

**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING
MINUTES - 20 JANUARY 2021**

Present: Councillors McEwan (Chair) Grashoff, Hoskin, Jones, Khan, McKenna, Pearce, Robinson, Sokale, Terry and White.

Apologies: Councillor Challenger.

15. DECLARATIONS OF INTEREST

Councillor White declared a personal interest in Item 22, on the basis that his wife worked in the Council's Adult Social Care Service.

16. MINUTES

The Minutes of the meeting held on 22 October 2020 were confirmed as a correct record and would be signed by the Chair in due course.

17. QUESTIONS

A question on the following matter was submitted:

Questioner	Subject	Reply
Councillor White	Weekly Food Hampers for School Children	Councillor Pearce

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

18. AN UPDATE ON THE REDEVELOPMENT OF THE ROYAL BERKSHIRE HOSPITAL

Nicky Lloyd, Acting Chief Executive of the Royal Berkshire NHS Foundation Trust, introduced John Underwood, Communications and Engagement Lead, Freshwater Communications, who gave a presentation on the redevelopment of the Royal Berkshire Hospital, and Andrew Statham, Director of Strategy Transformation and Partnership, who answered questions raised by the Committee. She also thanked the Council for setting up beds in the Holiday Inn for patients who were recovering from Covid-19 and were unable to return home, this had had a huge impact on the flow of patients in the hospital and on staff. The support and goodwill had been hugely appreciated and, although the hospital was under a lot of pressure, everyone who had an appointment at the hospital was being asked to attend.

The presentation explained that the Government's Health Infrastructure Plan (HIP) had provided funding for new hospital projects over the next ten years and the Royal Berkshire Foundation Trust was one of 21 Trusts to receive funding to develop ideas for new hospital facilities. A Strategic Outline Case had been developed for the Treasury and all redevelopment possibilities were being considered, this was seen as a major opportunity for the NHS and for the local community to improve services, patient experience and the environment. The case for change had been based on the 5 C's: Condition, Capacity, Capability, Climate and Catalyst and six possible scenarios had been developed as follows:

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- Do Nothing - Only the most high risk backlog maintenance would be addressed;
- Do the Minimum - Address more backlog maintenance;
- New Emergency Care Block - Expanded A&E, new ICU and new theatres;
- New Emergency Care Block plus new Elective Care Block and new women's and children's facility - Grow clinical services, better address developing local needs;
- Substantially new hospital on the current site - To support growing demand, greater integration of health and care services, medical school and research centre;
- Completely new hospital on a greenfield site - Could address all local needs and provide the blank canvas for a zero carbon health facility.

The pros and cons of the redevelopment were being considered in the following terms:

- Adjacencies - Ensuring the services that needed to be near each other were co-located;
- Environment - Developing an environment which was green and low carbon;
- Economy - Developing a hospital which supported the local economy and created jobs;
- Compliance - Considering which scenario ensured the greatest compliance with modern safety guidelines;
- Cost - Developing the most cost-effective scenario;
- Convenience - Considering which scenario could be easily and conveniently delivered.

Critical features of the case included the Thames Valley being home to one of the world's largest life sciences clusters, crucial in the fight against coronavirus and future pandemics, and the hospital being an anchor institution.

The next steps in the process had seen the Strategic Outline Case being submitted to the Treasury in December 2020, continuing engagement with stakeholders, the production of an Outline Business Case and then finally submitting a Full Business Case to the Treasury for approval.

The Committee asked a number of questions and made a number of points including the following:

- Having submitted the Strategic Outline Case to the Treasury in December 2020, it was assumed that the next stage would take between 12 and 18 months, depending on how long the Government took to respond. The build phase was constricted by timings in the Treasury with funding for the project being in the next spending review, therefore it had been estimated that the hospital would be in some or all of the new facilities by 2025;
- Plans were being aligned with the Health and Care system in Berkshire West, work was also being carried out with the primary care networks in terms of care through digital channels and it was hoped that this would affect the footfall and reduce some of the demand on the site;
- One of the prime concerns was the impact on services, this would be easier if the hospital moved to a greenfield site, but if it remained on the current site then development would take place in phases with services moving into new buildings and then the old ones being demolished;

