

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
25 JULY 2018

Present: Councillor David Absolom (Chair)
Councillors Grashoff, Hoskin, Jones, Kaur, McEwan, McKenna,
O'Connell, Pearce, Robinson, R Singh, Terry and White.

Apologies: Councillor Khan.

1. MINUTES

The Minutes of the meeting held on 5 April 2018 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS

A question on the following matter was submitted, and answered by the Lead Councillor for Adult Social Care:

Questioner	Subject
Councillor White	Ethical Care Charter

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

3. PRIMARY CARE UPDATE INCLUDING CIRCUIT LANE & PRIORY AVENUE GP PRACTICES/PRIMARY AND GP SERVICES ACROSS THE BOROUGH

Cathy Winfield, Chief Officer Berkshire West CCG, gave a presentation providing the Committee with an update on Primary Care and GP Services.

Cathy explained that the current challenges in primary care included changes in clinical workload, a lack of investment compared to other parts of the NHS, workforce shortages and uncertainty about the future of the partnership model in General Practice. Primary care generally performed well and since the CCG had taken on delegated responsibility for commissioning primary care from NHSE in April 2016 they had worked with practices to improve performance - for the first time there were no practices in Reading in special measures and just two requiring improvement.

Cathy noted that there was a particular issue in Reading of the number of small practices in non-purpose built premises; the CCG had supported practice mergers to enable small practices to be more resilient, and had supported the formation of two Primary Care Alliances where practices agreed to work together to support one another, share resources and ensure that all patients got access to the same level of service. All practices in Reading were working with one of two GP provider alliances, and all but three were members. Within each alliance practices were working in clusters or networks serving 30-50,000 patients in line with new national policy that advocated that practices worked at that scale to achieve resilience. Cathy outlined the Alliance priorities and the progress of work to deliver services from hubs within each cluster.

Cathy gave an update on the Circuit Lane and Priory Avenue GP Practices. Following poor CQC ratings the two surgeries had been run by One Medical Group

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since September 2016. The CCG had provided significant financial support along with support from experienced GPs and a practice manager from local practices, but One Medical Group had continued to struggle to recruit permanent clinical staff, particularly GPs, and improvements made had not been sustained, leaving no option but to terminate contracts at short notice.

Cathy explained that the CCG had recognised the continued need for a surgery in Southcote and had sought a new local provider for Circuit Lane Surgery among existing GP practices. Patients had been informed in writing that services would be provided by Western Elms Surgery with effect from 1 April 2018, with an automatic transfer of registrations unless they chose to move elsewhere. The CCG had worked closely with the Patient Participation Group, Healthwatch and local councillors to support the transfer and were continuing to work closely with Western Elms Surgery to support improvements, with good progress so far including improved patient satisfaction.

Cathy noted that, with just over 6,000 patients, Priory Avenue had not been viable going forward and there was limited scope to develop the premises. No other local practice could take all 6,000 patients in addition to their existing list but there had been scope to accommodate smaller numbers of patients across a number of practices. The CCG's Primary Care Commissioning Committee had agreed that the surgery should be closed and the list dispersed, with a letter sent to every patient setting out options. The majority of patients north of the river could be accommodated by Emmer Green and Balmore Park surgeries, with a remote registration process carried out to avoid pressure within the practices. Patients living South of the River were outside of catchments for Balmore Park and Emmer Green but had been given a choice of other surgeries. Over 3,000 patients had responded to the remote process to select either Balmore Park or Emmer Green Surgery, with the remaining patients allocated predominantly to Emmer Green, Melrose Surgery, Reading Walk-in Centre and Chatham Street Surgery. Vulnerable patients had been identified by working with the practice and the CCG had ensured that all vulnerable patients were registered with a new practice and that there had been doctor to doctor handover where required. All Priory Avenue patients had been accounted for.

Following the presentation Cathy answered questions from the Committee on subjects including support for patients who might have difficulty accessing their new surgeries, the introduction of GP Connect and seven day working, and the prospects for finding sites to accommodate larger GP surgeries, particularly in South Reading.

Resolved - That Cathy be thanked for her presentation and the update on Primary Care and GP practices.

4. CHILDREN'S SERVICES IMPROVEMENT BOARD - REPORT OF THE INDEPENDENT CHAIR

The Chief Executive submitted a report from the Independent Chair of the Children's Services Improvement Board (CSIB) that covered the period from December 2017 to June 2018.

