be published until this had been made clear.

The Committee discussed the proposals set out in the engagement document and a number of points and comments were made including the following:

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- The proposals would need to be considered in the context of whether or not other decisions had been taken, or were going to be taken, nationally by NHS England;
- Partners working together to address local issues and looking at what local people needed, as had been happening in Berkshire West, was seen as being a better model than the much wider commissioning areas that was being proposed;
- The move to a wider commissioning area would need to be considered in terms of what the Council was trying to achieve;
- Budget control on the larger geographical area was also seen as a potential issue and there would need to be transparency around monies that were allocated to Reading and how it would be spent;
- It would not be possible to comment on the financial model as this would only be agreed initially by Christmas 2019;
- Governance and decision making of the wider area would also need to be clear, transparent and open and it would need to be made clear how decisions related to the local area;
- Clarity would also need to be sought on how Reading and the BOB ICS ensured that decision making was transparent for the local area working with all partners, how such decision making could be made real in the proposal and how local decision making would be embedded in the proposals;
- The proposals were seen as being NHS/Health centric and had little to do with social care and were primarily about the organisation of the Health Service at a high management level and not about frontline staff;
- In March 2013 the Strategic Health Authorities and Primary Care Trusts had been abolished as it was said that they had been too remote from the people on whose behalf decisions were being made, this had cost £2 billion, and it appeared that these proposals were taking the organisation back to the same position.

Finally, the Committee agreed that the views and comments detailed above should be put together by the Chair and the Lead Councillor for Health, Wellbeing and Sport and that a response to the engagement document submitted on behalf of the Committee. The Committee noted that the deadline for submission is 1 December 2019.

**Resolved - That the views and comments detailed above be put together by the Chair and the Lead Councillor for Health, Wellbeing and Sport and a response to the engagement document submitted on behalf of the Committee.**

**15. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM FIVE YEAR PLAN**

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Cathy Winfield, Chief Officer Berkshire West CCGs, submitted a series of papers providing an update on the development of a five year strategy for the BOB ICS. The five year, one system, plan would describe how partners in the ICS would work together to deliver the ambitions of the NHS Long Term Plan and address the specific priorities, opportunities and challenges within the BOB ICS area. The first draft of the plan had been submitted to NHS England and had been included in the papers submitted to the Committee. A second 'cut' plan would be submitted in November 2019 and would be informed by feedback from NHS England and the thoughts and views of stakeholders.

The five year NHS plan set out the ambitions and targets that the NHS should achieve for the significant additional investment that had been received. A huge amount of work locally had been carried out around developing a completely different community based out of hospital sector with fully integrated care. This should then reduce the demand for both health and social care services in a crisis or emergency situation and would include developing the 111 service and having care close to home and building on the concept of 'home first'. There was also a focus on improving mental health particularly in relation to children and young people, and again there would be a focus on care close to home and prevention; there was also an emphasis the physical health of people with mental health issues. Emphasis was also on trying to get cancer outcomes improved, improving earlier diagnosis and increasing the uptake of screening. With regard to elective surgery the aim was to get wait times down to ensure the national 18 week wait time was met. There was also a project to redesign outpatient services so that more people could be treated in GP surgeries, in community settings or by remote monitoring. There was a much greater emphasis on population health management, for example, the roll-out of the collective care programme would see the sharing of information between GPs, hospitals and the ambulance service and would help to better understand the needs of the population, to predict risk and intervene when people were potentially at risk and to provide anticipatory care for them.

Work was also being carried out to update the Joint Health and Wellbeing Strategies (JHWBS) across Berkshire West and a proposal has been made to create one SharedHealth and Wellbeing Strategy across the Berks West ICP. The JHWBS has the aim of preventing illness and reducing the need for treatment and delaying the need for care by keeping people independent. The ICS plan also covered maternity, children's health and autism where the aim was to make similar improvements. The plan stressed the need to consider workforce and to think differently about technology by creating efficiencies and allowing people to access and check their own results and to take more responsibility for their health and wellbeing.

Across BOB work had been carried out to look at the requirements and the funding allocations and a financial plan that would sit alongside them; the final document would set out what the allocations would be and how it was intended to apply them. Services would have to be redesigned and there would have to be confidence that some of the interventions that would be made would reduce demand, services would then be reshaped and remodelled. Finally, the financial plan had not been included as it was still being worked on but it would be included in the next version of the plan that would be submitted to NHS England in November 2019.

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The Committee discussed the draft five year plan and a number of points and comments were made including the following:

- Things happening outside of the NHS would impact on the plan and its success, such as cuts to services, the housing crisis, homelessness, cuts to public health budgets and inadequate funding of social care;
- Action plans would be needed to ensure strong emphasis on public involvement and engagement so that what drove the plan was what was important for local people;
- A different approach would be needed for the different areas that the plan covered, for example, the needs of people living in rural areas of West Berkshire and Oxfordshire would be different from those living in areas of Reading;
- It would be vital that the voice of people who would be using the service was heard so that their needs were met rather than relying on other organisations such as Healthwatch.

