

NOTICE
OF
MEETING

**ADULTS, CHILDREN AND HEALTH
OVERVIEW AND SCRUTINY PANEL**

will meet on

THURSDAY, 11TH JUNE, 2020

At 6.15 pm

VIRTUAL MEETING - ONLINE ACCESS, RBWM [YOUTUBE](#)

TO: MEMBERS OF THE ADULTS, CHILDREN AND HEALTH OVERVIEW AND SCRUTINY PANEL

COUNCILLORS CAROLE DA COSTA, MAUREEN HUNT, JULIAN SHARPE,
JOHN STORY AND AMY TISI
MARK JERVIS (ACADEMY GOVERNORS' REPRESENTATIVE, DEREK MOSS
(PRIMARY GOVERNORS' REPRESENTATIVE), TONY WILSON (OXFORD DIOCESE
REPRESENTATIVE)

SUBSTITUTE MEMBERS

COUNCILLORS SIMON BOND, GARY MUIR, HELEN PRICE, GURCH SINGH AND
CHRIS TARGOWSKI

Karen Shepherd – Service Lead - Governance - Issued: June 3rd 2020

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Andy Carswell** 01628 796319

The Part I (public) section of this virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>ELECTION OF CHAIRMAN AND VICE CHAIRMAN</u> To appoint a Chairman and Vice Chairman for the 2020/21 municipal year.	-
2.	<u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence.	-
3.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	3 - 4
4.	<u>MINUTES</u> To approve the minutes of the meeting held on May 14 th 2020.	5 - 8
5.	<u>RESPIRE CARE PROVISION FOR CARERS</u> To consider the report.	9 - 12
6.	<u>QUARTER 4 AND END OF YEAR PERFORMANCE REPORT</u> To consider the report and make recommendations.	13 - 38
7.	<u>DELIVERY OF SERVICES DURING COVID19 LOCKDOWN</u> To note the contents of the report.	39 - 52
8.	<u>ANNUAL SCRUTINY REPORT</u> To review and approve the report.	53 - 56
9.	<u>WORK PROGRAMME</u> To consider the Panel's work programme for the remainder of the municipal year. To include consideration of items scheduled on the Cabinet Forward Plan .	57 - 58

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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Agenda Item 4

ADULTS, CHILDREN AND HEALTH OVERVIEW AND SCRUTINY PANEL

THURSDAY, 14 MAY 2020

PRESENT: Councillors Simon Bond, Carole Da Costa, Maureen Hunt, Julian Sharpe (Chairman) and John Story (Vice-Chairman)

Also in attendance: Councillors John Baldwin, Christine Bateson, Gurpreet Bhangra, Mandy Brar, Catherine del Campo, David Cannon, Gerry Clark, Karen Davies, David Hilton, Andrew Johnson, Lynne Jones, Neil Knowles, Helen Price, Ross McWilliams, Samantha Rayner, Joshua Reynolds, Shamsul Shelim, Gurch Singh, Donna Stimson, Helen Taylor and Simon Werner, Mark Jervis and Derek Moss

Officers: Elaine Browne, Andy Carswell, David Cook, Kevin McDaniel, Rachael Park-Davies, Mary Severin and Duncan Sharkey

APOLOGIES FOR ABSENCE

No apologies were received.

DECLARATIONS OF INTEREST

None.

MINUTES

RESOLVED UNANIMOUSLY: That the minutes of the meeting held on January 29th 2020 be approved as an accurate record.

CALL IN: CHILDREN'S CENTRES CONSULTATION RESULTS - FAMILY HUBS

The Chairman welcomed everyone to the meeting and explained the background to the call-in and to the report that was discussed at Cabinet, stating that this was a consultative step and there would be further consultation going forward.

Cllr Baldwin claimed that the report for Cabinet contained some questionable assertions. He stated that a reorganisation of the children's centre, youth services and family resilience teams had been under consideration since 2016, and that the spending cuts identified in the latest report had been included in the previous two budgets. Cllr Baldwin stated that although it was laudable to delay the cuts in order to better understand their impact on services, this was irrelevant as the Gunning Principles that were referenced in the Cabinet report referred only to the timing of the consultation and not the cuts themselves.

Cllr Baldwin claimed that the Cabinet report ignored statutory guidance issued by the Secretary of State under section 5D(2) of the Childcare Act, which provided the lawful basis for consultations on children's centre provision. He said that the Council must take it into account and should not depart from it unless they have good reason for doing so, and that the legislation said that there was a statutory duty on the Council to ensure there were sufficient children's centres, so far as reasonably practicable, to meet local need. Cllr Baldwin stated that the Childcare Act said there should be a presumption against the closure of children's centres and queried if this guidance had been followed while the plans were being developed, and if a good reason had been given to depart from the guidance.

Cllr Baldwin went on to say that from the report it did not appear that children's centres staff, advisory board members or service providers had been consulted; or, if they had then the data from these consultees was missing from the Cabinet report. He said it was not clear what legal advice had been given to the Cabinet to assist their decision making, and subsequent attempts to improve understanding had not been helpful. Cllr Baldwin claimed there were doubts that the Cabinet had received any legal advice emanating wholly from within the Royal Borough before taking their decision at the April 30th meeting.

Cllr Carroll, Lead Member for Adult Social Care, Children Services, Health and Mental Health, stated that the Council's approach had been extremely open, consultative and transparent and had been discussed at two recent Cabinet meetings. He also stated that the proposals had been discussed at a recent Overview and Scrutiny meeting, and it had been regrettable that Members had not attended in order to raise any concerns. Cllr Carroll said there would be further consultation before any decisions were made.

Cllr Tisi stated that one of the reasons for the call-in had been because the proposals did not appear to comply with the Access for All policy, as part of the strategy within the Local Transport Plan. She said that access to everyday services and facilities would not be improved but worsened by the reorganisation of provision, and would particularly impact the young and those on low incomes. She said there needed to be a balance between access for car users and those using other modes of transport when considering which centres to close. Cllr Tisi said areas of deprivation tended to be in rural locations, where public transport was infrequent, and this would reduce the ability of those who relied on public transport to access services. She said this was a particularly important issue for families with a member with Special Educational Needs. For some parents the Children's Centre they used would be their closest access to such things as sensory playrooms or breastfeeding clinics. Cllr Tisi noted that there was no data regarding the number of people with disabilities who used the Children's Centres; therefore there was no way of looking for suitable alternative venues for them. She said that although she agreed having all of the specialist teams together in one venue made sense, Cllr Tisi expressed concerns that there appeared to have been a lack of consultation with key partners and plans to close some of the Children's Centres had been done without sound evidence.

Cllr Del Campo referred to the Strengthening Families Manifesto, which recommended against the closure of Children's Centres. She told the Panel that the guidance in the Manifesto stated that hubs should be used to supplement, rather than supplant, Children's Centres. She said that the hubs should provide integrated services to help identify hard-to-reach families, but that this should be done alongside the universal services provided by Children's Centres. Cllr Del Campo stated her belief that the Panel members should be satisfied that the report complied with all aspects of the relevant legislation.

Cllr Werner stated his belief that, while the report presented to Cabinet had set out the future strategy for the hubs, it had overextended its brief by providing details on which Children's Centres could close without any proper analysis being presented. He said the report should be revised and provide clearer clarification on how the proposals would be implemented and the work to be conducted by Achieving for Children as part of the next stage of the consultation. Cllr Werner said the report needed to make it clearer that the proposed changes did not mean that the Council would be ending its universal services by implementing the hubs. He suggested the report and consultation could be a way of asking for volunteer help from the public to run things such as youth clubs.

Cllr Price stated that the Panel needed to be satisfied that Cabinet had used their full knowledge to make an informed decision; she contested that the resolution at Cabinet had not been the result of an informed decision. She queried if Cabinet were aware of their responsibilities under the Public Sector Equality Duty and the Equalities Impact Assessment policy, and quoted some of the legislation that stated that public consultation and participation should be encouraged in the decision-making process. Cllr Price stated that the Cabinet report had mentioned the various negative impact on service users, but not how these would be

mitigated. She stated her belief that Cabinet had therefore had insufficient information prior to making a decision and so the duties she had referred to had not been fulfilled. She stated that trying to enact the principles retrospectively could have serious consequences for the Council.

Cllr Price stated that the implementation had been delegated to Achieving for Children, but there was no assurance that AfC would comply with the equality duty. She said this point had not been challenged by Cabinet. Cllr Price also stated that there was a lack of evidence regarding people of protected characteristics.

Cllr McWilliams, Lead Member for Housing, Communications and Youth Engagement, reminded the Panel that the proposals were still at a formative stage and further commissioning work and consultation was required before they could be implemented. He stated that the response to the first consultation was the largest he was aware of, which showed that members of the public were able to engage with the information. He added that these responses from the public had been included in the Cabinet report and scrutinised by Members. Cllr McWilliams advised the Panel that funding for health visitors and funding for youth service support came from two different revenue streams. He said that he and Cllr Carroll had visited nine Children's Centres to get a view on what services were provided and the physical layout of each building.

Kevin McDaniel, Director of Children's Services, reminded the Panel that the report considered by Cabinet was not intended to make any final decisions on specific closures of any of the Children's Centres, but was instead intending to set out the Council's direction on commissioning. He said the service collected extensive data on the Council's work with vulnerable groups. However at drop-in sessions for universal services there was no obligation for users to provide personal information, so it was harder to identify information that included any protected characteristics a user may have. Kevin McDaniel said the role of the hubs was to bring professionals together to share information, which would help to identify and support families that needed help. The aim was to move away from having services provided at a fixed location and instead deliver them where they were needed. However more work needed to be done before any changes could be implemented.

Cllr Da Costa informed the Panel that her understanding from speaking to officers was that services such as health visitors and breastfeeding clinics would not be affected by the proposals, and that much more outreach work was proposed. She said supported the proposals, but was concerned that the Equality Impact Assessment needed to be done correctly and asked for assurances that this was the case. Elaine Browne, Head of Law, said the decisions taken hitherto had complied with the guidance laid out in the Childcare Act. More information was needed at the next stage of the consultation in order to comply with the EIA, but Elaine Browne reminded Members that a more detailed consultation was due to be carried out and no substantive decision had yet been made. Elaine Browne said that this meant, in her opinion, Cabinet's decision had not been made unlawfully.

Cllr Carroll stated that future reports on the consultation implementation could be brought back to Panel if Members wished.

Responding to a question from the Vice Chairman, Kevin McDaniel stated that the forward timetable had not yet been fully determined and could not be delegated by the Council. Work needed to be done to ensure all residents' feedback could be collated; ten per cent of feedback to the first consultation had been handwritten submissions at the Children's Centres themselves, and there were concerns this information could be missed if the lockdown restrictions due to Covid19 persisted.

Kevin McDaniel noted that the report had included a list of centres that could potentially close. He stated his belief that it was appropriate to do this in the interests of transparency, and that it was not a definitive list.

The Vice Chairman proposed a motion to note that the Head of Law had reviewed the decision taken by Cabinet and, having considered Panel Members' comments and the reasons given for the call-in, agreed that the decision had been made lawfully and did not conflict with the Council's Access For All policy. He also proposed that the report be amended and brought back to Cabinet in May in order to set out a consultative pathway, and for the results of the further consultation and future recommendations to be brought before Cabinet in either July or August. This motion was seconded by the Chairman. Cllr Werner agreed that the report needed to be revised in order to provide greater clarity on what was being proposed.

The meeting paused at 8pm to allow those present to take part in the weekly 'Clap for Carers'.

Cllr Tisi repeated earlier concerns made that some users may not be able to take part in the next consultation while the Children's Centres remained closed due to the Covid19 restrictions. Kevin McDaniel stated that advice was being taken from experts in consultation delivery to ensure their views were heard. Following a question from Cllr Price, he also clarified that the financial savings identified in the report may be pushed back due to the current Covid19 situation.

Cllr Reynolds stated that not all service users would be known to their families, as young people did not need to disclose that they were attending, and this could potentially impact on the consultation results.

Cllr Baldwin stated that, whilst no substantive decision had been made by Cabinet, a recent front page article in the Maidenhead Advertiser stated the Pinkneys Green Children's Centre was closing. Cllr Baldwin said as far as residents were concerned the centre would be closing, and the Council had done nothing to contest the contents of the article.

It was RESOLVED that:

- 1. It be noted that the Head of Law had reviewed the Cabinet's decision made on April 30th, what had been said at the Overview and Scrutiny Panel meeting on May 14th, and the reasons for the call in, and had concluded that the decision complied with the law and did not conflict with the Council's Access For All policy;**
- 2. The Cabinet paper of April 30th will be brought back to Cabinet in May setting out a consultative pathway;**
- 3. The results of a further consultation process and recommendations for a decision will be brought to the Cabinet in July or August.**

A named vote was carried out. Cllrs Da Costa, Hunt, Sharpe and Story voted in favour of the motion and Cllr Bond abstained.