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- The catchment area of the hospital went beyond the Borough's boundaries and there was a need to be more strategic. There was an aging population with more challenging life styles and health needs and it was suggested that all options up to option four would not meet the growth or ambition of the hospital; (Richard - this bit I didn't understand)
- It was also suggested that in addition to the 5 C's, Community and Congestion be added. It had been suggested in the plans that deliveries be made to the hospital at night but, this would not be welcomed by local residents and, in terms of parking, if the current site were expanded parking issues would only get worse;
- In terms of a regional approach, and for the hospital to obtain university status, a greenfield site might be the better option as had happened elsewhere, for example, in Oxford and Swindon;
- The development of the current site would not see any building taller than the tallest building currently onsite;
- The hospital had a Travel and Transport Policy and was investing heavily in updating storage and changing facilities so that staff would be encouraged to cycle to work, the hospital was also working with Reading Buses;
- One of the design requirements of the HIP was to be carbon neutral and the use of more sustainable methods of construction was at the heart of the project's thinking, as was community;
- Congestion would be addressed in the new designs and the hospital was committed to a sustainable solution;
- The hospital had a catchment area of a district hospital and provided services at other sites which it rented such as the University, the Bracknell Healthspace, Townlands Hospital in Henley and the West Berkshire Community Hospital. Work was being carried out to see which services could be moved off-site nearer to where people lived. The vision for the future was to have a combination of face-to-face and phone consultations. Patients were also being monitored remotely saving them having to come into the hospital;
- At the heart of the project was the absolute commitment to engage with stakeholders and to design a facility for staff and patients for years to come.

Resolved - That the presentation be noted and Nicky Lloyd, John Underwood and Andrew Statham be thanked for taking part in the meeting.

19. FUTURE COMMISSIONING OF NHS HYDROTHERAPY SERVICES IN BERKSHIRE WEST

The Executive Director of Social Care and Health submitted a report informing the Committee that NHS Berkshire West Clinical Commissioning Group (CCG) had approved revised arrangements for the commissioning of NHS hydrotherapy services in Berkshire West. This would mean that hydrotherapy would only be funded when exceptionality could be demonstrated via an individual request. Given the operational challenges of providing this service currently due to stringent control policies, the CCG would be working with the Royal Berkshire Foundation Trust to determine the best way to provide this service. The hydrotherapy facility at the Royal Berkshire Hospital had in fact been closed since March 2020 as part of the Trust's Covid-19 Infection Control Policy. A copy of a report by Shairoz Claridge, Director of Operations Planned Care and Long-Term Conditions, Newbury Locality, and Caroline Tack, Head of Planning and Transformation, entitled 'Future Commissioning of NHS Hydrotherapy Services in Berkshire West' that had been presented

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to the NHS Berkshire West CCG Governing Body on 8 December 2020 was attached to the report. Copies of the Stage 1 and 2 Integrated Impact Assessment Tools were also appended to the report.

Shairoz Claridge and Dr Kajal Patel, Milman and Kennet Surgery and GP Locality Lead South Reading CCG, were present at the meeting and addressed the Committee on the revised arrangements for the commissioning of NHS hydrotherapy services in Berkshire West. They informed the Committee that the CCG had a duty to ensure that limited NHS resources were spent prudently and that the services it commissioned were evidence based and they offered clinical benefit to the maximum number of people. The CCG would regularly review procedures of limited clinical value, procedures where the clinical value was either absent or evidence showed weak efficacy. A consultation had taken place to understand the future provision of the service and was the first time a public consultation had taken place about this issue. The scope of the consultation had related solely to hydrotherapy services for NHS funded patients and those referred by a physiotherapist or a consultant from the Royal Berkshire Foundation Trust using the NHS funding from the CCG. The consultation had begun on 10 August 2020 and had concluded on 2 November 2020, around 498 individual responses had been received and nine written responses from organisations. Of the responses received, 217 identified as having used the NHS service and 279 had not; only 59 were NHS patients who had been prescribed hydrotherapy. The majority of the comments had been about the pool at the hospital rather than about hydrotherapy and it was clear that these comments were from people who used the pool in a private capacity. Other views were that hydrotherapy did not have to be provided at a hospital site, a better pool was needed and that hydrotherapy was good at aiding pain relief. There was a limited amount of good quality evidence on the effectiveness of hydrotherapy compared to land-based therapy and therefore considering the clinical effectiveness and analysis of responses to the public consultation the CCG Governing Body ~~members~~ approved an option to commission hydrotherapy services on an exceptionality basis via an individual funding request. This option would allow consideration of the individual's needs and an assessment of the benefits that hydrotherapy could deliver against a set list of clinical criteria and would ensure that those who needed the service the most would get it. The criteria were being developed in partnership with the Chartered Society of Physiotherapy.

