

**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING  
MINUTES - 1 JULY 2021**

**Present:** Councillors James (Chair), David Absolom, Ballsdon, Carnell, Hoskin, Mpofu-Coles, Pearce, Robinson, D Singh, Sokale, Terry, and R Williams.

**Apologies:** Councillors Ennis, O'Connell and White.

**1. MINUTES**

The Minutes of the meeting held on 30 March 2021 were confirmed as a correct record and signed by the Chair.

**2. QUESTIONS**

Questions on the following matters were submitted by Councillors:

| Questioner       | Subject                  | Reply            |
|------------------|--------------------------|------------------|
| Councillor White | Children Taken into Care | Councillor Terry |

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

**3. ROYAL BERKSHIRE NHS FOUNDATION TRUST ANNUAL QUALITY ACCOUNTS 2020-2021**

Steve McManus, Chief Executive Officer, and Eamonn Sullivan, Chief Nurse, The Royal Berkshire Hospitals NHS Foundation Trust, attended the meeting and addressed the Committee and answered questions on the Royal Berkshire NHS Foundation Trust Annual Quality Accounts 2020-2021 and in particular some areas of concern that had been raised by Councillors as set out below:

The Quality Accounts was just one vehicle for improvement, it was fairly restrictive both as a document and in terms of its completion and if there were areas that weren't in the Accounts it didn't mean they weren't being addressed. Because of the disruption over the previous 15 months due to the Covid-19 pandemic the process of completing and publishing the document, which usually took six months, had been compressed into six weeks. As a result, the priorities from the previous year had been rolled over into the current document.

Health Inequalities

Concerns had been expressed by Councillors in respect of health inequalities specifically for those with learning disabilities. This was an area of priority focus for the Trust and partnership work had been started with Public Health with £300k being allocated to the issue over the coming three years to better inform the hospital about how to deliver services. Part of this money had been used to make a joint appointment of a consultant in public health to bring expertise in public health collaboratively into the organisation. During the pandemic the Learning Disability Team had remained in the hospital and as

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services were disrupted or delayed they maintained a register so that they would be ready to recommence care when restrictions were lifted. Work was being carried out to look at how staff were trained with £30k being allocated to this issue; the aim was for this to have been completed by the end of quarter three in the current year. As the hospital functioned on a 24 hour basis work was also being carried out to strengthen the out of hours service for those with learning disabilities.

Over the previous four years the Trust had actively moved away from seeing itself as an acute hospital to being part of the community, changing the way facilities were used so that there was a focus on self-intervention and prevention. The redevelopment of the hospital site, as reported at the meeting on 20 January 2021 (minute 18 refers), provided an excellent opportunity to improve what the hospital could bring to Reading and Berkshire. Potential redevelopment would start in 2025 so it was important work took place with the Council to ensure it was right for the wider community.

### Impacts of Covid and rehabilitation - Including for those with long-Covid

Clinical teams had been innovative around preventing the effects of long-Covid. Patients who had come into the hospital with Covid, and were able to manage at home, were sent home with oxygen monitors and the hospital then kept in contact with them on a daily basis as it was found that outcomes for patients were improved significantly if they stayed at home. A virtual service was currently being provided for patients and the hospital and been one of the early adopters of a long-Covid programme and was becoming a research active organisation to discover how support could be given to those suffering from the long-term impact of Covid. The hospital had also been one of the first to set up a long-Covid clinic, which was largely therapy driven, and had treated 700 patients. Paediatric long-Covid would be consolidated by the BOB ICS with the service being brought together over the whole area.

Nationally and locally there was a focus on patients with Covid but, there was widening inequality with non-Covid patients. During the second wave of Covid the hospital had maintained a significant level of service and had used other facilities to create Covid free environments. Performance prior to the pandemic had been good and coming out of the pandemic at the end of March 2021 there were 2,800 people waiting more than a year for their planned treatment, this had decreased to 1,140 by May 2021.