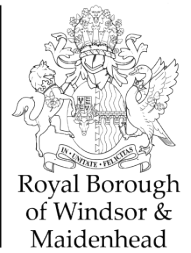
The meeting, which began at 6.15 pm, finished at 8.30 pm

CHAIRMAN.....

DATE.....

Report Title:	Suggested Scrutiny Topic – Respite Care Provision for Carers
Contains Confidential or Exempt Information?	No - Part I
Meeting and Date:	Adults, Children & Health Overview & Scrutiny Panel – 29 th January 2020
Responsible Officer(s):	David Cook, Scrutiny Officer
Wards affected:	All

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REPORT SUMMARY

1. The report outlines a suggested topic received by a resident for onward consideration by the relevant Overview and Scrutiny Panel. Topics can be suggested by residents and then considered by the relevant Overview and Scrutiny Panel for further consideration (criteria outlined in paragraph 1.1.) Residents are able to access the criteria on the [council's website](#).
2. Details of the resident who has submitted this topic have been anonymised.
3. The suggested topic received as follows: "Is the council fulfilling its duties in providing respite to Carers of people with disability? Is this true by age and type of disability?"
4. This suggested topic has been submitted to the Adults, Children & Health Overview & Scrutiny Panel for further consideration.
5. It is recommended that no further scrutiny is required given the services already in place (see details in section 2.1 of the report).

Criteria of assessment for suggested topics received by residents

- 1.1 Residents should only submit topics that relate to **a service, event or issue** which affects the social, environmental or economic wellbeing of a group or community of people in the Borough.
- 1.2 What makes a good scrutiny topic?
 - **Scope** – is it an issue of concern to our local communities and other associated organisations?
 - **Significance**– could a review of this issue improve the Council's (or other organisations) processes or performance and make a positive difference to the lives of our residents?
 - **Appropriate**– is this review timely and does it avoid duplicating other work?
- 1.3 Items that will not be considered include:
 - Individual service complaints for which there is a corporate complaints procedure (please click [here](#) for more details)
 - Topics outside of the remit of the council or where the council has no powers or influence to change an outcome
 - Issues which scrutiny has considered in the last 12 months

- Areas relating to quasi-judicial functions e.g. planning, licensing and standards

2.1 Initial assessment of suggested topic:

Scope - Currently services are available to provide respite to carers of all type of disability and age. Carers can use their direct payments to pay for respite or Optalis will arrange on their behalf. Contracts are in place to provide both day and overnight care for all carers who are eligible.

In addition, services are also available and being provided to carers of children and young people aged 0 to 25 years who have learning difficulties and/or disabilities. Carers can use direct payments to pay for respite or Achieving for Children will arrange this on their behalf with an agency. Contracts/ agreements are in place to provide support for carers whose children and young people are eligible.

Significance - Review of this item would result in a duplication of workload, where good service area improvements have already been made from the perspective of Optalis and Achieving for Children.

Appropriate - Unnecessary duplication of workload as there is a range of respite provision that carers can access, whether that be carers for adults or for children and young people.

2.2 Current RBWM service provision includes (but is not exhaustive) as follows:

1. Carers can request an assessment of their needs. If eligible for support, Optalis and Achieving for Children can arrange respite care or provide a direct payment for the carer to arrange the care themselves.
2. Run by Optalis, Allenby Road provides respite accommodation for adults with a learning disability.
3. Family Action is a local charity that the borough commissions to provide activities and other support for young carers.
4. The Council funds Alzheimer's Dementia Support to provide a range of activities and support for carers and former carers.
5. Crossroads is commissioned to provide both day and overnight respite for adults. The service is accessed via any of the G.P. practices within the borough, the social prescribing service or Optalis.
6. Commissioned through the Better Care Fund, the Social Prescribing service provides signposting, support and other practical help to carers. People can be referred to a wellbeing prescriber by a member of staff at their GP surgery. They help identify activities and services which offer emotional and practical

support while improving health. The wellbeing prescriber might suggest activities such as SMILE (So Much Improvement with a Little Exercise) sessions, creative groups like art and music or other services within the borough.

7. Respite provision for adults is also available through day centres that are provided within the Borough either by Optalis or the voluntary sector providers.
8. In relation to respite provision for the carers of children and young people, Achieving for Children commissions support in the home and community via a number of agencies. Commissioned day and overnight respite is provided by local residential units such as Larchwood (Bracknell), Bridgehouse (Slough) and the Chilterns Centre (Henley). Achieving for Children also commissions day support at Thames Valley Adventure playground and other after school or holiday provisions able to meet the specialist support required. All of the respite commissioned is based on an assessment of eligibility and need.
9. Respite provision for children and young people is available during the school holidays (apart from Christmas) via the Flying High Playscheme which is provided within the Borough by Achieving for Children. Children and young people aged between 5 years (first September after their 5th birthday) to 17 years can access this provision after an assessment has been carried out and the child or young person has been assessed as eligible.

2.3 Further consideration of suggested topic:

A review of the service is not needed because service changes have been made in the last six months. Carers can contact Optalis or Achieving for Children, who will arrange an assessment of the individual's needs and work with them to look at the best and most appropriate provision to meet their outcomes, based on eligibility and need.

2.4 Corporate Priority Areas

When assessing a topic it is important to understand whether this item would fall under one of the Council's six key priority areas. It has been assessed that this topic would fall under the following priorities:

- Healthy, Skilled and independent residents
- Safe and vibrant communities
- An excellent customer experience
- Well managed resources delivering value for money

2.6 Consultation and Comments

The following officers have provided input into this assessment:

Hilary Hall, Director of Adults, Health and Commissioning

Lynne Lidster, Head of Commissioning - People

Lin Ferguson, Director of social Care and Early Help.

Report Title:	Q4 and End of Year Performance Report
Contains Confidential or Exempt Information?	No - Part I
Lead Member:	
Meeting and Date:	Adults, Children and Health Overview and Scrutiny Panel, 11 June 2020
Responsible Officer(s):	Hilary Hall, Director of Adults, Health and Commissioning Kevin McDaniel, Director of Children's Services
Wards affected:	All

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REPORT SUMMARY

- The Adults, Children and Health Overview and Scrutiny Panel has quarterly oversight of a range of performance measures relating to the following council strategic priorities for 2019/20:
 - Healthy, skilled and independent residents
 - Safe and vibrant communities
- Appendix A sets out the Q4 and End of Year Performance Report for all measures relating to the Panel's remit. The report includes performance commentary and related business intelligence, and an overview of achievements and key milestones reached in the period October – March 2020.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That the Adults, Children and Health Overview and Scrutiny Panel notes the report and:

- Notes the 2019/20 Adults, Children and Health Overview and Scrutiny Panel Q4 and End of Year Performance Report in Appendix A.**
- Requests relevant Lead Members, Directors and Heads of Service to maintain focus on improving performance.**

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

Table 1: Options arising from this report

Option	Comments
Endorse the evolution of the performance management framework, focused on embedding a performance culture within the council and measuring delivery of the council's six strategic priorities. This is the recommended option	The council's focus on continuous performance improvement provides residents and the council with more timely, accurate and relevant information; evolving the council's performance management framework using performance

Option	Comments
	information and business intelligence ensures it reflects the council's ongoing priorities
Failure to use performance information to understand the council, improve and maintain performance of council services and develop reporting to Members and residents.	Without using the information available to the council to better understand its activity, it is not possible to make informed decisions and is more difficult to seek continuous improvement and understand delivery against the council's strategic priorities.

2.1 The Adults, Children and Health Overview and Scrutiny Panel has oversight of a range of performance measures relating to the following council strategic priorities for 2019/20:

- Healthy, skilled and independent residents
- Safe and vibrant communities

2.2 Appendix A sets out Q4 and end of year performance for all measures relating to the Panel's remit. It shows that:

- 9 of the 16 measures met or exceeded target,
- 4 measures fell just short of target, although still within the tolerance for the measure,
- 3 measures were out of tolerance and require improvement.

3. KEY IMPLICATIONS

3.1 The key implications of this report are set out in table 2.

Table 2: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
The council is on target to deliver all six strategic priorities	< 100% priorities on target	100% priorities on target			31 March 2020

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 There are no direct financial implications arising from the recommendations.

5. LEGAL IMPLICATIONS

5.1 There are no legal implications arising from the recommendations.

6. RISK MANAGEMENT

6.1 The risks and their control are set out in table 3.

Table 3: Impact of risk and mitigation

Risks	Uncontrolled risk	Controls	Controlled risk
Poor performance management practices resulting in lack of progress towards the council's agreed strategic priorities and objectives.	HIGH	Robust performance management within services to embed a performance management culture and effective and timely reporting.	LOW

7. POTENTIAL IMPACTS

- 7.1 There are no Equality Impact Assessments or Privacy Impact Assessments required for this report. There are no climate change or data protection impacts as a result of this report.

8. CONSULTATION

- 8.1 Ongoing performance of the measures within the Performance Management Framework, alongside other measures and business intelligence information, is regularly reported to the council's four Overview and Scrutiny Panels. Comments from the Adults, Children and Health Overview and Scrutiny Panel will be reported to Lead Members and Heads of Service as part of an ongoing performance dialogue.

9. TIMETABLE FOR IMPLEMENTATION

- 9.1 The full implementation stages are set out in table 4.

Table 4: Implementation timetable

Date	Details
Ongoing	Comments from the Panel will be reviewed by Lead Members and Heads of Service.

10. APPENDICES

- 10.1 This report is supported by one appendix:
- Appendix A: Adults, Children and Health Overview and Scrutiny Panel Q4 and End of Year Performance Report

11. BACKGROUND DOCUMENTS

- 11.1 This report is supported by one background document:

- Council Plan 2017-21:
https://www3.rbwm.gov.uk/downloads/file/3320/2017-2021_-_council_plan

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Kevin McDaniel	Director of Children's Services	22/05/2020	28/05/2020
Hilary Hall	Director Adults, Commissioning and Health	22/05/2020	27/05/2020

REPORT HISTORY

Decision type:	Urgency item?	To Follow item?
Non-key decision	No	No
Report Author: Rachel Kinniburgh, Strategy and Performance Team Leader, 01628 796370		

Adults, Children and Health Overview and Scrutiny Panel

Q4 and End of Year Performance Report (January - March 2020)

Date prepared: 30 April 2020

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**Adults, Children and Health Overview and Scrutiny Panel:
Q4 and End of Year Performance Report**

1. Executive Summary

1.1 The Adults, Children's and Health Overview and Scrutiny Panel has oversight of a range of performance measures relating to the following council strategic priorities for 2019/20:

- Healthy, skilled and independent residents
- Safe and vibrant communities

1.2 As at 1 April 2020 performance of all measures related to the Panel's remit can be broadly summarised as:

Q4 RAG Status	No.	Measures
Red (Needs improvement)	3	<ul style="list-style-type: none"> • Delayed transfers of care rate (per 100,000 pop.) attributable to RBWM • Percentage of children subject to a Child Protection Plan for 2+yrs on ceasing • Percentage of EHCP assessments completed within 20wks (including exceptions)
Amber (Near target)	4	<ul style="list-style-type: none"> • Percentage of care-leavers in education, training and employment (19-21yr olds) • Percentage of successful treatment completions (opiates) • Percentage of long-term cases reviewed in the last 12mths • Percentage of carers assessed or reviewed in the last 12mths
Green (Succeeding or achieved)	9	<ul style="list-style-type: none"> • Percentage of borough schools rated by Ofsted as Good or Outstanding • Percentage of re-referrals to CSC within 12mths • No. permanent admissions to care for those aged 65+yrs • No. carers supported by dedicated services directly commissioned by RBWM • Percentage of eligible children receiving a 6-8wk review within 8wks • Percentage of successful treatment completions (alcohol) • Percentage of successful treatment completions (non-opiates) • Percentage of rehabilitation clients still at home after 91 days • Percentage safeguarding service user satisfaction
Total	16	