Finally, the Committee agreed that the views and comments detailed above should be put together by the Lead Councillor for Health, Wellbeing and Sport and the Chair who would then produce a response on behalf of the Committee.

**Resolved -**

- (1) That Fiona Wise and Cathy Winfield be thanked for attending the meeting;**
- (2) That the views and comments detailed above be put together by the Chair and the Lead Councillor for Health, Wellbeing and Sport and a response submitted on behalf of the Committee.**

## **16. ONE READING PARTNERSHIP**

Vicky Rhodes, Strategic Early Help Lead, Brighter Futures for Children (BFfC), gave a presentation on the ONE Reading Partnership.

Just over a year ago there had been agreement to disband the Children's Trust Board and re-create the ONE Reading Partnership. The Partnership was supported by, but not led by, BFfC and was a partnership that had come together to deliver the Early Intervention and Prevention Strategy for children. The partnership had first met in March 2019 and had met three times since then. Rather than having a traditional set of terms of reference the partnership had adopted a consensus which had embedded the principles of the partnership and the way work was carried out together with partners. The Board was well attended by senior system leaders who could release resources and respond to challenges from the delivery group. The focus of the partnership was to sustain early intervention services and reduce demand on high cost specialist services.

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The Strategy was delivered through a delivery model of working groups that had been born out of the priorities of the Strategy and there were a number of groups of children and young people that would be prioritised including under-five's, adolescents and those children and young people with emotional and wellbeing needs. Systems priorities had also been developed that set out how all those involved worked together to use data, how there was a clear pathway in and out of specialist services and early help and wherever possible children, young people and families had been involved in the design of systems.

It had been acknowledged that across the Borough traditional child protection systems did not work well for adolescent young people and therefore the partnership wanted to develop a different approach to work with young people aged thirteen and over. There were now six/seven sub-groups addressing adolescent risk all of whom were coordinating activity and thinking. The groups helped track young people from the earliest intervention right through to specialist provision. A Community Adolescent Support Team had been set up which brought together youth workers, family workers and systemic therapists and was currently working with 19 young people with the aim of stopping them entering the care system. A Youth Diversion Hub had also been established, meeting on a six weekly basis, with the aim of being more preventative and young people were identified that the data was showing that there should be concerns about but who had not entered statutory services. The hub also looked at young people who had been subject to multiple arrests by the police but who hadn't met the threshold for the youth offending service. Work had also been carried out with colleagues in Education to coordinate the prevention activity that was taking place in schools.

Another partnership group was the Graduated Responses Group that was chaired by BFfC and focused on trying to reduce the demand on children's social care. There had been 12,000 contacts at the children's services front door in the previous financial year but less than 20% had met the threshold for statutory intervention. When schools had been contacted they had asked that systems and processes should not be changed unless absolutely necessary and during summer 2019 there had been multi agency discussions with schools about families with the aim of looking at other ways to support them to make sure their needs were met outside of statutory services.

Department for Education transformation money had been used for 0 to 5 year olds and work was being carried out with 24 cases with the aim of taking them out of the care system. Work was also focusing on emotional wellbeing and adoption of strength based approaches to working with families and wherever possible being trauma informed.

Measuring the impact of early intervention was particularly challenging and a hybrid approach was being taken. A lot of data was available from the Troubled Families Programme and 1,500 families were being tracked and would continue to be monitored against the Troubled Families outcomes.

Spreading the ONE Reading message was a priority, a website had been set up and a newsletter had been produced. The launch had taken place in September 2018 and a follow-up conference would take place in November 2019 to see what progress had been

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made and what still needed to be done. The conference would be for families to find out how they wanted to influence the service.

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

**17. ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2018 - 2019**

The Director of Adult Social Care and Health Services submitted a report providing the Committee with an overview of complaints and compliments activity and performance for Adult Social Care for the period from 1 April 2018 to 31 March 2019. A summary of Adult Social Care Complaints and Compliments 2018/19 was attached to the report at Appendix A.

The report explained that during the period the service had received nine corporate complaints, which was an increase of two compared to 2017/18, and 72 statutory complaints, which was a decrease of five compared to 2017/18. Key themes for the period for both corporate and statutory complaints were quality of service provider, financial issues and staff conduct.

The Committee discussed the report and Councillor Jones pointed out that the number of complaints was relatively small compared to the hundreds of contacts the service had with service users on a weekly basis. In response to a question on timescales officers told the Committee about the complexity of cases and how officers were encouraged to talk to the complainants which took time, in addition there were often many family members and meeting all of their needs was challenging.

