

**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING  
MINUTES - 13 JULY 2022**

**Present:** Councillor Mpofu-Coles (Chair);  
Councillors Gavin (Vice-Chair), Cresswell, Davies, C Dennis, Ennis,  
Hoskin, Keane, Khan, Kitchingham, McEwan, O'Connell and  
Robinson

**Apologies:** Councillors Ballsdon and Sultan

**1. MINUTES**

The Minutes of the meeting held on 31 March 2022 were confirmed as a correct record and signed by the Chair.

**2. QUESTIONS**

A question on the following matter was submitted by Councillor Cresswell.

<b>Question</b>	<b>Subject</b>	<b>Reply</b>
Councillor Cresswell	Waiting Times for Mental Health Services	Councillor McEwan

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

**3. ROYAL BERKSHIRE NHS FOUNDATION TRUST - DRAFT STRATEGY "OUR STRATEGY - WORKING TOGETHER TO DELIVER OUTSTANDING CARE FOR OUR COMMUNITY"**

Matthew Hayward, Head of Strategy and Planning at the Royal Berkshire NHS Foundation Trust, submitted a report presenting the draft text of a revised strategy for the Trust, for comment and feedback ahead of final professional design and publication. The draft strategy "Our Strategy - Working together to deliver outstanding care for our community" was attached at Appendix 1.

The report explained that in 2021 and 2022 the Trust had recognised the need to review and update its strategy and supporting strategies, originally set in 2018, in order to ensure that they remained stretching, achievable and relevant to the context, challenges and opportunities of the organisation, patients and staff. It stated that the purpose of the review was to:

- Reflect changing conditions at the local, regional and national level
- Adapt language to capture insight from engagement with staff and stakeholders, ensuring the strategy continues to resonate with the community
- Set the direction of travel towards the new hospital encompassing how the Trust worked and what services it provided, as well as the physical infrastructure

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- Increase the focus and clarity on the actions the Trust would take to achieve its objectives and how it would monitor progress
- Simplify the message and enhance the look and feel to aid communication and understanding and to keep the Trust ahead of the pack
- Acknowledge and celebrate successes to date and where it wanted to move on or course-correct

The report listed the six inputs used in developing the refreshed strategy and highlighted some key points, including:

- The Trust had decided to drop the Vision 2025 title to the strategy, instead giving emphasis to its vision statement “working together to deliver outstanding care for our community” as this provided greater clarity on how it wanted people to respond to the strategy.
- The Trust had not changed its vision statement or its CARE (Compassionate, Aspirational, Resourceful, Excellent) values as these resonated with staff and stakeholders
- A strong link had been set out from the strategy to the Trust’s continuous quality improvement journey
- The Trust expected to be able to set clear measures for each of the three goals across the five strategic objectives, which were currently being developed and agreed internally
- The strategy document would include an opening letter from the Chairman and CEO which would be drafted following a discussion to capture their views and would reflect feedback received during public engagement

The report stated that, as with the previous Vision 2025 Strategy, the Trust would be updating its supporting strategies (people, finance, Research & Development, estates, quality and improvement) throughout 2022/23 to set out in more detail how it would deliver on the main strategy.

The draft Strategy set out the following five strategic objectives, with three key aims within each objective:

1. Provide the highest quality care for all
  - enhance the patient experience
  - achieve optimal outcomes
  - minimise harm
2. Invest in our people and live out our values
  - Recruit, retain and develop our people to their highest potential
  - Foster an inclusive and supportive culture that connects all staff with our purpose and empowers them to live out our values every day
  - Prepare our workforce for tomorrow
3. Deliver in partnership
  - Promote wellbeing and prevention
  - Drive the development of integrated pathways of care
  - Improve access to care for all patients

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4. Cultivate innovation and improvement
  - Improve care through insights that inform clinical and operational decision-making
  - Unlock new and better ways for our staff to deliver care and for our patients to co-manage their health
  - Transform the user experience of digitally-enabled care for both patients and staff
5. Achieve long-term sustainability
  - Live within our means
  - Minimise our impact on the environment
  - Upgrade our infrastructure in line with our ambitions

Matthew Hayward gave a presentation on the Strategy's objectives and aims and answered questions from members of the Committee. In the following discussion, points made included:

- The Trust was working closely with local authorities on health and social care issues, including on how to decrease health inequalities. The Trust was using social and demographic data to predict and prevent people not attending appointments, health inequalities was one of the focuses for collaborative projects between the Trust and the University of Reading, supported by funding from the Innovation Fund, and there was a three year partnership with Public Health to identify and prevent inequalities. A new Clinical Services strategy had been launched which also looked at how to approach care at home, and the hospital redevelopment was an opportunity to look at how to bring care closer to people's homes in a number of ways.
- In the purpose of the review one objective was listed as to "Simplify the message and enhance the look and feel to aid communication and understanding and to keep us ahead of the pack" and concern was expressed that keeping ahead of the pack implied competition with partners rather than working together. It was reported that Clinical Directors from primary care partners had also been concerned at explanatory wording in objective two "We will recruit, support, motivate and develop our people to become the best and most inclusive place to work in the NHS" and so the wording of these sections of the strategy would be reviewed.
- It was noted that, whilst a lot in the strategy aligned with the Joint Health and Wellbeing Strategy (JHWBS), there was no reference to the JHWBS in the Trust's strategy and Matthew Hayward agreed that the JHWBS needed more explicit reference in the Trust's strategy.
- There was an inherent tension when trying to improve public access for outpatient services if the hospital redevelopment meant moving from the current site that, just because services might be provided nearer to people's homes, this did not necessarily improve access for all because, apart from in Reading, there were poor public transport links in most of Berkshire. This was understood by the Trust, and work was being done on establishing better models to identify the best locations

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for patients for all of their health pathways, both for clinical outcomes and for access purposes and to then define the most appropriate access targets.