Councillor Hoskin, Lead Councillor for Health, Wellbeing and Sport, read out an email that had been sent to him during the meeting from Iain Croker, Organising Officer - South, Charter Society of Physiotherapy (CSP), who was unable to join the meeting at that point. The email stated that although the pool might not be fit for purpose currently if the decision was made to close it then a suitable alternative would have to be found. There was evidence that hydrotherapy was beneficial for a number of conditions, none of which were linked to National Institute for Health and Care Excellence (NICE) guidance except in the management of axial spondyloarthritis, which was why the CCG wanted to move hydrotherapy to a procedure of limited clinical benefit and to develop an individual funding request process. Aquatic physiotherapy covered a wide range of symptoms and conditions and by its nature created an improvement in function for some of the most disabled members of society as buoyancy counteracted the effects of gravity which allowed freedom of movement. However, ceasing or restricting access to hydrotherapy might promote further health inequalities for these people as they would not be able to achieve the same or similar levels of function on dry land. The process by its nature was about restricting access and referring clinicians would have to prove an individual patient had a clinical need

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over and above others who had a similar condition and with funding only being provided on an exceptional basis further inequality was promoted. The CSP was working with the CCG to try to influence the development of the process to minimise the restriction of access but moving away from a referral/open access system had been decided by the CCG. It was appreciated that this was as a result of the CCG having to make cost savings but consideration should be given to increasing activity in the pool in order to offset costs. Access to hydrotherapy allowed individuals to self-manage their conditions thus saving costs in terms of hospital and GP appointments and was an effective treatment option for those with multiple conditions and for those recovering from Covid-19 as it promoted muscle power and stamina, while reducing pain levels and the need for pain medication.

The Committee discussed the report and made a number of points including the following:

- The Council had agreed at its meeting on 20 October 2020 (Minute 9 refers) that the decision by the CCG to stop commissioning of hydrotherapy services was premature;
- The decision by the CCG to stop commissioning services would very likely mean that the facility would be under threat of closure;
- The lived experiences of many people who had benefited from the hydrotherapy had not been listened to and although this had been picked up in the consultation it had been less strongly reflected in the report by the CCG;
- It was recognised that the CCG was in a difficult financial position, but this decision would impact on those people who were in most need and could lead to a bigger impact on finances in the future;
- With the services only being provided on an exceptionality basis and not provided for all, this would promote inequality;
- As all public services were under great financial pressure, there was a need for the Council to keep sight of the issue and to make sure that the resource was not lost. In addition, having just heard about the redevelopment of the hospital, see minute 18 above, if a hydrotherapy pool was not going to be provided in the redevelopment then what was going to be provided in its place;
- If the service was not available in the hospital then thought had to be given as to where else it could be provided, for example, by making use of private gyms, which had been piloted successfully by other authorities.

The Chair, on behalf of the Committee, thanked Shairoz Claridge, Dr Kajal Patel and Iain Croker for attending the meeting.

Resolved - That the decision regarding future commissioning of NHS hydrotherapy services in Berkshire West be noted.

20. SCHOOL ADMISSION ARRANGEMENT 2022-23

The Director of Children's Services, Brighter Futures for Children, submitted a report that invited the Committee to agree the determination of school admission arrangements for September 2022 as follows:

- The admissions arrangements for Community Primary Schools in Reading for the school year 2022/23.
- The coordinated scheme for primary and junior schools for the 2022/23 school year.

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- The coordinated scheme for secondary schools for the 2022/23 school year.
- The Relevant Areas.
- Maps of the catchment areas.