With regard to performance in respect of cancer treatment, a decision had been made early in the pandemic to maintain as much cancer treatment as possible. Some treatment had been moved to the independent sector but during the second wave this had been moved back to the hospital. Cancer services had therefore been maintained throughout the pandemic and at the end of May 2021 the two week wait standard from a GP referral to being seen as an outpatient was 94% compared to a national figure of 93%. For the 31 day cancer standard, the wait time between the meeting at which the patient and doctor agreed a treatment plan and the start of treatment, nationally the figure was 96% with the hospital at 95%. For the 62 day performance standard, which was from the point of being referred by the GP to receiving definitive treatment, the national standard was 85% and the hospital was at 84.3%. In respect of diagnostics such as access to CT and MRI scanning, nationally endoscopy had come under pressure, the national standard was that 99% of people should receive their definitive diagnostic within six weeks, the percentage for the

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hospital was currently 96%. Again, services had been maintained and the independent sector had been made use of.

In terms of staff, the Council, and others such as the university, had provided support in respect of psychological and mental health support; staff were tired, but due to the support they had received were resilient.

Investment had been made in the digital environment so that information would be more accessible, particularly going forward and dealing with the impact of long-Covid. A patient portal had been set up and channels had been expanded so that services could be offered in different ways and there were different ways for patients to engage with the hospital. Reducing the number of people coming to the hospital would also reduce the amount of traffic coming to the hospital and the resulting carbon impact. More services were also being provided further into the community and more use was being made of digital services. With regard to staff working, the hospital wanted to learn from other public sector organisations about how to get the balance right in terms of flexible working but the value of face-to-face work was recognised due to the type of work that the hospital did. Hybrid working and flexible working would feature in the future, but this would be approached with care.

### Links to Primary Care, Lifestyle Services and Adult Social Care to prevent NHS need

One of the legacies of the pandemic had been the agility of decision making and the quality of improvement processes that had been put in place during the first the pandemic. The challenge now was to put these into quality improvement processes moving forward.

Being part of the Health Infrastructure Plan (HIP) 2 meant that work was being carried out with 40 organisations, coordinated by the Department for Health, and had provided the opportunity to share knowledge and experience. Two areas that were being shared were, the need to be a highly digital organisation and the built environment which was being worked on in partnership with the university. The university was looking at how the hospital could be used as a live laboratory when thinking about sustainable buildings and a sustainable environment.

### Cancer and A&E Services

An area of concern across the whole of England was around waiting times in Accident and Emergency. Normally there was a 3% increase in people attending A&E each year however, between May 2019 and May 2021 this increase had been 16%. This was a challenge for patient flows and work was being carried out with colleagues in the community, the ambulance service and primary care colleagues on how the community could be supported to access emergency care. Although there was a steady flow of patients being admitted to the hospital there had been an increase in ambulatory patients who were accessing services for urgent care, but care that was less time critical. This formed a piece of ongoing work and support was being given by the Council's Adult Social Care Team.

With regard to services for children, a £4.5m investment had been made into the children's emergency department which had been made larger and provided a much more appropriate environment for children.

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### Hydrotherapy Service

Steve McManus explained that when he had first arrived in post at the hospital in 2017 there had been proposals to close the hydrotherapy pool, he had met with a range of stakeholders to look at options and in early 2017 the decision had been reversed. However, the CCG had needed to make a decision about the long term viability of water based therapy treatments and it had been agreed that the pool would not be closed until there was some form of alternative provision in place and that any hydrotherapy service did not need to be on an acute hospital site. The Commissioners had carried out a review of the commissioning arrangements for hydrotherapy and the decision was made to move to an Individual Funding Request (IFR) approach which would reduce the numbers accessing the service, as reported at the meeting on 20 January 2021 (minute 19 refers). In the last year that the pool was open, prior to the pandemic, 217 patients had been referred to use the service. With a further reduction in users as a result of the IFR approach and a commitment from the commissioners to find an alternative, as well as a commitment to make some difficult financial decisions, to bring the hydrotherapy pool back into use at the hospital would cost £1m; £750k to bring the pool back into use and £250k to maintain the pool (the revenue from non-NHS users at its best had been £20k). To close the pool had not been an easy decision but work would continue with the CCG and there was a commitment to providing an alternative service for both adults and child. Meetings would continue with user groups and some of the engagement would continue into July 2021.