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The report explained that performance indicators for the period which had shown improvements included timeliness of Early Help assessments, timeliness of Child in Need visits, percentage of Looked After Children (LAC) with an up-to-date Personal Education Plan, percentage of established social work manager posts and established social work posts that had been filled with permanent staff. At the end of 2017 and beginning of 2018 there had been an issue relating to a number of unallocated Child in Need cases. This had been resolved but there had been concerns that the issue had not been identified quickly enough and as a result the number of unallocated cases was monitored rigorously on a weekly basis. Data relating to the percentage of cases that had supervision recorded had shown some improvement, but performance was uneven across different social work teams. Additional support from Achieving Children had been identified to support those teams that were performing less well.

Quality assurance arrangements had been through a number of changes and a more settled framework of reporting had been developed. There was evidence of pockets of improving practice and in their most recent monitoring visit Ofsted had identified improvements in the quality of direct work with children that had been carried out by the two specialist children in care teams. Independent Reviewing Officers were strengthening their oversight of children's plans and children's progress towards permanent settled homes and children were given good support to meet their health and educational needs. Through the range of quality assurance activity three main areas of practice had been identified as priorities for improvement: timely purposeful visits, management oversight and supervision and quality of recording. These areas would be the focus of improvement activity over the next few months.

The report stated that the CSIB had maintained its focus on securing a skilled and stable workforce at every level and in recent months significant improvements had been made in securing permanent managers; the current position showed the greatest stability for over a year. In addition, the appointment of a substantive Director of Children's Services had brought stability to the senior leadership team. The Ofsted monitoring visit had recognised this and retention would remain a priority for CSIB because of its critical importance to the pace and sustainability of improvements. Ofsted had highlighted that the percentage of distant and out of Borough placements for LAC had increased and this was an issue the CSIB would review in the next period.

The report stated that the CSIB was well supported by officers from Children's Services, regular reports and performance information was provided which enabled the CSIB to monitor, evaluate and challenge improvement. The quality of reporting had continued to improve and there was a tangible and increasing sense that the service understood its emerging strengths and areas that required more focused improvement activity. Members of the senior leadership team were increasingly effective at analysing the impact of improvement activity and were actively developing the skills of social work managers to own and manage the performance of their teams.

Resolved - That the report be noted.

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5. CHILDREN'S SOCIAL CARE, EARLY HELP AND EDUCATION SERVICES IN READING - UPDATE ON DEVELOPMENT OF CHILDREN'S COMPANY

The Chief Executive submitted a report providing the Committee with an update on the latest position on setting up the Children's company as a wholly-owned company of the Council for the delivery of Children's Services. A copy of the Memorandum of Understanding of the company was attached to the report at Appendix 1 and a copy of a letter from Ofsted following the most recent monitoring inspection was attached at Appendix 2.

The report stated that the Council was working towards transition to a new company for the delivery of Children's Services by autumn 2018. Following Policy Committee on 15 January 2018 (Minute 59 refers) there had been a number of milestones towards the establishment of the company including the following:

- Agreement of a Memorandum of Understanding between the DfE and the Council which underpinned the development of the company;
- The Chair of the company, Deborah Jenkins, had been appointed and was actively involved in the establishment of the company;
- The majority of Children's Services staff would be TUPEd to the new company and they were being briefed regularly including face-to-face briefings;
- The company name was consulted on and agreed to be Brighter Futures for Children;
- Detailed work on the service specification and contract was well underway and service level agreements between the company and the Council for the provision of support functions were being developed in parallel;
- Proposals for the client side structure including governance arrangements and the performance mechanism were being developed in order that the Council could hold the company to account for the services it would deliver on the Council's behalf.

Overall work was progressing well but an ambitious timescale had been set and was under continuous review. Critical factors which could impact the transition included the Ofsted registration process and appointment of the Managing Director/Chief Executive, and if a delay was considered likely the company would be operated in a shadow or test and learn environment for longer.

The report explained that the Council would have 100% ownership of the company which would be run by a senior management team reporting to the company board of directors; the Board would report to the Council as its shareholder. In order to provide the appropriate assurances to the Council the anticipated governance and scrutiny arrangements included an annual report on performance and the Company's business plan to the Council, reports on performance during the year to the shareholder submitted to Policy Committee, regular meetings between Lead Councillors and Chief Executive of the Council and the company, and detailed monthly performance and financial monitoring through the contract management function, underpinned by contractual reporting requirements including open book provision of data.