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

The report explained that a new admissions code for local authorities would be laid before Parliament in early 2021 and a further report would be submitted to a future meeting once the code had been published if any amendments to existing arrangement were required. It was anticipated that there was likely to be changes in the areas of domestic violence and children in need. In addition, BFfC was reviewing the admission arrangement for children and young people with SEND and a report on the outcomes of the review would be submitted to the Committee in March 2021.

Resolved -

- (1) That the scheme attached to the report at Annexes A, B and C as the admissions arrangements for 2022/23 for community schools in Reading and the local arrangements for complying with the national coordinated primary school admission procedures for the allocation of primary school places for residents of Reading Borough be agreed;
- (2) That the scheme attached to the report at Annex D as the local arrangements for complying with the national coordinated secondary admissions procedure for the allocation of secondary school places for 2022/23 for residents of Reading Borough be agreed;
- (3) That the relevant area attached to the report in Annex E which sets out the organisations that must be consulted for any admissions arrangements for schools in Reading be agreed;
- (4) That a further report be submitted to a future meeting once the new admissions code has been laid before Parliament in early 2021;
- (5) That a report be submitted to the Committee in March 2021 following a review of SEND admissions policies and arrangements;

21. ADULT SOCIAL CARE RESPONSE TO THE COVID-19 PANDEMIC

Melissa Wise, Assistant Director of Commissioning, Transformation and Performance, gave a presentation on the response by Adult Social Care to the Covid-19 Pandemic.

The presentation explained that the weekly rate of confirmed cases of Covid-19 per 100,000 of the population had increased significantly in Reading during December 2020 and January 2021 and in fact the numbers for Reading had gone slightly beyond what had been seen in south east England and nationally. On 7 January 2021 there had been 1219 new cases during the previous seven days, with 1040 in the week to 3 January 2021 and 775 in the week to 27 December 2020. During the first wave of the virus from April to May 2020 deaths had been above what was normal, this had settled to fairly normal levels until recent weeks when it had again increased above the average. For the period from 1 March 2020 to 1

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January 2021 there had been 218 deaths due to Covid-19, which was 27% higher than would be expected for the year to date, 60% of deaths had occurred in hospital and 32% in care homes.

Adult Social Care had played a key role during the pandemic and had provided support for service users, hospitals, the provider market and staff. Currently, the service was supporting 1,800 people with services and 570 carers and dealt with 600 pieces of work a month and during the pandemic it continued to provide support such as the overnight service, day services and other services that had re-opened once guidelines allowed. Support was also provided for a new cohort of people, those who were deemed to be Clinically Extremely Vulnerable, there were 6,000 people in this group, 350 of whom were known to the service. The team had worked proactively with providers to help service users and had worked with officers in Housing to help people remain safely in their homes; 1,000 pieces of equipment had been installed in homes to allow this to happen. To support hospital work had been carried out to avoid hospital admissions, hospital discharges had been fast-tracked and new packages of care had been organised to get people home. With regard to discharges, a block of 10 beds had been provided for those who needed nursing services so could not return home or were waiting for a place in a care home; 67 people had been supported by this service. In addition, a block of 20 rooms had been provided in a dedicated section of the Holiday Inn for people who were ready to leave hospital but who could not return home. This had provided support for 19 people and had saved 90 bed days in hospital in the current wave and 162 days in the first wave of the pandemic. The service had been contacted by a number of authorities across the country wishing to duplicate this model.

Providers had also been supported with regular communications, particularly at the beginning of the pandemic when changes were happening on a daily basis, which meant that they could continue to focus on providing care. The service had also led a recruitment campaign on behalf of providers, dispelling myths about working in care, financial support had also been provided so that they could remain sustainable; a lot of people had been fearful of losing care services. There had been difficulties in sourcing Personal Protective Equipment at the beginning of the pandemic, but this was now being managed by a central portal.

By Easter 2020 the service had been able to provide testing and had been involved in a pilot scheme in October 2020 mobilising testing in different settings. A lot of time had also been spent managing questions around testing. Currently, staff needed to be tested twice a week which meant a huge amount of administrative support was required. Early access to vaccinations had been provided and the service had arranged for 150 staff from Reading based providers and Adult Social Care staff to receive a vaccine in early December 2020. Vaccinations were now being rolled out to all Adult Social Care staff with 600 having been vaccinated to date, work was also being carried out to dispel myths around the vaccine.