The Committee discussed the presentation and concern was expressed about the IFR approach to the hydrotherapy service and that alternative provision had not been put in place before the pool had been closed.

**Resolved - That the position be noted and Steve McManus and Eamonn Sullivan be thanked for attending the meeting.**

#### **4. BERKSHIRE COMMUNITY EQUIPMENT SERVICE - EXTENSION OF CONTRACT**

The Executive Director of Social Care and Health submitted a report providing the Committee with the options available to the Council in advance of the Berkshire Community Equipment Service Contract expiring in March 2024 and inviting the Committee to consider the new Turnkey Technology Enabled Care pilot service and its extension.

The report explained that the Berkshire Community Equipment Service (BCES) provided equipment to support people to live independently at home, for example, by providing rails and sensor alarms. This service was delivered by NRS Healthcare as part of a five year contract that was due to expire on 31 March 2022. The BCES contract was managed by West Berkshire Council on behalf of all six unitary authorities in Berkshire and the two Berkshire NHS Clinical Commissioning Groups. There was an option to extend the contract for a further two years, covering an extension period from 1 April 2022 to 31 March 2024. The monetary value of the extension was £1.4m.

In addition to the core equipment contract the Council had worked with NRS to develop an enhanced Technology Enabled Care (TEC) Turnkey pilot service which had been launched in Reading in November 2020. Whilst this worked within the framework of the current contract it provided access to additional equipment and support services thus providing an

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end to end offer for services, for example, assessment through to installation and monitoring.

The report outlined the options available to the Council in advance of the contract expiring in March 2024.

**Resolved -**

- (1) That the current contract period of the Berkshire Community Equipment Service supply be extended from 1 April 2022 to 31 March 2024 at an estimated value of £1.4 million including contract management fees;**
- (2) That the Turnkey pilot service be continued from 1 April 2022 to 31 March 2024 at an estimated value of £384,000.**

**5. ACCESSIBILITY STRATEGY 2020 - 2022**

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report on the Council's Accessibility Strategy 2020 - 2022. A copy of the School Access Framework was attached to the report.

The report explained that the requirement to write an Accessibility Strategy was set out in Schedule 10 of the Equality Act 2010 and specifically related to pupils with a disability. The sections relating to disability were different than those in the rest of the Act as they recognised that a person with a disability might have be treated more favourably than someone who did not, in order to avoid substantial disadvantage. Where a school did something that might put a disabled child at a substantial disadvantage compared to those who were not disabled, they had to take reasonable steps to avoid that disadvantage.

Taking reasonable steps to avoid substantial disadvantage was often known as a 'reasonable adjustment' and both local authorities and schools had to adhere to the reasonable adjustment duty. The Strategy set out the steps that needed to be taken to ensure disabled pupils could participate fully in the education provided by a school and that they could enjoy the other benefits, facilities and services that the school provided for its pupils. Whilst the Strategy related to maintained schools, many of the support arrangements that were made by the local authority would also benefit disabled pupils attending academies and free schools in the Borough.

All local authorities therefore had to have an Accessibility Strategy for the schools it was responsible for. The Strategy did not apply to academies or free schools but, all schools had to have an Accessibility Plan which was based on the same principles as an Accessibility Strategy. The Strategy explained how, over time, it would support the schools it was responsible for in order to:

- Increase access to the curriculum for disabled pupils;
- Improve the physical environment of schools to increase access for disabled pupils;
- Make written information more accessible to disabled pupils by providing information in a range of different ways.