- It was noted that the potential decentralising of outpatient services off the hospital site could be a problem for patients, particularly in areas of deprivation which already had high health inequalities, such as Whitley Ward. If services came to GP surgeries, there could be problems accessing GP appointments and if patients had to travel to other areas, this could be a challenge for them and would not help with achieving the Trust's zero carbon target. It was reported that data was being collected to help the Trust focus on health inequalities and it was suggested that it would be useful to have a further discussion around this topic at a future meeting.

**Resolved -**

- (1) That Matthew Hayward be thanked for his presentation;**
- (2) That the draft strategy be noted and the comments made be fed back to the Trust by Matthew Hayward.**

**4. CARE QUALITY COMMISSION - ADULT SOCIAL CARE ASSURANCE FOR 2023**

The Executive Director of Social Care and Health submitted a report on the introduction of a new assurance regime for Local Authority Adult Social Care Services which was due to be introduced from 2023. This would expand the remit of the Care Quality Commission (CQC) to oversee the quality and performance of both Local Authorities and Integrated Care Systems (ICS) alongside the existing inspection responsibilities they held for providers of regulated activity.

The report explained that, as part of the wider reforms to health and social care, the government had announced in February 2021 that a new duty would be introduced through the Health and Care Act, in which the CQC would become responsible for assessing the delivery of adult social care duties by Local Authorities. The new system would come into effect in April 2023 and would put Adult Social Care services on a similar basis to Children's Services, in which local authorities were subject to regular inspection by Ofsted and government intervention if they were deemed 'inadequate'.

CQC annual assessments of Local Authorities had been ceased in 2010, since which Councils had worked together to support their own performance through sector-led improvement programmes, in partnership with bodies such as the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

The report gave details of progress on developing the new system, noting that a period of detailed piloting of the methodologies was under way in pilot sites, the approaches and methodologies were expected to be agreed by CQC Executives in July 2022 and the Department for Health and Social Care was expected to agree the final approach in August 2022. It stated that there were also plans to introduce a new power for the Health and Social Care Secretary to intervene when it was considered that a local authority was failing to meet its duties.

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The new CQC framework would assess providers, local authorities and ICSs using the following themes:

- How local authorities work with people
- How local authorities provide support
- How local authorities ensure safety within the system
- Leadership capability within local authorities

The report gave details of the planning and preparation being carried out in adult social care for the new system.

**Resolved -**

- (1) That the new Adult Social Care Assurance system, which would come into effect in April 2023, be noted;
- (2) That the planning and preparation under way for the new system be endorsed;
- (3) That a further report on progress of the development of the new system be submitted to the Committee at its meeting on 19 January 2023, prior to the system coming into effect.

### **5. ADULT SOCIAL CARE LIBERTY PROTECTION SAFEGUARDS**

The Executive Director of Social Care and Health submitted a report on legislative changes which were due to be implemented in relation to people who lacked capacity to consent to their care needs being met.

The current arrangements under the Deprivation of Liberty Safeguards (Mental Capacity Act 2005) were due to be replaced by new legislation in the form of Liberty Protection Safeguards (LPS) which had been introduced by the Mental Capacity (Amendment) Act 2019. The implementation date had yet to be confirmed but the Code of Practice and Regulations had been laid before Parliament and were currently subject to consultation.

The report explained the current process, which provided safeguards so that deprivation of liberty was made lawfully through 'standard' and 'urgent' authorisation processes, designed to prevent arbitrary decisions to deprive a person of their liberty and a right to challenge authorisation decisions. A managing authority (a hospital or care home) had to seek authorisation from a supervisory body (local authority) in order to be able to lawfully deprive someone of their liberty. Before giving such an authorisation, the supervisory body had to be satisfied that the person had a mental disorder and lacked capacity to decide about their care and treatment.

The report explained that a 2014 Supreme Court judgement (the 'Cheshire West' judgement) had set a new 'acid test' which had led to many more people being found to be deprived of their liberty within the new definition, and this had had a significant impact on resources across the sector, particularly for local authorities in their role as Supervisory Body.

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The report explained that the intention of LPS was to provide a simplified process which was based more around usual care and support planning processes and only involved specialist assessment in particular circumstances. It summarised the key changes and set out the planning which had been carried out in preparation for the changes.