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The Committee discussed the governance arrangements for the company and noted the need for clear reporting arrangements to the Policy and Adult Social Care, Children's Services and Education (ACE) Committees, which took account of the scrutiny role of the ACE Committee. It was currently anticipated that the Children's Services Improvement Board would also retain a role during the transition period.

Resolved -

- (1) That the latest position in the development of the company for the delivery of Children's Services be noted;
- (2) That as part of the communications plan for the company that an all Councillor briefing session is being arranged;
- (3) That the latest OFSTED letter published on 8 June 2018 showing a positive direction of travel for the service be noted.

7. READING STANDING ADVISORY COUNCIL FOR RELIGIOUS EDUCATION AGREED SYLLABUS 2018 - 2023

The Director of Children, Education and Early Help Services submitted a report asking the Committee to consider and agree the new Agreed Syllabus for Religious Education (RE) 2018-2023 commissioned by the Reading Standing Advisory Council on Religious Education (SACRE), for use in all Reading schools.

The report explained that according to statutory requirements the SACRE for the local authority has to revise the RE syllabus to both reflect the religious education needs of the pupils and to respect the position of the principal faith communities in the area. The SACRE consultant, along with RE advisers to four of the six Berkshire SACREs had led the consultation on the syllabus and its revision. They had worked with teachers, SACREs and both faith and belief communities across the unitary authorities and the new agreed syllabus had been approved by the Reading SACRE at its meeting in June 2018.

Resolved - That the new agreed syllabus for religious education 2018-2023, commissioned by the Reading SACRE for use in all Reading schools, be approved.

9. POST 16 EDUCATION TRANSPORT POLICY/SCHOOL TRANSPORT POLICY

The Director of Children, Education and Early Help Services submitted a report setting out proposed changes to the Council's policy for Post 16 School Transport. A copy of the Policy and appeals process was attached to the report at Appendix 1 and the main School Transport Policy, including recent minor amendments, was attached to the report at Appendix 2.

The report stated that transport assistance was only provided for young people over the age of 16 if they had an Education, Health and Care Plan, and that there were currently 38 young people over 16 who were receiving free transport to their Special School or College and would therefore be impacted by the introduction of the new Policy, which proposed the introduction of charges to young people from

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the academic year after they turned 16 years of age. This would mean children attending mainstream or Special Schools would be required to pay a contribution towards the cost of their transport to education, even where they were in excess of three miles from the nearest suitable school. A proposed charge or contribution of £720 per annum or £540 per annum, if on a low income, had been suggested which was in line with other local authorities in the south east.

The report noted that for young people aged 16 years to 25 years old, attending a college of Further Education or equivalent, reduced public transport passes were available. At present Reading Buses had an annual charge of £350 for young people using buses to schools within Reading, and £495 outside Reading. Some individual colleges arranged transport, for instance Berkshire College of Agriculture and Henley College both provided coach transport for a charge. Support with transport costs to college could be sought through alternative sources such as college bursary funding or personal budgets with Adult Social Care.

The report explained the prior to the introduction of the Policy a consultation with families who would be impacted would be carried out and the Policy would be discussed with the Reading Families Forum, Reading Special School Head teachers. An online consultation and consultation with schools and other stakeholders would also need to be carried out, and a proposed timeline was outlined in the report. An Equality Impact Assessment would be carried out following the consultation.

Resolved -

- (1) That a consultation on the Post 16 Education Transport Policy and Appeals Process, as set out in Appendix 1, attached to the report, be approved;**
- (2) That a consultation on amendments to the School Transport Policy to incorporate changes for Post 16 be approved.**

10. ONE READING SOCIAL IMPACT BOND CAREERS INFORMATION ADVICE

The Director of Adult Care and Health Services submitted a report informing the Committee about a Social Impact Bond (SIB) 'One Reading' aimed at improving participation outcomes in education or training for young people and vulnerable groups.

The report stated that on behalf of its strategic partners the Council had developed an application to the Department of Media, Culture and Sport's Office for Civil Society for the Life Chances Fund development grant to fund SIB 'One Reading' that was related to improving participation outcomes in education, employment and training (EET) for young people from vulnerable groups. A SIB required strategic partners to act as 'co-commissioners' each making a financial contribution to fund activity to tackle the shared and costly issue of young people aged 11 to 19 not participating in EET destinations. This approach would maximise resource and support a reduction in operational costs.