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The report explained that the current Strategy had been refreshed and following the place based review of SEND services, which would take place at the end of June 2021, it would be the subject of a more thorough review in autumn 2021.

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

### **6. ANNUAL ENGAGEMENT MEETING**

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing the Committee with the context and information about the Annual Meeting with Ofsted which had taken place in March 2021. A copy of the Self-Evaluation of Education (including SEND), Early Help and Children's Social Care was attached to the report at Appendix 1, the Annual Engagement Meeting - Covid-19 response was attached at Appendix 2 and the Letter from Ofsted was attached to the report at Appendix 3.

The report explained that each year the Executive Director of Children's Services, the Director for Children Social Care, Director of Early Help and Prevention and Director of Education within BfC met with Social Care and Education Ofsted Inspectors to discuss what was working well and what needed further work and development. These annual meetings had been established by Ofsted with the purpose of 'catching local authorities before they fall' referring to the identification and support Ofsted could provide to prevent local authorities being judged 'Inadequate'. Previously, there had been only a three yearly inspection with no opportunity to quality check performance and outcomes.

The Annual Engagement Meetings did not result in any grading and were not directly linked to a full inspection. However, if there were any significant concerns identified it was likely that a full inspection could be triggered, this had not been the case for BfC.

The first Annual Engagement Meeting had taken place in March 2020 and the second had been on 3 March 2021. In preparation for the meeting two key documents had been written, the first a comprehensive self-evaluation of all key services within Early Help and Prevention, Children's Social Care and Education including SEND, highlighting what was going well and areas for further development and the second was a Covid-19 report which had been written in response to questions that had been posed by Ofsted prior to the meeting which had focused on challenges and opportunities with a particular focus on vulnerable learners post 16. The letter from Ofsted following the Annual Engagement Meeting provided a summary of the key elements noted by the Inspectors as a result of the discussions, these key elements were set out in the report.

The report stated that there were Continuous Improvement Plans and Service Plans that captured the actions required to address areas for development and improvement which were regularly reviewed and up-dated.

**Resolved - That the contents of the evidence provided to Ofsted and the letter from Ofsted be noted.**

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**7. SCHOOL ADMISSIONS AMENDED ARRANGEMENTS 2021/22 AND 2022/23**

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report asking the Committee to determine the amended admission arrangements for Community Primary Schools in the Borough for the school years 2021/22 and 2022/23. A copy of the admissions arrangements for Community Primary Schools in Reading for the school years 2021/22 and 2022/23 were appended to the report.

The report explained that in the previous year the Government had consulted on changes to the School Admissions Code. The new Code and associated regulation had been laid before parliament and were subject to parliamentary procedure and would come into force on 1 September 2021.

Point 1.7 of the new Code required children who appeared, to the admission authority, to have been in state care outside of England and had ceased to be in state care as a result of being adopted, to be given equal first priority in admission arrangements, alongside looked after children and children who had been previously looked after by English authorities. This advice referred to these children as internationally adopted previously looked after children, IAPLAC. These arrangements complied with the new School Admissions Code 2021.

**Resolved - That the scheme attached to the report at Annex A as the admission arrangements for 2021/22 and the scheme attached to the report at Annex B as the admission arrangements for 2022/23 for community schools in Reading be approved as updated arrangements.**

**8. REVISED ADMISSIONS POLICY - HOLY BROOK SCHOOL**

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report presenting the Committee with the revised Admissions Policy for Holy Brook Primary School. A copy of the Admissions Policy for Holy Brook School was attached to the report at Appendix 1.