**Adults, Children and Health Overview and Scrutiny Panel:
Q4 and End of Year Performance Report**

2. Key activities and milestones achieved

Strategic Priority	Item	Q3-Q4 Achievements and key milestones
Healthy, skilled and independent residents	Joint Strategic Needs Assessment	Joint Strategic Needs Assessment was published following approval by the Health and Wellbeing Board. Work is now underway on the Joint Health and Wellbeing Strategy; this has been delayed due to Covid-19 and is due to be approved in the autumn.
	Integrated Care System	The Frimley Integrated Health and Care System Five Year Strategy has been published, called <i>Creating Healthier Communities</i> . There are six ambitions focused on improving the health and wellbeing of the population.
Safe and vibrant communities	New safeguarding arrangements	Following implementation of the new safeguarding arrangements, replacing the Local Safeguarding Children Board and Safeguarding Adults Board in September 2019, priorities for the partnership are being developed following the annual conference in February 2020.
	Ofsted inspection of Children's Services	During January and February 2020 the local authority services were inspected by Ofsted for the first time since 2015. The service overall was graded Good, a significant improvement from the previous Requires Improvement. There is still work to do to further improve services for care leavers and children in our care, however this grading, achieved one cycle ahead of target, provides a strong base on which to build. A targeted action plan will be provided to Ofsted during the first quarter of 2020/21.
	Covid-19: Community Response	<p>The Covid-19 Community Response was established to support residents across the borough during the Covid-19 pandemic. A coordinated team of staff drawn from all services in the council maintains regular contact with residents who are shielding and takes any action that may be appropriate to ensure that these individuals' needs continue to be met.</p> <p>The council has also encouraged community groups that were either already established or newly-formed in response to the pandemic to identify themselves to the council, and a database of all contacts was quickly compiled to support a public-facing online directory of Covid-19 Support Groups to which residents may turn for particular needs.</p> <p>The council has worked with WAM Get Involved and key local partners and organisations to coordinate and organise volunteers across the borough to deliver services to residents who may need help but who are not necessarily shielding.</p>

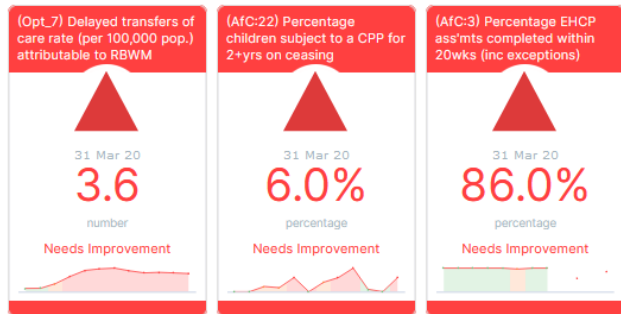
**Adults, Children and Health Overview and Scrutiny Panel:
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	Covid-19: Grant funding	Within the first week of lockdown a Covid-19 grant fund was made available to which local community groups could apply for £500 to support them in the set-up and/or continuation of their operations during the pandemic. To date the council has made £10,000 of grants enabling groups to cover a range of services including bespoke support packages for vulnerable residents, purchasing phone systems for befriending calls, essential items for babies, and PPE for volunteers. A further £10,000 has been paid out to Foodbanks (£5,000 each).
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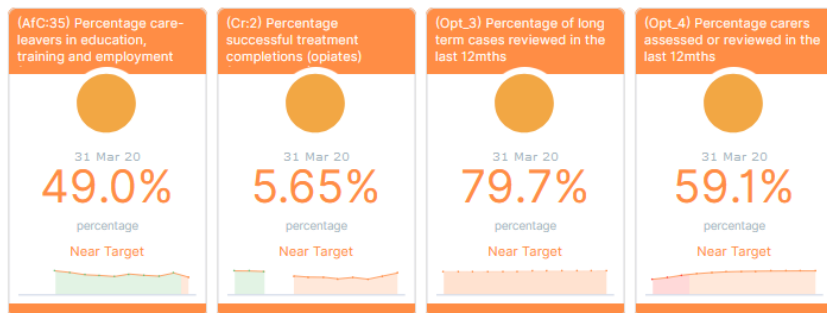
Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

3. Performance Summary Report (YTD)

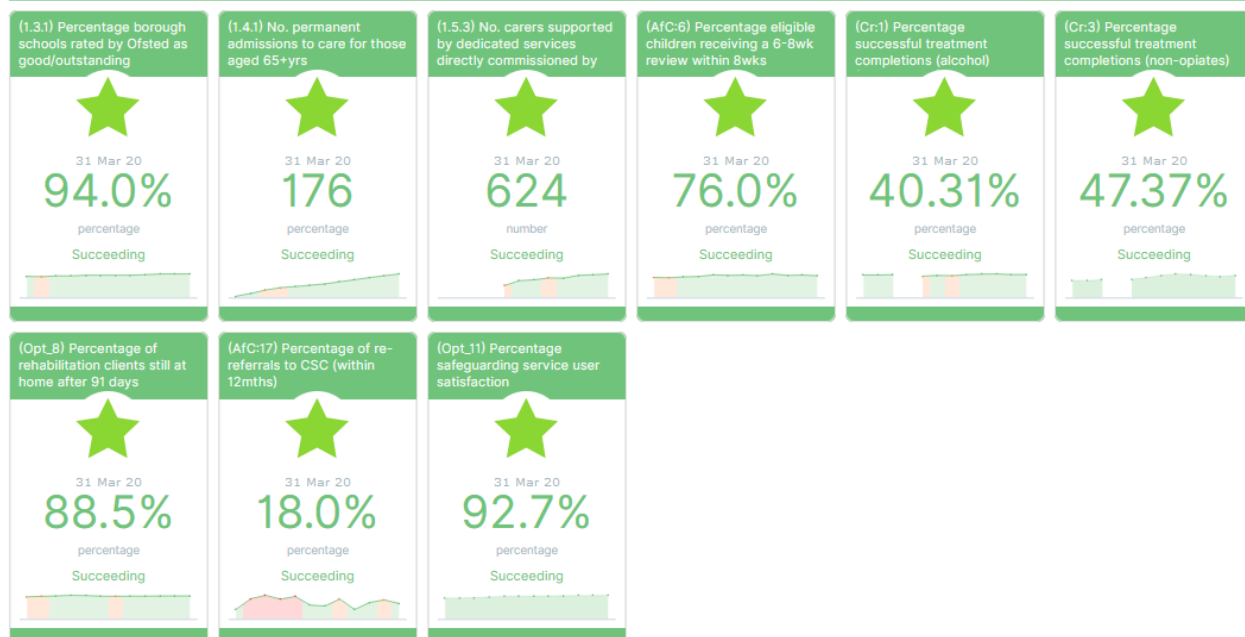
Needs Improvement



Near Target



Succeeding

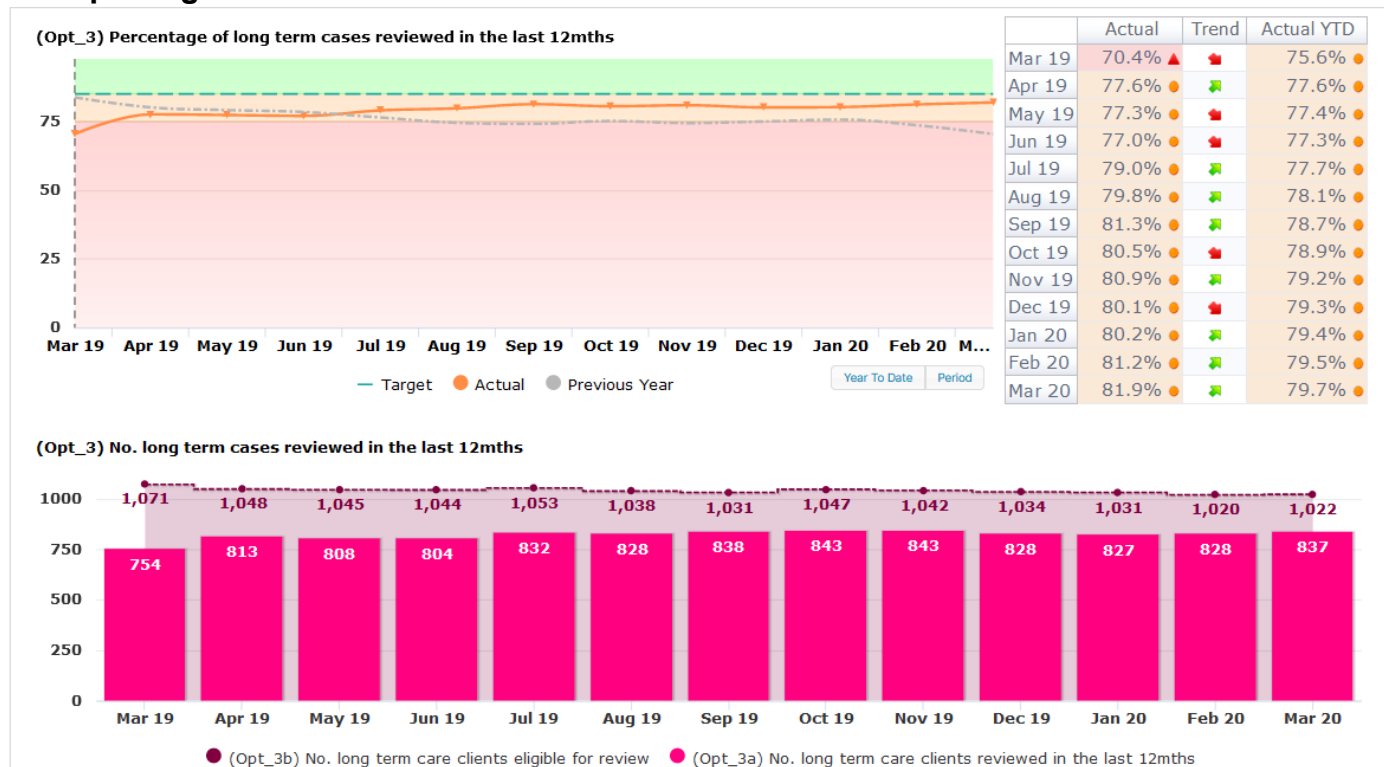


Adults, Children and Health Overview and Scrutiny Panel:
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4. Healthy, skilled and independent residents: Detailed Trends and Commentary

4.1 Adults Services

Care package reviews

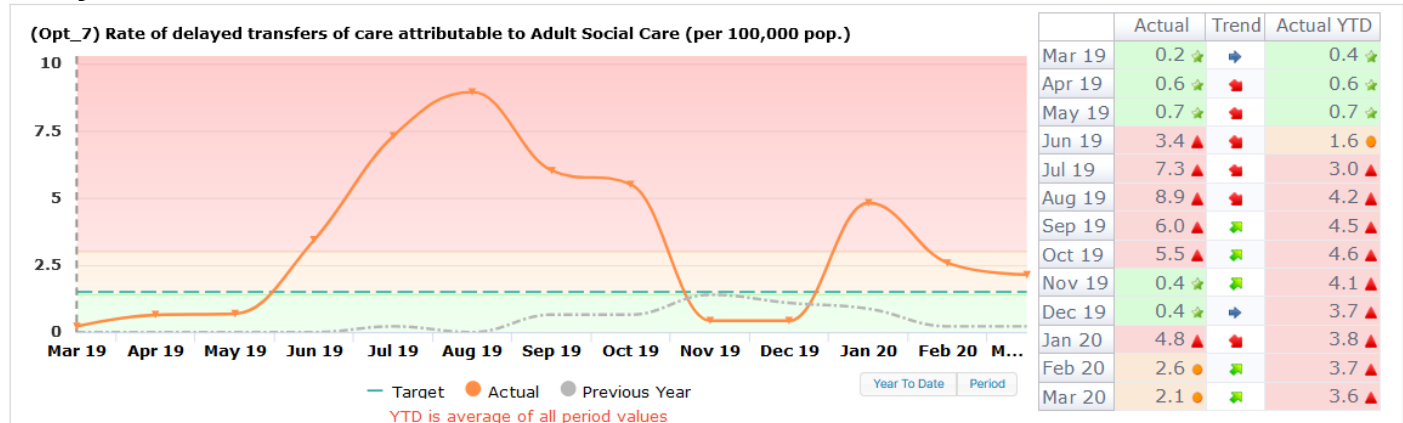


Q4 and End of Year Commentary

As at the close of Q4 the year-to-date percentage of long-term cases reviewed in the last 12mths stands at 79.7%, below target (85%) but within tolerance for this measure and surpassing year-end performance for 2018/19 (75.6%) by 4.1%. Reviews are a key mechanism for ensuring that the care package in place for each resident is fit for purpose and meeting their needs. There has been an upward trend in performance across the year, reflective of focused resource and successful implementation of the strengths-based approach to ensure that reviews are triggered where they are required and not for isolated issues (e.g. one-off equipment). Performance is expected to be maintained at or above current levels into 2020/21.

Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

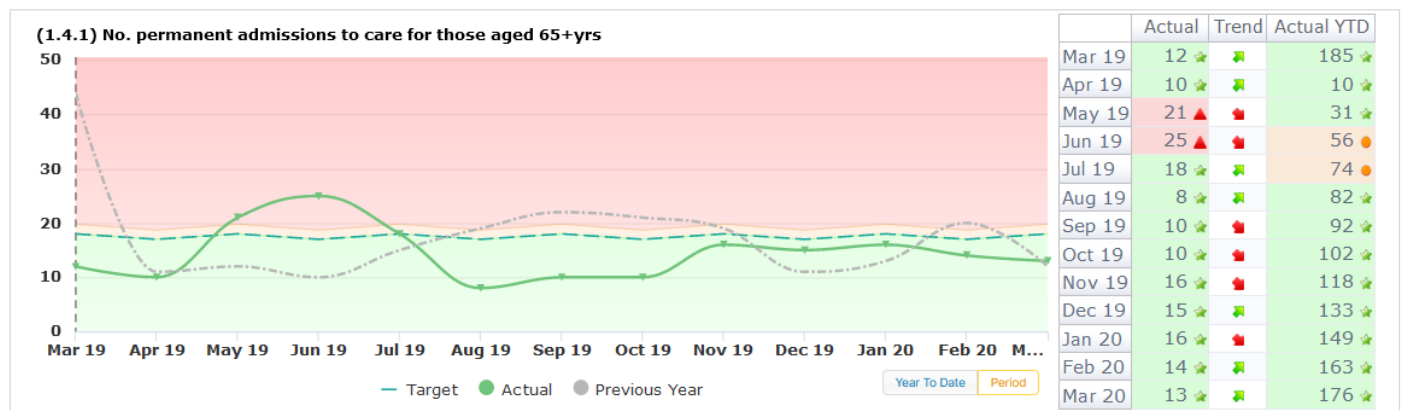
Delayed transfers of care



Q4 and End of Year Commentary

As at the close of Q4 the average rate of delayed transfers of care attributable to Adult Social Care (per 100,000 population) is 3.6. Performance has fluctuated throughout the year, largely due to lack of capacity within homecare, and reached its highest rate in August (8.9). This increase has been mirrored across the South East and nationally. New providers have been sourced and Q3 (Oct-Dec) saw improvements in performance as a result and which have contributed to bringing the average rate down to its lowest point since August.

Permanent admissions to care

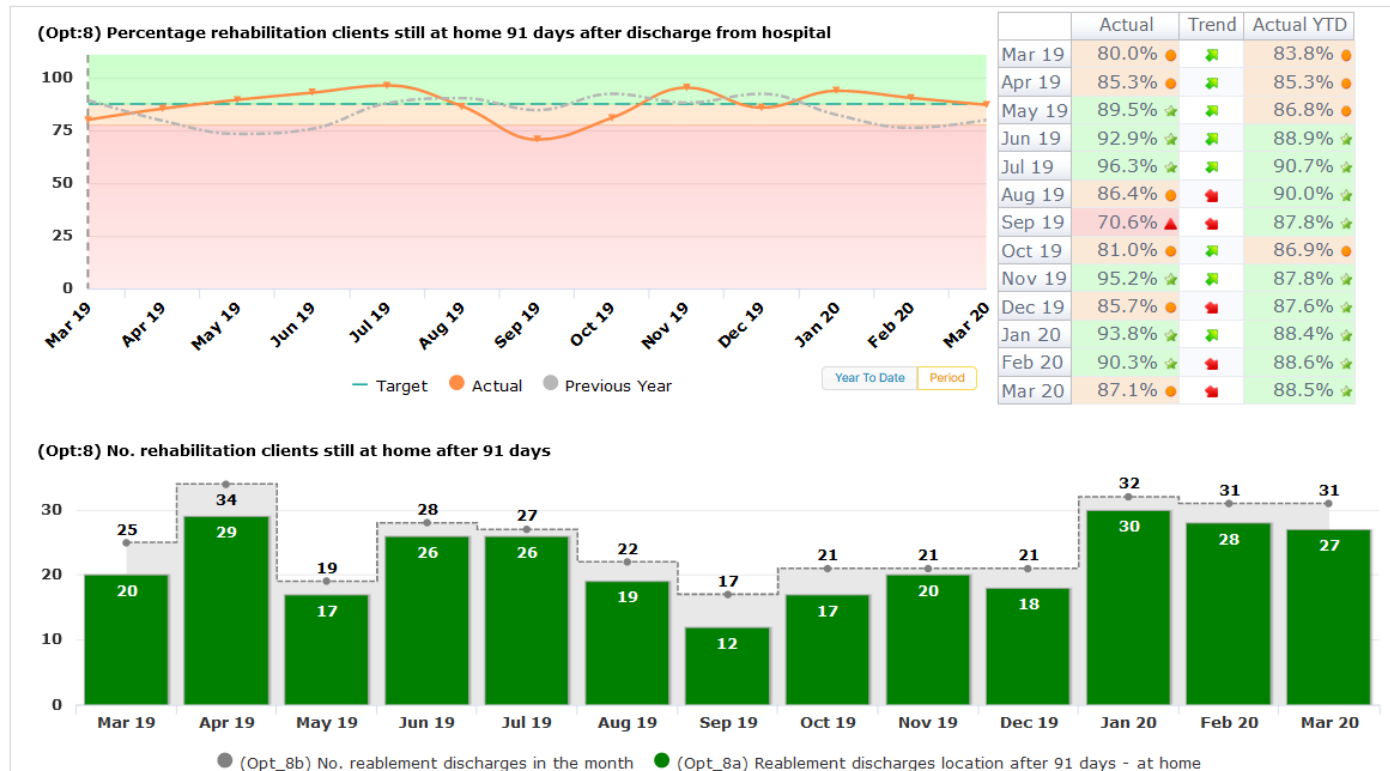


Q4 and End of Year Commentary

As at the close of Q4 the number of permanent admissions to care for older people stands at 176, a reduction on 2018/19 year-end figure (185). Across 2019/20 performance has stayed within target with the exception of Q1, where numbers reached their highest level (25) in June and related primarily to nursing and nursing dementia placements. Permanent admissions are generally expected to increase in the winter period, and this has occurred at a steady rate. The focus on prevention and keeping people living in their own homes is having a positive impact on admissions to care, although when they are subsequently assessed as needing care their needs are higher and more complex.

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Reablement



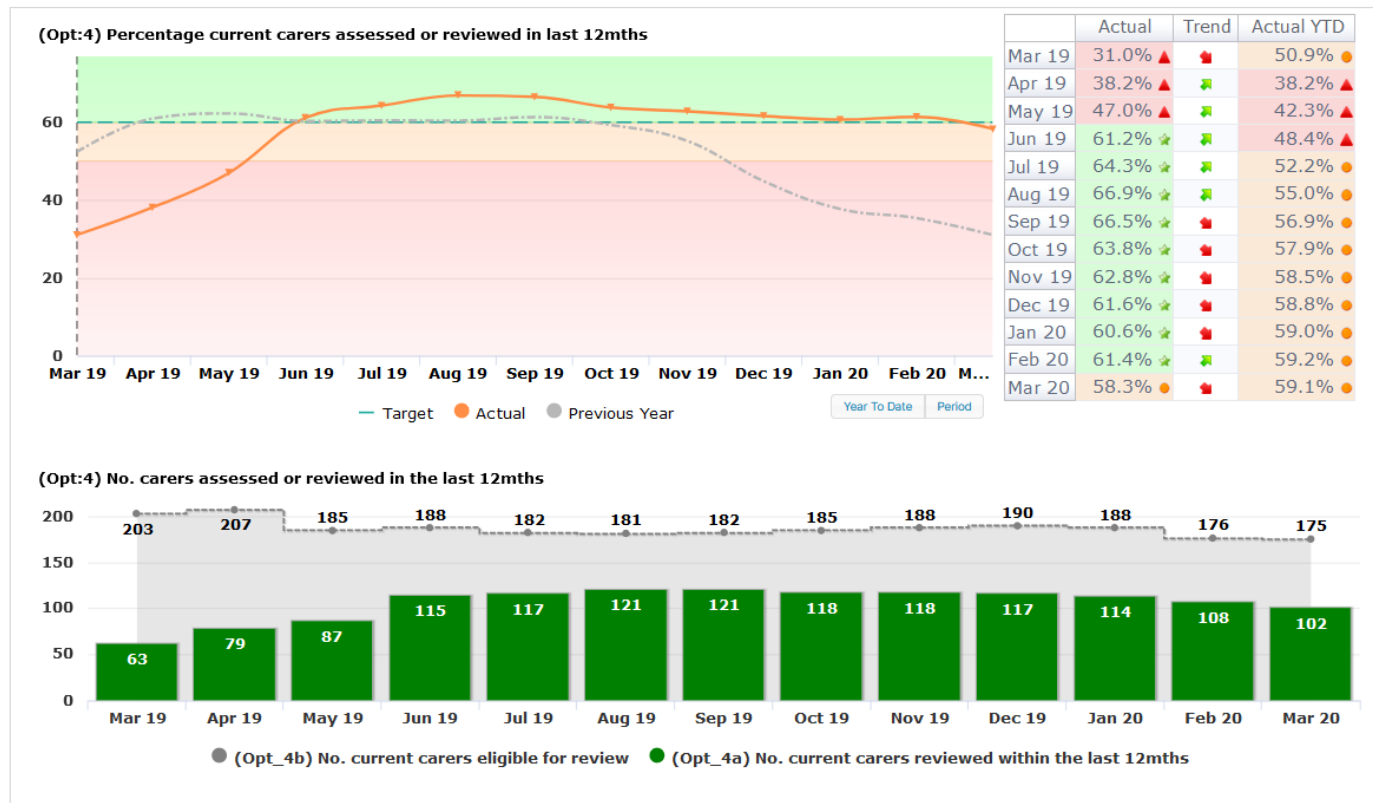
Q4 and End of Year Commentary

As at the close of Q4 the year-to-date percentage of rehabilitation clients still at home 91 days after discharge from hospital stands at 88.5%, above target (87.5%) and an improvement on year-end performance for 2018/19 (83.8%). Whilst monthly performance has fluctuated through the year – and with a pronounced downward trend across Q2 (Jul-Sep) – it has tracked closer to target across Qs3-4. Generally the cohort of individuals have particularly complex needs and frailties, and outcomes are heavily influenced by this. It is therefore encouraging that year-to-date performance across the year has consistently remained on target.

Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

4.2 Carers

Carers' assessments

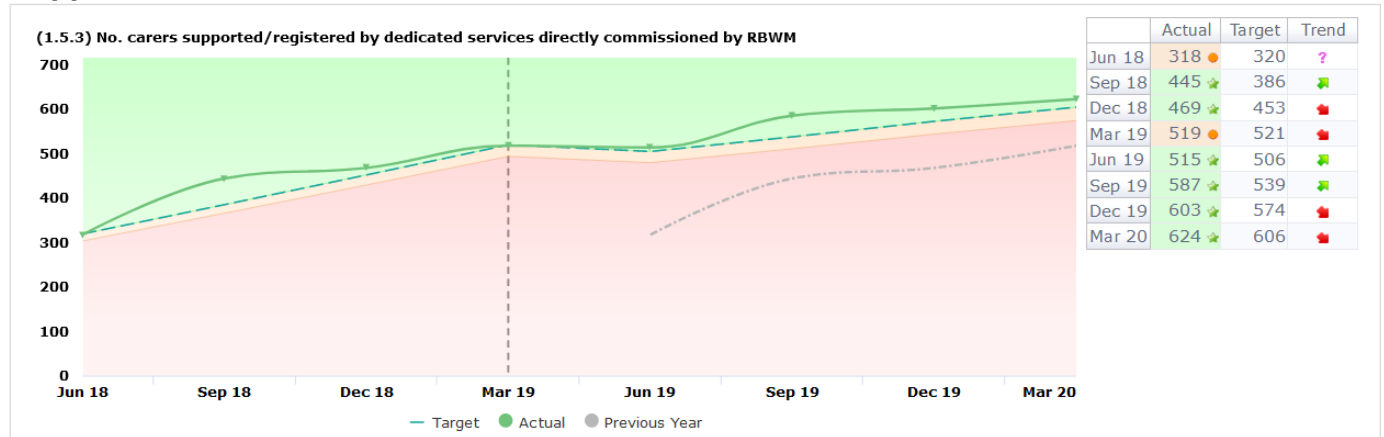


Q4 and End of Year Commentary

Performance against this measure was significantly below target at the start of the year and reflected the reduced capacity within the service as it carried two staff vacancies. With a return to full establishment in Q1 the additional resource made a demonstrable impact on performance to bring it on target (60%) each month from June to February. The year-to-date position has correspondingly seen a consistent upward trend up to the close of Q4. Year-to-date performance stands at 59.1%, fractionally below target (60%) but within tolerance and an improvement on the 2018/19 year end position (50.9%) by 8.2%.