Finally, the presentation set out some quotes from staff on how working during the pandemic had been for them, what was different about working during this time and what had been learnt.

Resolved -

- (1) That Melissa Wise be thanked and the presentation noted;

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- (2) That all staff in Adult Social Care be thanked for their dedication in working with the most vulnerable members of the community during the Covid-19 pandemic.

22. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20

The Executive Director of Social Care and Health submitted a report with attached a copy of the Safeguarding Adults Board (SAB) Annual Report 2019/20. The following appendices were attached to the Annual Report:

Appendix A	Board Member Organisation
Appendix B	Achievements by Partner Agencies
Appendix C	Completed 2019-20 Business Plan
Appendix D	2020-21 Business Plan
Appendix E	Annual Safeguarding Performance Reports for:
	<ul style="list-style-type: none">• Reading Borough Council• Berkshire Healthcare Foundation Trust• West Berkshire Council• Wokingham Borough Council• Royal Berkshire Foundation Trust

The report explained that the Annual Report 2019/20 presented what SAB had aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2019/20, both as a partnership and through the work of its participating partners. It provided a picture of who was safeguarded across the area, in what circumstances and why. It also outlined the role and values of the SAB, its ongoing work and future priorities.

The report noted that in terms of the Council's Safeguarding Performance Data:

- There had been a 13.4% reduction in the number of safeguarding concerns in 2019/20 compared to 2018/19;
- In 2019/20 57% of safeguarding concerns had led to a section 42 enquiry;
- In 2019/20 58% of section 42 enquiries that had been reported related to older people over 65 years;
- More women were the subject of safeguarding enquires than men as in previous years;
- 85.2% of section 42 enquiries were for individuals whose ethnicity was White. There had been a slight decrease of 2.5% in section 42 enquires for individuals whose ethnicity was Mixed, Asian, Black or Other. This continued to be the focus of work for all partners in view of the demographic makeup of the Borough;
- As in previous years the most common type of abuse for concluded section 42 enquiries were for Neglect and Acts of Omission;
- For most section 42 enquiries the primary support reason was physical support;
- As in previous years, the most common location where alleged abuse had taken place were in a person's own home or in a care home;
- 86% of services users had been asked about the outcomes they desired as part of the Making Safeguarding Personal agenda and engagement of the service user throughout the whole process.

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In response to the SAB report 2019/20 the Council had considered the wider safeguarding agenda for the residents of the Borough and had supported the implementation of the following services which supported the statutory work of the Safeguarding Team:

- The Serious Concerns and Standards of Care Provider framework had been implemented, carried out by the Commissioning Service;
- The Conversation Counts Model, that had been implemented in 2018, had been delivered and had been continually evaluated and developed as a result of the initial feedback from services users, staff and external professionals;
- The use of Direct Payments had been increased as an alternative to the traditional models of care and for Direct Payments to be offered to service users for purchasing support packages;
- A project had been initiated to understand how Technology Enabled Care could promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for safeguarding intervention.

The report stated that most notable in the data was the small drop in the number of safeguarding concerns that had been recorded. It was noted that there remained some disparity across the West Berkshire Board in the recording of organisational abuse safeguarding concerns and that work was being carried out to address this issue and clarity was being sought from the Department of Health.

Officers had worked to continue to embrace Making Safeguarding Personal, a nationally led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry, and this had been evidenced in the safeguarding data.

The report stated that the aspiration for 2020/21 was to streamline the pathway for all safeguarding concerns into the Council through the single point of access. This would support the work of the Safeguarding Team to ensure consistency of approach and offer better efficiency in meeting safeguarding targets. There would be an updated implementation of the safeguarding electronic file recording system and a review of the way in which the safeguarding statutory function was delivered across Adult Social Care would take place in line with national work being carried out. The latter was in respect of those individuals who were homeless or had drug and alcohol problems, the outcome of which might increase the responsibilities of the Safeguarding Team which would see an increase in the levels of safeguarding concerns.

Resolved - That the report be noted.

(Councillor White declared a personal interest in the above item. Nature of interest, his wife worked in the Council's Adult Social Care Service)

(The meeting commenced at 6.30 pm and closed at 8.48 pm).