The report explained that the Admissions Policy had been updated by the Headteacher of The Holy Brook School and had been approved by the school's governing body. The updates had been made by the Headteacher in partnership with the Special Educational Needs and Disability (SEND) Team Manager, BFfC. All pupils at the school had an Education, Health and Care Plan with a primary need of Social, Emotional and Mental Health Needs (SEMH). The reasons for the updates were to ensure that BFfC SEND Team was fully involved in decision making regarding the identification and prioritisation of pupils admitted to Holy Brook School, in accordance with the SEND Code of Practice. The proposed revised Admissions Policy would be reviewed jointly, and ratified annually, by the governing body of the school and ACE Committee in line with their responsibility for maintained schools.

**Resolved - That the updated version of the Admissions Policy for implementation at the next review date be approved.**

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### 9. SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing the Committee with a summary of the Supporting Children with Medical Needs Policy. A copy of the Policy was attached to the report at Appendix 1.

The report explained that there was legal requirement to enable children who were medically unfit and unable to attend school settings to access alternative provision which offered good quality education. Such support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

The Policy set out how BfC, on behalf of the Council, would comply with the statutory duty to arrange suitable full time, or when appropriate part time, education for children of compulsory school age who, because of illness, would otherwise not receive suitable education. There was no legal timescale for the alternative provision to be secured however, DfE guidance recommended after 15 days. The statutory duty applied to all children and young people of compulsory school age who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child was not on the roll of such a school.

The provision for children who were medically unfit to attend school had to ensure the following:

- Pupils made good progress in their education and did not fall behind their peers, particularly in key subjects;
- Disruption to learning was minimised and there was a continuity of education provision within the school curriculum;
- Pupils were able to obtain qualifications as appropriate to their age and abilities;
- Pupils were able to reintegrate successfully back into school and that this took place as soon as their health permitted;
- Pupils felt fully part of their school community and were able to stay in contact with classmates;
- BfC was committed to providing a recovery focused model that embraced inclusive and Therapeutic Thinking Schools principles with a clear focus on an appropriate and timely return to school based learning.

The Council's Health and Safety Team had produced a model policy 'Supporting Pupils at School with Medical Conditions', which had been updated in June 2020 and which schools had been recommended to adopt. There was an expectation that most children and young people would make a full or partial recovery from their illness and at that point it was important that their needs for education continued to be met appropriately. It was understood that most children and young people would transition back to full time mainstream education.

The child's progress would need to be reviewed at least every six weeks by the schools in liaison with the alternative provider, in consultation with the parent/carer and other relevant services. Relevant services including Special Educational Needs and Disabilities



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(SEND), Child and Adolescent Mental Health Services (CAMHS), General Practitioners, Education Inclusion/Attendance/Improvement Services, educational psychologists and school nurses all had responsibilities to work together to support children who were medically unfit to attend school. The expectation was that the schools and alternative providers would make arrangements to reintegrate pupils at the earliest opportunity and as soon as they were well enough. Each child was expected to be provided with a reintegration plan set out in their Individual Health Care Plan which was reviewed and amended as appropriate.

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

**10. SAFEGUARDING AUDITS - SECTION 11 AND SECTION 175 BFFC SUMMARY**

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children, submitted a report providing assurance that BFFC and partners had carried out or collated three key safeguarding audits over the previous six months and that the findings were that the company had continued to meet safeguarding and wellbeing requirements across its service areas. Where improvements were required, action plans were being implemented, with support being provided as required to schools, settings and providers across the local area.

The three audits had captured safeguarding measures across the company, local area schools, including nursery schools, and local area early years settings. The first two audits were statutory requirements and the third was a best practice option that enabled the company and its partners to identify any issues in early years settings and address them.

The report stated that BFFC had completed a section 11 Audit, which had been reported to Berkshire West Safeguarding Children Partnership, schools across the Borough had completed a section 175 Audit, that had been collated and analysed by BFFC, and early years settings across the Borough had completed a safeguarding audit which had also been collated and analysed by BFFC.

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

(The meeting commenced at 6.30 pm and closed at 8.14 pm).