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

**18. SUPPORT OUR FUTURE ADULT SOCIAL CARE STRATEGY 2019 - 2022**

The Director of Adult Social Care and Health Services submitted a report presenting the Committee with the Council's Adult Social Care Strategy for the period 2019-2022 as revised and refined following a two month public consultation. A copy of the Strategy was appended to the report.

The report explained that the Strategy focused on reducing the need for long term health and social care services by putting in place more self-enabling support. This meant developing a whole system approach which encouraged people to take responsibility for their own health and wellbeing, so that healthier choices were accessible to everyone, and people got the support they needed to stay active and felt they were part of a community. Family and unpaid carers were a vital part of this.

Putting the Strategy in place would provide the Council with a framework for placing prevention and early intervention at the core of care and support in the Borough. This had started with Public Health's role in analysing the local population and its health needs, and putting in place support, a strong focus would then be needed on individual

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and community assets to improve outcomes and manage demand on the formal care system. When people needed Adult Social Care, on a short or long term basis, that support needed to be empowering, re-abling and good value as part of a sustainable care system.

'Supporting Our Future' had identified five priority outcomes for the local care system, as follows:

- An approach which drove wellness and independence;
- Clear information and advice about local services, which facilitated access and self-care;
- A supportive and sustainable local market, offering choice and value;
- A skilled workforce which empowered and enabled people;
- A sustainable system which offered good value.

The Committee discussed the report and agreed that an update report be submitted to the April 2020 meeting.

**Resolved -**

- (1) That 'Supporting Our Future' be adopted as Reading Borough Council's Adult Social Care Strategy 2019-2022;
- (2) That an update report be submitted to the April 2020 meeting.

### **19. AUTISM BOARD - UPDATE**

The Director of Adult Social Care and Health Services submitted a report providing the Committee with assurance that the Autism Board was working with community partners in order to improve the lives of people in Reading with Autism. The Terms of Reference of the Board were attached to the report at Appendix A.

The report explained that the Autism Board had been launched with the inaugural meeting having taken place in July 2019, ensuring that it reflected current thinking and policy with regard to Autism. The Board was chaired by a manager from the Directorate of Social Care and Health. The Board had been designed to drive forward the work of developing the Reading response to Autism and it would meet four times a year in order to inform the creation and implementation of an action plan to deliver the national Autism Strategy. It would seek to take feedback from, and deliver plans to, a number of different working groups and would aim to influence commissioners across the sector to develop improved services for children, young people and adults who had Autism. The Board would be inclusive, ensuring the active participation of a wide range of experts by experience, parents and carers and would constantly seek to raise awareness of Autism within the wider community and work to enable autistic people to be fully included in society. Renewed Terms of Reference had been shared across the Board and membership had also been revisited to ensure there was good representation across the sector.

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The Terms of Reference and aims of the Board had been discussed at the first meeting and, subject to sign-off, these were as follows:

- To develop and agree the Autism Strategy for children, young people and adults with autism;
- To govern the implementation of the Strategy to ensure its effectiveness and that it remained responsive to local need, national guidance and requirements;
- Update the local offer regarding outcomes for people and improvement of services;
- To support and monitor progress of the development of services for people with autism and their families;
- To provide advice to commissioners about the needs of the population with autism and ensure that commissioned services were needs led co-produced with children and adults with autism together with their supporting voluntary sector/parent organisations.

The next tranche of meetings would see the work plan evolve and start to shape the future programme and some of the themes that had been raised at the first meeting were:

- Pressure points across the Health Education and Social Care system;
- Service Deficits or gaps in provision;
- Developing a local strategy;
- Neurodiversity - different strengths and challenges;
- Ensuring links with SEND/Family Services;
- Celebrating good news stories and positive outcomes.

The Committee discussed the report and agreed that an update report be submitted to a future meeting.

**Resolved -**

- (1) That the reformation of the Autism Board with a new Terms of Reference and focus on improved outcomes for people in Reading living with Autism, and their carers, be noted;
- (2) That an update report be submitted to a future meeting.

**20. READING DRUG AND ALCOHOL COMMISSIONING STRATEGY FOR YOUNG PEOPLE AND ADULTS 2018 - 2022 AND ACTION PLAN UPDATE**

The Director of Adult Social Care and Health Services submitted a report providing the Committee with an update on the Reading Drug and Alcohol Commissioning Strategy and Action Plan for Young People and Adults from 2018 to 2022. A copy of the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 was attached

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to the report at Appendix 1 and a copy of the Reading Drug and Alcohol Strategy Action Plan 2018-2022 was attached to the report at Appendix 2.