**Adults, Children and Health Overview and Scrutiny Panel:
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Support for carers



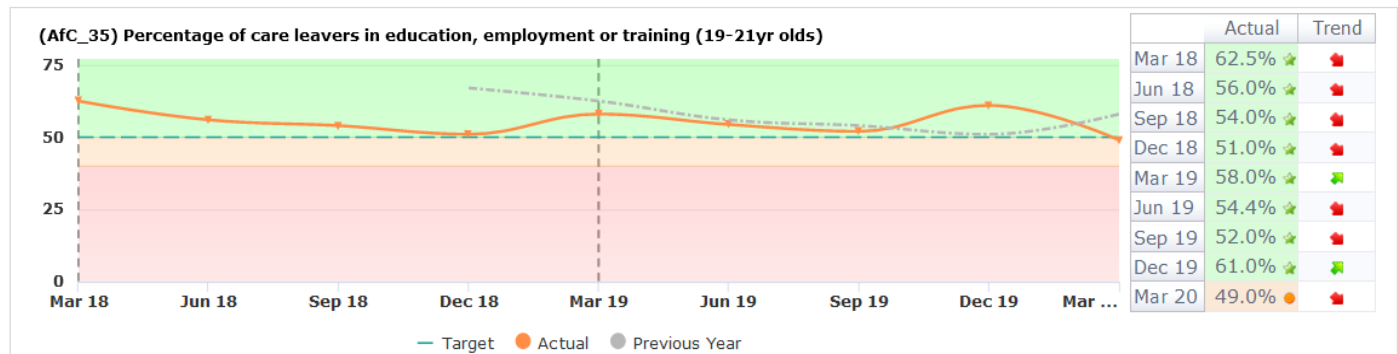
Q4 and End of Year Commentary

This measure reports the number of carers identified and registered and support refers to appropriate services, events and opportunities available for carers. Performance throughout the year has consistently tracked in line with the target set and the total figure of 624 for the close of 2019/20 is above target (606) by 18. This includes the number of in-borough young carers that have received support (including attending events) from RBWM and the number of adult carers identified and registered who are referred to appropriate services, events and opportunities. It is acknowledged that the service went into lockdown on Tuesday 17 March 2020, necessitating cancellation of group sessions, drop-ins and one-to-ones for the remainder of the March whilst suitable remote working solutions were put in place. Assessments, one-to-ones and group sessions were quickly resumed in April and there is weekly and fortnightly contact to ensure that families' immediate needs are being met.

**Adults, Children and Health Overview and Scrutiny Panel:
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4.3 Children’s Services

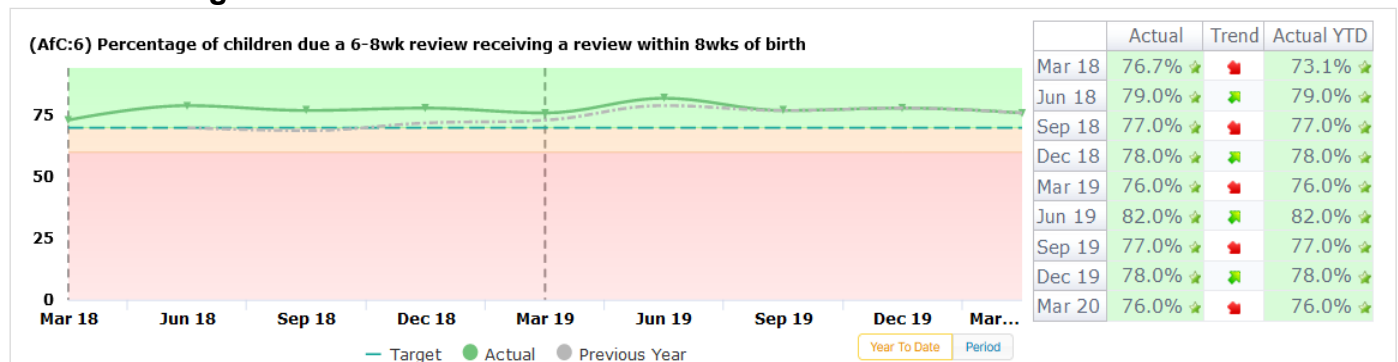
Care leavers



Q4 and End of Year Commentary

The end of quarter performance was hampered by a number of young people who lost employment in the low pay sector as the Covid-19 pandemic began to impact the economy. A number of young people were also enrolled in training to start after Easter which was cancelled. The care leavers service continues to focus on ensuring these young people are able to access accommodation and food during the pandemic, however this number is not expected to bounce back until education and employment opportunities re-open in sufficient volume in late 2020 or early 2021.

Health visiting

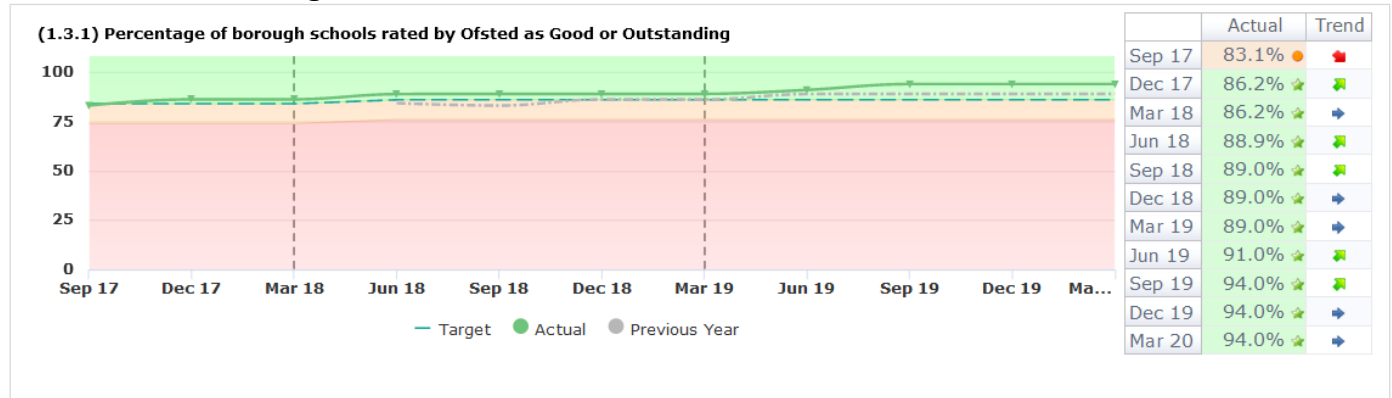


Q4 and End of Year Commentary

All families eligible for a review up to the second week of March 2020 were offered a review with the take-up comparable to the same season last year. Performance is expected to be significantly down in Q1 due to reduced service availability as a result of Covid-19 restrictions.

**Adults, Children and Health Overview and Scrutiny Panel:
Q4 and End of Year Performance Report**

School Ofsted ratings



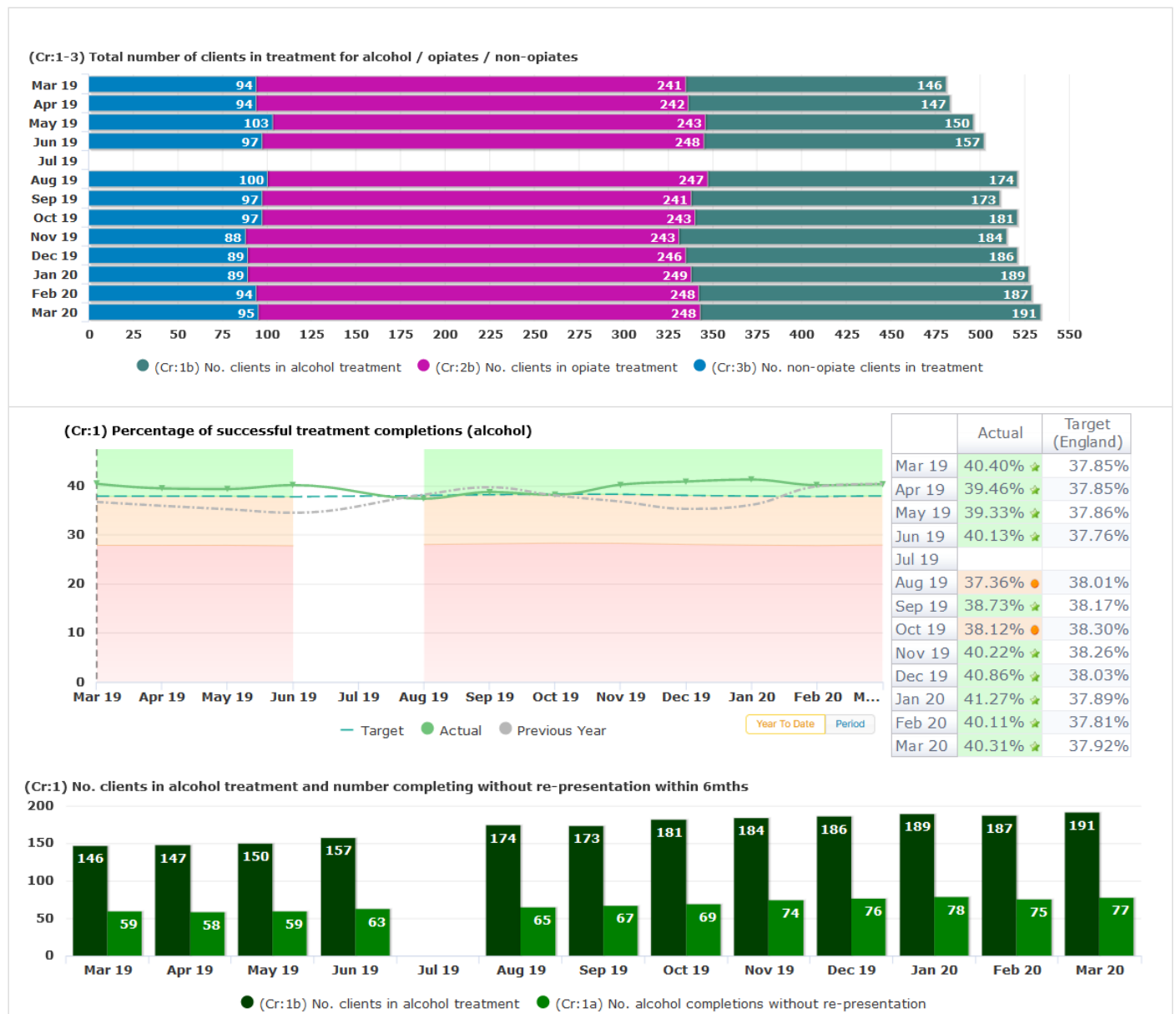
Q4 and End of Year Commentary

This high level of performance has been maintained with Q4 inspections being positive and with no schools considered inadequate. There will be no further inspections until the autumn so this indicator will not change until Q3 of 2020/21 at the earliest.

Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

4.4 Public Health

Substance misuse



Q4 and End of Year Commentary

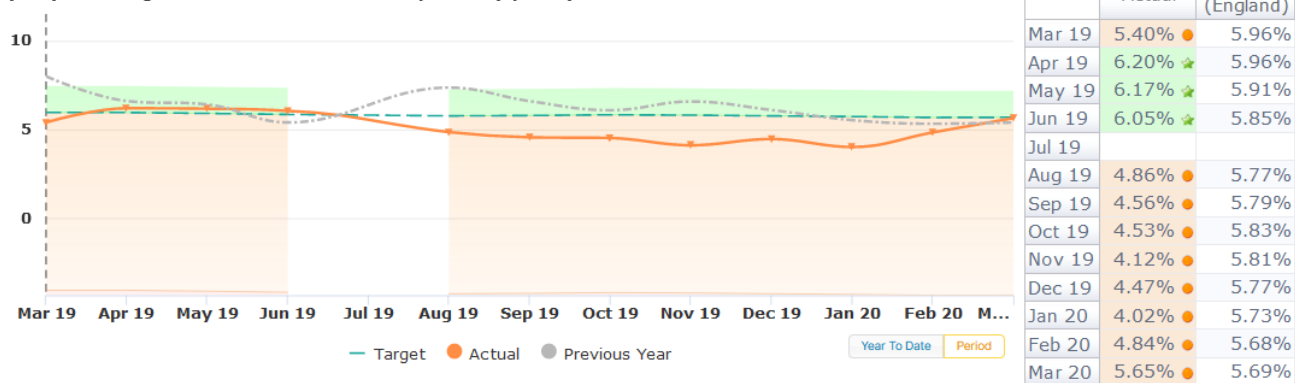
The definition of this measure is the number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within six months expressed as a percentage of the total number of alcohol users in structured treatment. Local performance is tracked against the reported figure for England. The National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that no data is reported for this month. The Resilience service is available to anyone over the age of 18 living in the borough who is experiencing problems with alcohol and/or drugs. The service can be accessed via self-referral or a referral from GPs or other professionals.