The report explained that the Council had an annual budget of £250k that had been allocated to fulfil the statutory duty to offer careers information advice and

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guidance (IAG) for young people aged 13 to 19 years of age (up to 25 years of age for young people with SEND). The budget was also to support young people's participation in education employment and training, as well as tracking the numbers of 17 to 18 year olds who were not in education, employment or training (NEET). If the SIB application was successful it was proposed that this annual budget be allocated to the SIB for five years, effective from July 2019. One Reading would deliver the Council's statutory IAG duties along with additional outcomes that had been set out in the outcomes framework.

The report noted that the current provision was not targeting those who were most in need including LAC young people, SEND, teenage parents, those with offending or a behaviour background and those struggling with their mental health. One Reading would specifically aim to support vulnerable groups via an early intervention model that would work with young people from the age of 11, to ensure that those who were known to be at risk were supported to remain participating in positive activities.

Resolved - That the NEET budget of £1.25m over five years (£250k per year) be allocated to the One Reading SIB from July 2019, if successful at application stage.

11. CONTINUING HEALTHCARE (CHC) FUNDING

The Director of Adult Care and Health Services submitted a report providing the Committee with an update on Continuing Health Care, with an analysis to identify why the number of people in Reading accepted as eligible for 100% CHC funding had remained low compared to other local authorities across the south east. The CHC Regional Comparator Group for CHC was attached to the report at Appendix 1.

The report stated that the total number of CHC funded packages for 2017/18 was 209, this was a decrease compared to 2016/17. As at 31 March 2017 134 individuals had received CHC funded packages over a six month period. Numbers of referrals from the Council for checklist completion had remained low for quarter 3 and 4 in 2016, with eleven referrals out of a total of 145 in the six month period. In 2017/18 the total number that had been referred by the Council was 32 out of 239 for the full year and the highest number of checklists had been completed by the acute trust.

The report set out the number of referrals for CHC per 50k population that had been made in each quarter in 2017/18, and showed that the position for Reading had remained unchanged from previous years and was still low. There was a difference between the numbers of referrals that had been made and the numbers that were being converted to full CHC, once an assessment had been completed. As part of the review the interim Head of Adult Social Care was contacting other local authorities that were consistently higher than Reading to gain an insight regarding the CHC process, pathway and overall position. The CCG was equally engaged in work with Health colleagues at both regional and local levels in determining the local Reading position. It was planned that the findings would be reported to the Reading Integration Board in September 2018.

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The report also contained a series of tables that provided the position from 1 April 2017 to 31 March 2018, although it was challenging to compare the data with previous years as the NHS data format had changed. The data supported the conclusion that Reading CHC eligibility for standard applications per 50k population for both CCGs had remained significantly lower than comparator CCGs, the south east and the national average in 2016/17 and 2017/18. The number of assessments that turned into CHC funded care had also remained low for standard referrals in south Reading, but in north and west Reading the assessments were nearer the national average. This data suggested that the number of people who were fast-tracked showed that those with greatest immediate healthcare needs were receiving CHC funding supporting the most vulnerable.

In quarter 4 of 2017/18 the CCG had achieved 80% of assessments that had been completed within 28 days, this target had been met by north and west Reading CCG but not by south Reading CCG.

In 2017/18, seven cases had been heard at the Appeal Panel, a further five had lodged complaints, with three being presented to the Independent Review Panel and three being referred to the Ombudsman. Of the six cases which had been heard at Appeal, the CCG had overturned one case and upheld the remainder. Similarly the Ombudsman had overturned one case and upheld the remaining two. Any lessons to be learnt from these cases would be shared with the Reading Integration Board.

The report set out ten actions the Council was engaged in to support CHC and set out some national considerations in relation to CHC.

The Committee discussed the report and it was suggested that Councillors be offered a briefing or training on CHC, in order that they could potentially assist or encourage residents who might be eligible for CHC. Officers would investigate whether the training provided by the LGA could be extended to include Councillors. It was agreed to have a report back to the Committee in a year's time.

Resolved -

- (1) That the analysis of the position related to Continuing Health Care (CHC) in Reading be noted;**
- (2) That the actions taken to ensure application of the CHC criteria as required be noted;**
- (3) That an update report be submitted to the Committee in 12 months' time.**

(The meeting commenced at 6.00 pm and closed at 7.32 pm).