The report explained that the Strategy had been written in line with the Government Drug Strategy 2017, the Governments' Alcohol Strategy 2012 and Reading Health and Wellbeing Strategy 2017-2020. The Public Health Team had carried out a procurement exercise from October 2018 to March 2019 to re-procure a new drug and alcohol treatment service and the new Drug and Alcohol Behaviour Change, Treatment Recovery System contract had been awarded to Change, Grow, Live (CGL), and had commenced on 1 October 2019.

The Action Plan had three priority areas, of prevention, treatment, and Enforcement and Regulation. It was being used as a 'live' document and would be used in an ongoing way.

**Resolved -**

- (1) That the drug and alcohol action plan 2018-2022 for each of the strategy's three priorities be approved;
- (2) That the presentation of the Action Plan to the Health and Wellbeing Board in January 2020 and then as requested in accordance with the development of the wider Joint Berkshire Health & Wellbeing Strategy be noted.

**21. CARE AND SUPPORT FRAMEWORK - REQUEST FOR DELEGATED AUTHORITY**

The Director of Adult Social Care and Health Services submitted a report outlining the intention to procure supported living and domiciliary care services by establishing two frameworks for each but having all providers under the same terms and conditions. The report also sought delegated authority for the Executive Director of Adult Social Care and Health Services to ensure the result of procurement could be enacted efficiently, enabling the aims of the procurement to be carried out as soon as possible.

The report explained that Home Care was currently procured within a Home Care Framework and Supported Living was procured within a Supported Living Accredited select List Framework. Both frameworks had been awarded in 2015 with the current contracts running until April 2020, at which point they would need to be re-procured in line with the Council's Standing Orders.

The proposed operating model for the replacement frameworks had been established and this framework agreement would be an arrangement between the Council and an unspecified number of providers. All providers would be signed up to the same terms and conditions and contract terms. Price and quality standards would have been agreed as part of the framework agreement and support/care packages would be commissioned as and when required and only offered to those on the framework agreement. All providers on the framework would be able to bid for individual care/support packages and service

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users would be offered the choice from the bids. As a result there would be minimal spot purchase contracts.

The framework would operate a quality two-tier system; those providers on tier 1 would be assessed as having the best quality and would be offered to the service user first. The providers on tier 2 would have met the minimum quality standards for the Council and would be offered work that was unable to be picked up by the tier 1 providers. Tier 1 providers would have first refusal of any new work and a 'Gold Standard' stamp next to their online listings.

Through this approach the Council would have a number of aims, including the following:

- Provide a range of good quality, sustainable care and support residents;
- Ensure value for money through competitive rates;
- Ensure that all providers the Council worked with were under the same contractual terms and conditions;
- Ensure that the Council could select the providers it worked with based on quality and price;
- Allow the Council the flexibility to adapt the way it worked according to the needs of the population of the Borough.

**Resolved - That the Executive Director of Adult Social Care and Health Services, in consultation with the Lead Councillor for Adult Social Care, be authorised to enter into a contract with the successful tenderer(s) for the support/care services to be provided through the above framework agreement, at the stage of contract award (close of Q4 2019/2020).**

## **22. SCHOOL STANDARDS AND ATTAINMENT: 2018/19 (UNVALIDATED)**

The Director of Education, BFfC, submitted a report providing the Committee with an update on the 2018/19 school standards/attainment figures in order for the Committee to determine progress for children and young people in Reading Schools. The information on standards in the report had been based on un-validated data for the academic year 2018/19; validated data would be available later in the academic year.

The report explained that overall schools in the Borough had been just below the national average for standards. In all Key Stages schools had continued to mirror the national position in terms of the gap in attainment between disadvantaged and non-disadvantaged children. The gap in Key Stages 1 and 2 had continued to decrease compared with England averages and at Key Stages 3 and 4, in some secondary schools, there had been some of the best performance in the country. There had also been a significant reduction in secondary school fixed term exclusions, due partly to training on Therapeutic Thinking with schools and colleges. However, there had been a substantial proportion of young

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people leaving schools without the requisite skills for the world of further education and work. The Virtual School for children looked after also delivered some of the best provision in the country and the majority of primary schools were good or outstanding, whilst the picture for secondary schools was more mixed.

The report set out details of achievement against Key Performance Indicators for the following:

- Reduction in secondary school fixed term exclusions;
- Key Stage 2 results (Reading, Writing and Maths);
- Key Stage 4 results (Attainment 8);
- Increased percentage of schools rated good or outstanding.

**Resolved -**

- (1) That the progress made in raising standards across Reading Schools be noted and teachers, support staff, governors, children and their families thanked for all their hard work;**
- (2) That the work of Brighter Futures for Children in raising standards in schools continue to be supported;**
- (3) That a further report be submitted to the Committee in 2020 when the validated data was available.**

(The meeting closed at 9.00 pm)