Across 2019/20 local performance has remained consistently above the England rate with the exception of August and October (though performance was within tolerance for these months). Local performance as at March 2020 (40.31%) was above the England rate (37.92%) by 2.39%

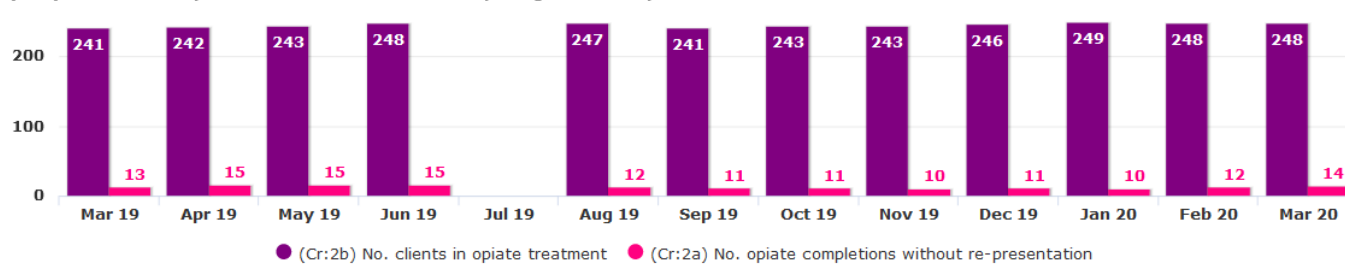
Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

and relates to 77 completions without re-presentation out of 191 clients in treatment. Generally, it tends to be lifestyle drugs like alcohol that people find easier to abstain from, and the growing market for non-alcoholic drinks may also be a contributing factor to successful treatment completions. It is a possibility that lockdown restrictions as a result of the Covid19 pandemic may impact trends going forwards as individuals use lockdown as an opportunity to abstain from alcohol or, conversely, make recourse to home-drinking as a coping mechanism. Trends will continue to be monitored and also to identify whether there are any changes in client-base demographics.

(Cr:2) Percentage of successful treatment completions (opiates)



(Cr:2) No. clients in opiate treatment and number completing without re-presentation within 6mths

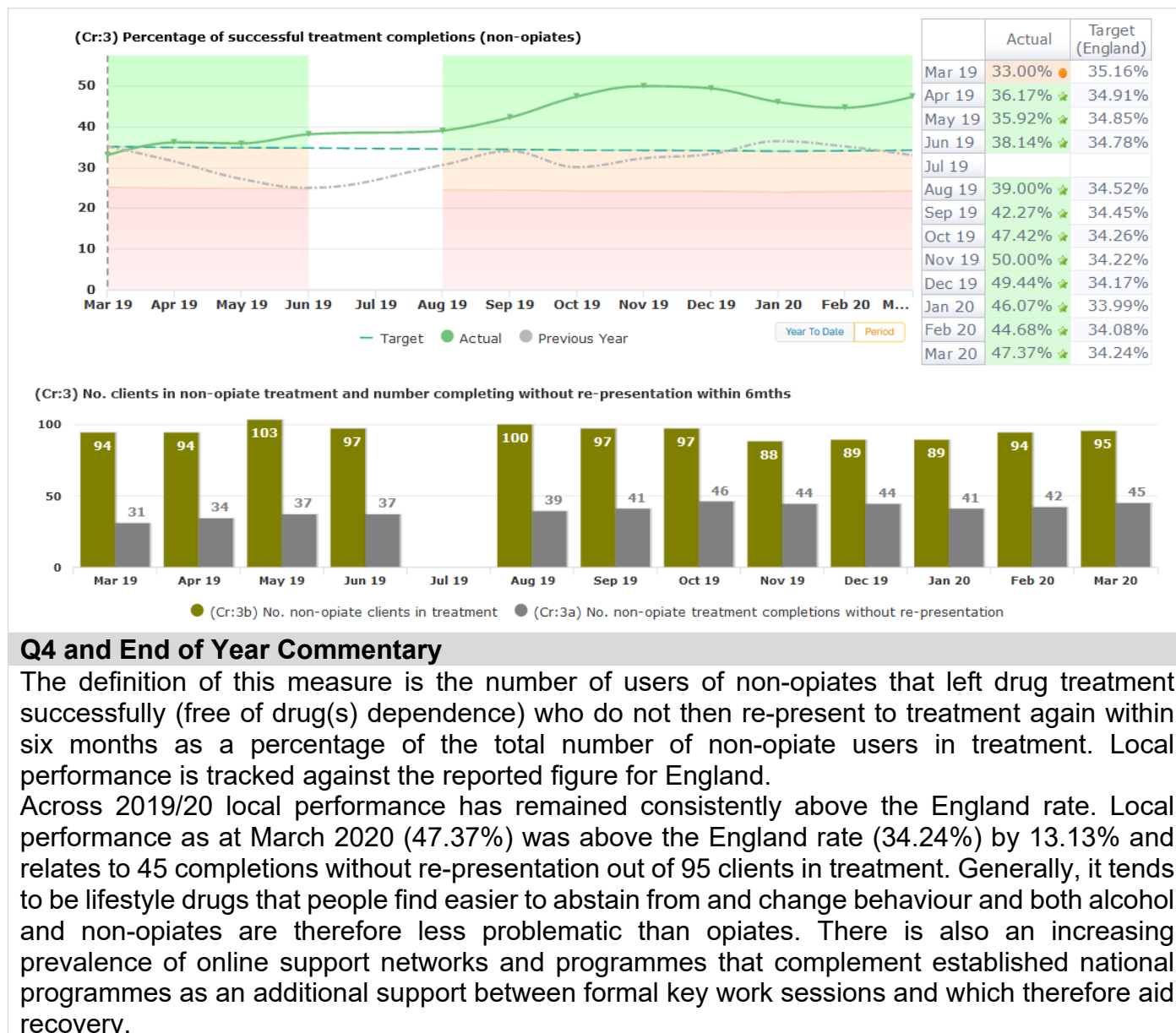


Q4 and End of Year Commentary

The definition of this measure is the number of users of opiates that left drug treatment successfully (free of drug(s) dependence) who do not then re-present to treatment again within six months as a percentage of the total number of opiate users in treatment. Local performance is tracked against the reported figure for England.

In Q1 of 2019/20 local performance was consistently above the England rate however declined from August to February. As at March 2020 (5.65%) local performance sits below the England rate (5.69%) by 0.04% and relates to 14 completions without re-presentation out of 248 clients in treatment. Service-provision has evolved through partnership working to reach more people on the streets. As part of a national programme, the Making Every Adult Matter (MEAM) Coordinator is now based within the Housing Service and the Drug & Alcohol Outreach Worker, who is based at Resilience, works jointly with the MEAM Coordinator, Community Wardens and Police Community Support Officers (PCSOs) to reach complex and chaotic clients. An Outreach Clinic has also been set up in Windsor for prescribing and is therefore reaching clients who wouldn't necessarily come across to Maidenhead. The natural consequence of this is that more people are coming into treatment; however, by extension, they present more complex needs with differing levels of motivation and ability to change their behaviour.

Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

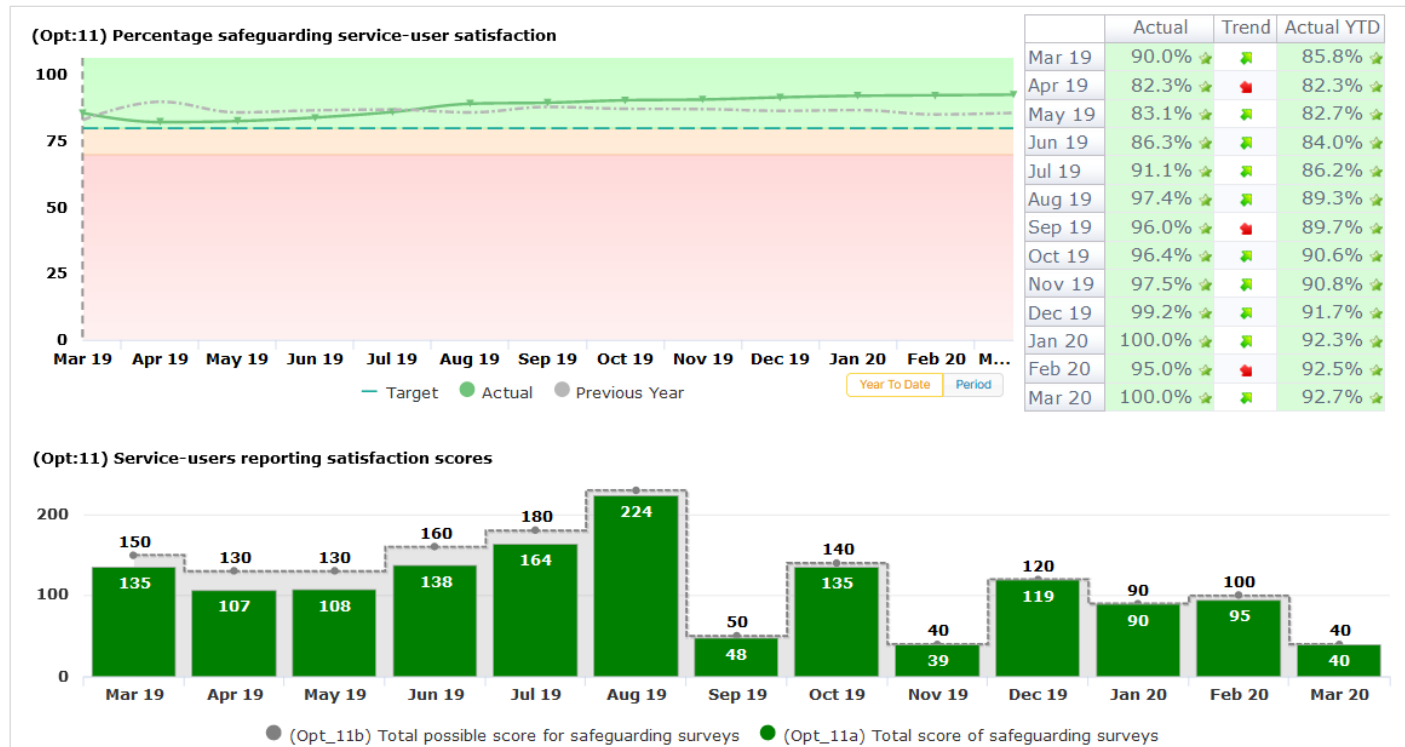


**Adults, Children and Health Overview and Scrutiny Panel:
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5. Safe and vibrant communities: Detailed Trends and Commentary

5.1 Adults' Services

Adult safeguarding



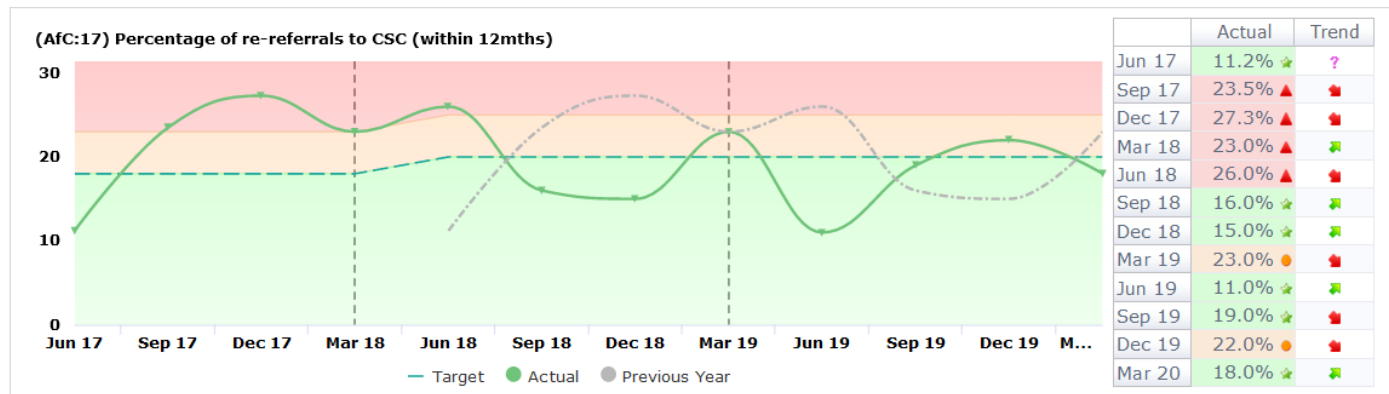
Q4 and End of Year Commentary

This measures the satisfaction of residents at the end of a safeguarding investigation and process. As at the close of Q4 2019/20, YTD performance stands at 92.7% (1307 / 1410), an increase of 6.9% when compared with Q4 2018/19 (85.8%, 1081/1260). The consistent performance above target (80%) is an encouraging indication that existing processes are sound.