**Resolved -**

- (1) That the proposed legislative changes be noted;**
- (2) That the planning and preparation under way to ensure compliance with the new framework be endorsed.**

**6. DELIVERING OUR 'HOME FIRST' APPROACH DURING COVID**

The Executive Director of Social Care and Health submitted a report giving an update on the Council's offer around supporting residents back home from hospital, and support to local acute and community hospitals (excluding the Mental Health inpatient hospital), during the Covid pandemic. The report also provided assurance that Adult Social Care was working with health partners to ensure ongoing timely discharge from hospital post-pandemic. Appendix A to the report gave further information on the Huntley Place Discharge to Assess service.

The report explained that, from the outset of the Covid-19 crisis, it had been realised that the demand for acute hospital beds would be high and the optimisation of flow out of hospital would be a priority. It gave details of the changes made by Government to legislation, guidance and funding and set out the range of provisions and arrangements which had been stood up in Reading to deliver the new discharge requirements. These included:

- Four existing independent living flats at Charles Clore Court;
- Commissioning of additional bedded capacity at Riverview Nursing Home of ten beds, as well as short term urgent bed capacity at the Holiday Inn up to 20 beds;
- With the learning from the Holiday Inn model and 3-month interim funding, piloting of a future model of discharge to assess and admission avoidance for Reading. In January 2022, a temporary Discharge Service at Huntley Place had been opened as a new resource to support people who needed temporary access to care and support, with a reablement ethos and with the number of beds and associated level of care being scalable depending on the need;
- Adult Social Care had been able to increase capacity across the 'Home First' pathway ie Social Workers, Occupational Therapists, and Care Assessors working in the hospital, supporting the discharge to the patient's home or care home, and undertaking the assessment in the community, rather than in the hospital setting. Adult Social Care had been able to offer extended hours in the weekday evenings and weekends. All this had resulted in reduced length of stay in the hospital and hospital flow during very difficult covid and winter pressures.

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The report stated that Reading had succeeded in stepping up the additional capacity at pace to respond to the new guidance and had made significant improvements in the length of stay of patients who had previously been significantly delayed in hospital. However, delivering the Government expectations around Home First - which was that 95% of patients would go straight home from hospital had been challenging; in Reading the figure was 87%.

It gave further details of relevant statistics and concluded that, based on reviews of placements, placing patients in a temporary care home setting post discharge did not deliver good outcomes and in the majority of cases had resulted in the patient remaining in that setting, therefore the Council would continue to work with system partners to adopt a home first approach for discharge to assess services, further details of which were set out in the report.

**Resolved - That the report be noted and the Committee's thanks to all the staff involved be recorded.**

### **7. CONSULTATION PLAN FOR READING'S ALL AGE AUTISM STRATEGY**

Further to Minute 34 of the meeting held on 31 March 2022, the Executive Director of Social Care and Health submitted a report seeking permission to consult on Reading's All Age Autism Strategy 2022-2026, which would aim to improve the lives of autistic children, adults and parent carers in Reading. The draft Strategy, consultation plan and Equality Impact Assessment were attached to the report.

The report explained how the draft strategy had been shaped, involving public and partner engagement from November 2021 to May 2022, resulting in seven selected priorities being used as the basis for the draft strategy:

- Improving awareness, understanding and acceptance of autism
- Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
- Increasing employment, vocation and training opportunities for autistic people
- Better lives for autistic people - tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
- Housing and supporting independent living
- Keeping safe and the criminal justice system
- Supporting families and carers of autistic people

The development of the strategy was being co-ordinated by Reading's Autism Partnership Board. With such a high level of engagement as part of the needs assessment development process, there was good reason to believe that autistic people's top priorities had been robustly identified and the draft strategy and supporting plans were in development on this basis. However, to have a thorough review of the work and content of the strategy and priorities to date, there would be a formal consultation, with the

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feedback being used to clarify aims and help with the finalisation of the strategy and the development of an action plan.

The proposal was therefore that there would be a formal public consultation on the proposed priorities and draft strategy for 60 days from 15 July to 15 September 2022. As previously, an online survey would be hosted by the Council.

The final strategy and action plan would be brought back to the Committee for approval and would also be submitted to the Health and Wellbeing Board. An autism action plan would be developed each year across the four years of the strategy, and this would be brought back to the Committee annually.

The Committee discussed the draft strategy and the points made included:

- The strategy mentioned that Autistic people were more likely to die early from suicide, but the suicide rate for people with autism was actually over nine times higher than for the general population and was one of the most concerning reasons for needing improvements in services, so this should be stated more strongly in the strategy.
- On page 20 of the strategy, it stated that there were already 644 autistic children in primary care, but on page 23, the predicted number of 5-19 year olds with autistic spectrum disorders in 2020-2025 was shown as fewer than 400. Such inconsistencies needed to be checked and corrected as necessary.
- The aims of the strategy were laudable but ambitious and there might be issues with needing to manage people's expectations. The action plans would need to be clear what would be expected to be delivered in each year.

**Resolved -**

- (1) That the draft of Reading's All Age Autism Strategy be noted and the comments made above be taken into account in its development;**
- (2) That the consultation plan for the development of Reading's All Age Autism Strategy be noted and endorsed.**

(The meeting commenced at 6.30 pm and closed at 8.53 pm)