**Adults, Children and Health Overview and Scrutiny Panel:
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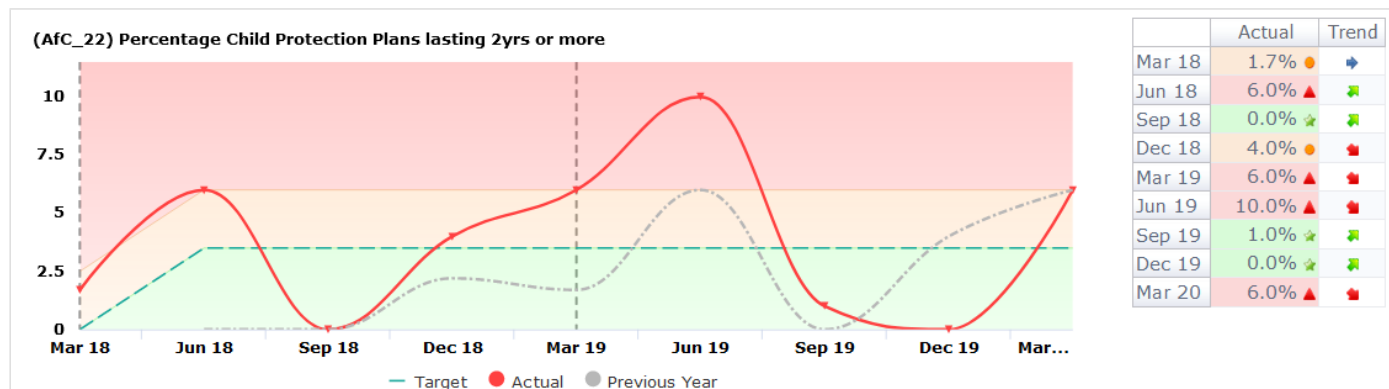
5.2 Children’s Services

Children’s social care



Q4 and End of Year Commentary

This indicator is volatile around the high end of the expected range of 10%-20% and performance represents a good balance in risk judgement. The Ofsted inspection in January found the Single Point of Access (SPA) to have an effective threshold and made appropriate decisions.

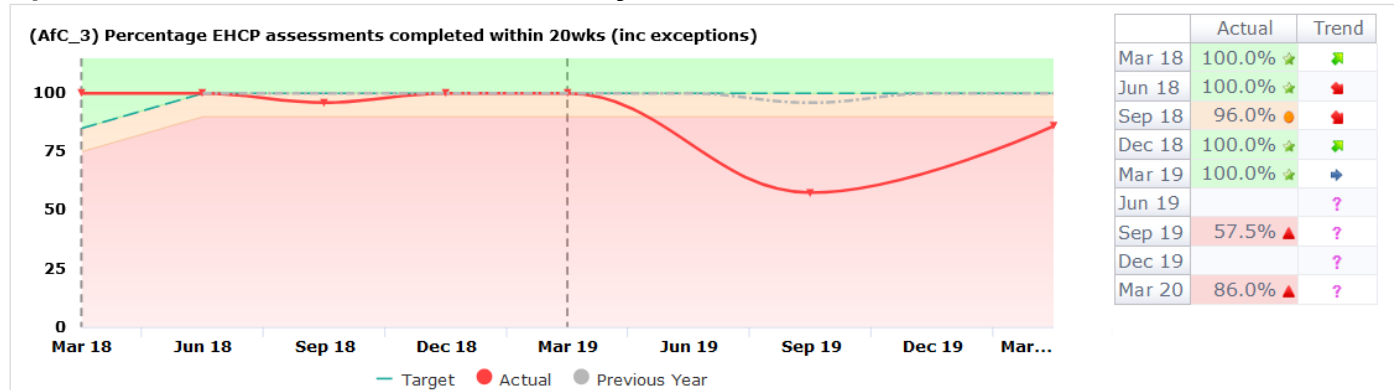


Q4 and End of Year Commentary

This measure is the number of children whose plan lasts more than 2 years at the point of closure in the period as a percentage of all the plans that have closed. It represents two children from one family where the decision to extend the plan beyond two years allowed the plan to subsequently close without taking the children into care. It is likely that there will be the occasional case where this is the best risk balanced approach for the child.

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Special Educational Needs and Disability



Q4 and End of Year Commentary

The service has been completely re-staffed from September following the resignation of all case coordinators. The revisit of the Area SEND services in October 2019 indicated sufficient progress was being made to improve the quality of services. The target of 100% is unrealistic with the revised expectations of co-production with families and young people and the 2020/21 target will be reset to 90% allowing for exceptions. The impact of Covid-19 will show this performance indicator lower for the early part of 2020/21 as few assessments have been able to happen during the lockdown phase of response.

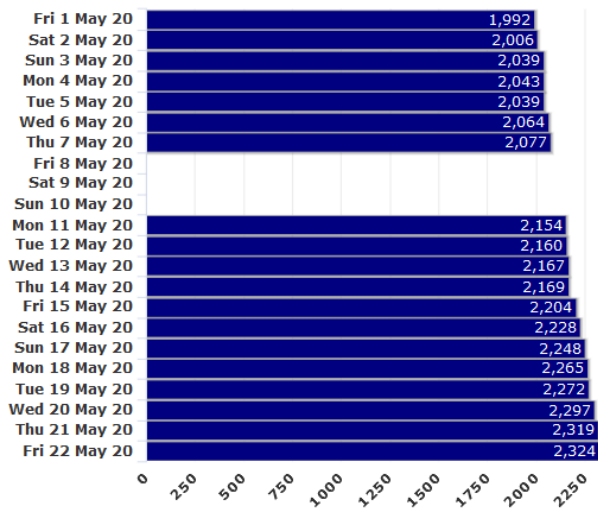
**Adults, Children and Health Overview and Scrutiny Panel:
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6. BUSINESS INTELLIGENCE: COVID-19 COMMUNITY RESPONSE

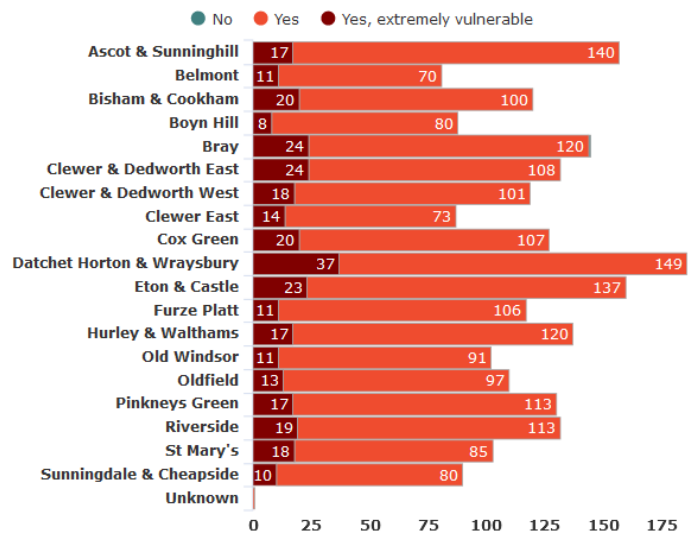
6.1 Shielded List

Shielded List

No. on Shielded List: Daily Increase (cumulative)
All wards. Last 21 days



Reported vulnerability by Ward



Insights narrative

As part of government measures to protect the most vulnerable in society during the Covid-19 pandemic, “shielding” came into effect in March. Shielding aims to save lives by asking the most clinically vulnerable residents to remain at home for 12 weeks in order to avoid social contact and therefore minimise the risk of contracting the virus. Entry onto the “shielded patient list” is governed by defined health related criteria and shielded individuals have been identified by their GP or other NHS service.

Support available to shielded residents includes weekly food parcels through a national distribution system, priority status for supermarket deliveries and additional help in relation to basic care needs.

Like all local authorities, RBWM is sent daily data regarding individuals in the area who have registered themselves for government support as a result of their status as “shielded”. A coordinated team of staff from across all teams in the council maintains regular contact with those registered for support and takes any action that may be appropriate to ensure that these individuals’ needs continue to be met.

As at Friday 22 May 2020 there are 2,324 individuals registered for support. The highest proportion of registered individuals are based in Datchet Horton & Wraysbury (186) followed by Ascot & Sunninghill (157).

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6.2 Community Groups



No. Community Response groups offering the following services

Befriending	Deliveries	Dog Walking
35	10	4
Prescription collection	Shopping	Other
21	32	32

Insights narrative

As the Covid-19 pandemic unfolded and lockdown restrictions were put in place across the country on Monday 23 March 2020 community response efforts took shape to support residents. Community groups that were either already established or newly-formed in response to the pandemic were encouraged to identify themselves to the council, and a database was quickly compiled to support a public-facing online [directory](#) of Covid-19 Support Groups to which residents may turn for particular needs. As at Tuesday 19 May 2020 there are 52 community response groups operating within the borough that are known to the council, 28.8% of which are groups established directly in response to the pandemic. Services offered by groups include befriending, dog-walking, medication collection/delivery, and shopping. The council has also made available a £500 Covid-19 grant for which community groups can apply to support them in the set-up and/or continuation of their operations during the pandemic. To date the council has made £10,000 of grants enabling groups to cover a range of services including bespoke support packages for vulnerable residents, purchasing phone systems for befriending calls, essential items for babies, and PPE for volunteers. A further £10,000 has been paid out to Foodbanks (£5,000 each).

Adults, Children and Health Overview and Scrutiny Panel: Q4 and End of Year Performance Report

6.3 Volunteers



Insights narrative

The council has worked with WAM Get Involved and key local partners and organisations to coordinate and organise volunteers across the borough to deliver services to residents who may need help but who are not necessarily shielding. Individuals who may not already be attached to an existing community group but who wish to volunteer themselves are able to register themselves and the services they are able to offer.

As of Friday 15 May 2020 there are 670 volunteers covering a range of services across the borough, from making friendly phone calls to delivering/collecting supplies.

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Report Title:	Update on the delivery of core and statutory social care services during the Covid-19 lockdown and lessons learnt for the future delivery of services
Contains Confidential or Exempt Information?	No - Part I
Lead Member:	Councilor Carroll, Deputy Chairman of Cabinet and Lead Member for Adult Social Care, Children's Services, Health and Mental Health
Meeting and Date:	Overview and Scrutiny Panel - 11 June 2020
Responsible Officer(s):	Lin Ferguson (Director of Social care and Early Help)
Wards affected:	All

www.rbwm.gov.uk



REPORT SUMMARY

This report will update the Panel on how core and statutory social care services and early help services have continued to be delivered during Covid lockdown, in order to ensure the safety and welfare of our most vulnerable children, young people and families. It will highlight how work has been prioritised, what has worked well, what has brought challenges and the opportunities that have emerged for future service delivery.

The report will show how we were able to deploy a more agile and flexible workforce in order to respond, in a new way, to service demands. Despite the challenges, significant progress has been made in using Information Technology creatively in order to 'meet' with service users and conduct key meetings. Staff in all areas have risen to the many presenting challenges with enthusiasm and a passion about doing the best they can for children and young people.

This period can be characterised by a level of collaborative working that has demonstrated how working together can significantly improve outcomes for those with whom we work. The willingness of our early help staff, very early on in the crisis, to provide wrap-around support to those Children in Care who were identified as at risk of going missing or experiencing a placement breakdown, has meant that to date, no child in our care has experienced a placement breakdown and their rate of going missing and/or becoming involved in exploitation has also reduced. Strong collaborative working between RBWM educational and social care staff and schools has resulted in having more vulnerable children attending school than the national average.

However during this time, contacts into the Single Point of Access (SPA) reduced and there has been an anxiety that other agencies have not been reporting through concerns in the usual way. However it is reassuring to note that contact rates are

now more in line with where they were pre-lockdown. Domestic abuse referrals in RBWM have overall not seen the anticipated spike and it is therefore predicted that once lockdown is eased, contacts and referrals in this area may increase. Conversely there has been a spike in serious injuries to babies across Berkshire, prompting health visitors and social work staff in RBWM to collaborate on a 'safer babies' project.

It is important that we sustain the positive aspects of what we have 'unlocked' during this time. However it is essential that new opportunities do not compromise basic social work and other professional practice - there is a growing acceptance that there is a place for greater virtual activity, but this cannot replace the need to see and work with our vulnerable children, young people and families face-to-face.

However we need to focus on the aspects of what has worked well during lockdown that can be taken forward in order to enhance our future offer to children, young people and families. If we go back to the way things were pre-lockdown, we will miss the opportunity to make and or sustain the changes needed to become a modern, transformative and forward-thinking Council.

Introduction

1. On 23 March 2020 the Prime Minister announced that the UK would move to a position of lockdown, with all but essential staff working from home. This presented immediate challenges in relation to how children's social care staff could continue to deliver core and statutory services to the most vulnerable children, young people and their families in the borough, whilst also adhering to the strict new requirements. However this period of lockdown has also presented an opportunity to unlock new ways of working, a number of which have the potential to inform future delivery of services.

2. Since the start of lockdown, all staff across the service have had to quickly adapt to working in a very different way - from management to business support, from office staff to front line staff and from those who are 'tech savvy' to the technophobes amongst us. This has required all staff, whatever their roles, to pull together and work more collaboratively than ever before, in order to ensure that our core and statutory functions have been met.

Immediate response to lockdown

3. In response to the clear message from the Prime Minister, Achieving for Children (AfC) made the swift decision that face-to-face work with service users would temporarily cease, apart from situations of 'risk of immediate significant harm'. This was mainly where a Child Protection Investigation was required, due to reports that a child in our borough was suffering, or was likely to suffer significant harm. Robust leadership and a strong commitment from staff was required in order to ensure that

alternative methods were put in place for children, young people and families to be seen and that those at greatest risk prioritised for assessment, intervention and support. A risk assessment was completed for every child and young person with whom we work, based on a rating system (red-high risk, amber-medium risk and green-low risk). This information continues to be held on a spreadsheet and is a live document that the service regularly updates, as the risk level changes for particular families. Staff have continually tracked our most vulnerable children and young people (reds and ambers) since 23 March 2020 and work closely with other professionals in order to ensure that the right support is offered by the right service at the right time.

4. Throughout this time, managers have made decisions, in agreement with staff, about what constitutes 'risk of immediate significant harm' on a case by case basis and staff have been deployed accordingly so that they were available for responding, in person, to these situations. In the early weeks of lockdown, this was primarily in relation to Child Protection Investigations.

5. Information Technology (IT) is a challenge for the Council, but all key staff were given immediate support so that they could complete their work virtually. Despite these challenges, this was successful in the main. This constituted a mixture of RBWM deployment, AfC accessing some devices and particular staff being willing to use their own equipment.

Visiting Children

6. Staff were quickly issued with interim practice guidance on working in the new Covid-19 environment and any decision to see a child or young person face-to-face was subject to risk assessment and overview by a senior manager. Staff who had to undertake these face-to-face activities due to safeguarding concerns, were issued with appropriate PPE and clear advice about keeping themselves and others safe. Where a decision was made NOT to undertake a face to face visit, staff were asked to complete a 'COVID 19 concerns form' which was also agreed and authorised by a senior manager and recorded on the child's electronic record.

7. In the early weeks of lockdown, in the vast majority of cases, face-to-face visits were assessed not to be required and staff had to adapt to new ways of working with children, young people and their families. They quickly developed creative ways of doing this virtually by using IT platforms such as 'WhatsAPP', Zoom and Google Meet.

8. Over time, the number of face-to-face visits to children, young people and families has incrementally increased, based on our rating system, but the same rigorous risk assessment and safety process continues to be employed **in all situations**. For example, Health Visitors have started running weigh-in clinics again for those babies for whom there is most concern. These clinics are a combination of drop-ins and

appointment based, but with stringent social distancing and other public health measures in place.

Getting vulnerable children and young people into school

9. We know that for the majority of vulnerable children and young people, being in school is a key protective factor. In light of this, significant collaborative work continues to be undertaken between social care and education colleagues in order to encourage as many vulnerable children and young people to attend as possible. As there has been no requirement for them to attend, many families have made the decision not to send their children to school, for a variety of reasons. However, over the period of lockdown, the number of vulnerable children and young people attending school has increased, due in part to the tenacity of teachers, social workers and others. The majority of schools within the borough have responded well to receiving vulnerable children and young people into their schools throughout this time and where this has not been possible, ensuring that children and young people for whom they are responsible, have sufficient educational provision to access at home.

10. It is reassuring to see that the number of vulnerable children and young people attending schools within the borough is higher than the national picture. Before the half-term break in late May, 55.4% of Children In Need were attending school and 45% of Children subject to Child Protection Plans. For those who have remained at home, social workers have liaised with schools and families to ensure that there has been sufficient educational input going into these homes.

Child protection and taking protective action when required (including court action)

11. For the weeks immediately after lockdown started, contacts into RBWM AfC's Single Point of Access (SPA) dipped significantly. In February 2020, the SPA received 923 contacts. However contacts reduced to 862 in March and went down to 689 in April. Regular communication was undertaken with all agencies in the borough in order to remind them to refer through any children, young people or families, as they would normally do. It is reassuring to note that weekly contacts into the SPA have now increased to just under expected levels. This will continue to be closely monitored on a weekly basis.

12. During lockdown, a small minority of children have unfortunately had to be removed from the care of their parents due to significant safeguarding issues and these challenging situations were dealt with sensitively and professionally by our social work staff. This demonstrates that business as usual has continued throughout this time.

13. All court hearings have taken place virtually, with all parties joining via secure IT platforms. The exception to this has been contested final hearings where on a case by case basis, a decision has sometimes been made to hold the hearing face-to-

face, with appropriate social distancing and other safeguarding measures in place. Although there have been some short delays in getting expert assessments, there has been no overall impact on planning for children.

Multi-agency CPCs and statutory reviews and other meetings

14. Throughout lockdown, we have continued to hold Child Protection Conferences, Core Groups, Statutory Reviews for Children in Care and other key meetings. No meetings have been cancelled during this time and our performance data shows no visible impact on timeliness of meetings. Meetings have been conducted virtually using 'google meet' and 'whatsAPP', in order to meet with children, young people and parents/carers, prior to these meetings. Social workers have been proactive at liaising with parents/carers to ensure they have the use of appropriate technology and are assisted to be able to attend. Rather than sending paper reports out, these have been emailed securely to families and other professionals. Although initially challenging, virtual meetings have been better attended than pre-lockdown face-to-face meetings and feedback from many family members and professionals has been that they have been successful.

Stability and education of Children in Care

15. Going into lockdown, there was an anxiety that there could be placement breakdowns, due to the additional stress being put on placements. This was particularly in relation to the risks associated with young people going missing. At the start of lockdown, those placements most at risk of potential breakdown were identified and wrap-around proactive support was offered by professionals like youth workers and family coaches and progress was monitored closely. Furthermore, Kickback members (CiC Council) made contact with all CiC, outlining the risks of going missing, particularly during this period. It is positive to be able to report that missing notifications for CiC have reduced since lockdown, along with risk gradings associated with risk of exploitation. In February 2020, three CiC went missing, amounting to 15 missing episodes. In May 2020, this was reduced to one CiC, with two missing episodes and there have been no placement breakdowns during this period. Whilst credit, in part, should be given to the timely wrap-around support that has been put in place, the commitment and dedication of our carers during this time has been outstanding.

16. Social workers and foster carers have reported seeing some 'wonderful' behaviour from our CiC during lockdown - this has included young people shopping for their foster carers, reducing their 'missing episodes' as noted above and generally exhibiting kindness and thoughtfulness. CiC have stayed in contact with their social worker, youth worker and others on a virtual basis, with staff using a range of IT platforms to keep in touch and to ensure that key pieces of work have been progressed.

17. It is also positive to be able to report that during lockdown there has been increased interest from the local community in becoming foster carers for RBWM. Three fostering assessments have already started and two more are at the initial stage. In addition, there are five sets of family members being assessed as specific foster carers for children and young people from within their own families - 'connected carers.'

18. Throughout this time Fostering and Adoption Panels have been completed virtually. Attendance has been excellent and twice as many panels as usual have been able to take place.

19. The Virtual School is a dedicated school focused on continually improving the education, training and employment opportunities for CiC and Care Leavers. The Virtual School liaises closely with those schools attended by our CiC and during lockdown, they have also had to work in a different way in order to ensure that our young people have continued to have access to good educational opportunities. The Virtual School has provided laptops and tuition to support home learning, offered support from outreach learning mentors, collected weekly school attendance data (including for CiC living in other areas), prioritised weekly contact with carers and schools to monitor the quality of education that CiC are engaged in and negotiated returns to school with a support package where this has been appropriate or necessary. All associated meetings have continued to take place virtually, including Personal Education Plans (PEPs) for CiC, where 100% have been completed on time during this period. The Virtual School has also provided on-line training, with over 100 school staff attending a recent training session on 'building resilience'. Additional funding was also sent to schools to support Covid-19 adjustments eg 1:1 tuition. Education for previously looked after children has also continued during this time. For example an Adoption Hub with logins funded by the Virtual School has been set up and shared with Designated Teachers and others, providing on-going support to this cohort of children.

20. Since the start of lockdown, more CiC have incrementally been attending school. In week 1 of the summer term, 14.2% were said to be attending on a full time basis and this increased to 30% in week 5. The number of CiC rated as low risk (green) has increased during the summer term and the number rated as medium risk (amber) has decreased from 28.6% in week 1 to 18% in week 5. Those CiC rated as high risk (red) for risk to placement and engagement in education have increased from 3 to 5 and although the numbers are low, there are robust plans in place for each one. The percentage of CiC engaged in education, whether at school or at home has increased from 85% in week 1 to 90%. It is reassuring to note that persistent absence has reduced from 15% to 10% for our CiC cohort. For those CiC who have not been attending school, the main reason quoted has been anxiety from foster carers about children and young people getting infected and bringing the virus back into their homes. However significant collaborative work is taking place to ensure that more CiC will be attending school from June 2020.

Domestic Abuse

21. A surge in domestic abuse incidents was anticipated as we entered lockdown and as a consequence, a fortnightly multi-agency Domestic Abuse Response Group was set up and has been taking place since this time. Despite the National Domestic Abuse Helpline reporting a large rise in calls and contacts, data shared by local partners has shown that we have not seen this same increase locally. Thames Valley Police has not reported any noticeable increase in domestic abuse reports in RBWM and this is reflected across Berkshire.

22. The Dash (Domestic Abuse Stops Here) Charity saw an increase in referrals to their Children's IDVA service at the start of lockdown (mainly from schools) but referral levels are now back to the expected level. Adult IDVA and Outreach referrals have started to increase particularly from the start of May to date, when compared with the same time in the previous two months. However the Dash Charity currently have the capacity to deal with this. £35k was allocated by RBWM from the COVID-19 budget to the Dash Charity to fund an additional support worker to help with outreach to children and young people.

23. The AfC Single Point of Access (SPA) has seen a small increase in standard risk and medium risk domestic abuse cases, despite the number of contacts overall having reduced. However there has been a decrease in high risk cases. Adult Safeguarding have had some domestic abuse cases on the Safeguarding log and it has been relatively quiet, although they are starting to see an increase in referrals. However the two domestic abuse workers in our SPA have worked tirelessly to maintain contact with at risk individuals and they have received positive feedback from service users during this time.

24. The above picture of low reports and referrals is consistent with what is expected in lockdown because there is reduced opportunity/confidentiality for victims to contact police or other support systems. However, we have to be alert to the fact that once lockdown is lifted and schools and workplaces re-open, it is possible that there will be an increase in contacts and/or referrals. Should this occur, it is likely to impact resources in service areas within RBWM and plans are already in place in order to be prepared for this.

25. RBWM and the Dash Charity continue to share signposting advice via social media messages. The DA National Helpline number is listed on the COVID-19 Community Response webpage. Regular domestic abuse updates to stakeholders continue to come from the RBWM Domestic Abuse Coordinator including a domestic abuse newsletter sent out on 30/04/20 which includes a list of national DA/COVID-19 related advice and guidance. This list is being added to whenever new guidance is published. The newsletter is available on the RBWM domestic abuse webpages. Thames Valley Police have also been undertaking 'Hidden Harm' work. They have been working through a list of domestic abuse victims who have not contacted TVP but who they would have 'expected' to call. Eighty six individuals from this list were

contacted in May 2020, with fifty one having been contacted by LPA staff offering advice/checking in.

Vulnerability of babies

26. Unfortunately across Berkshire, there has been a spike in deaths (three) and serious injuries to babies under the age of twelve months. In response to this, our health visitors, social workers and early help staff within RBWM have been working on a 'safer babies' project, designed to ensure that key public health information about safer caring is discussed with all of the families with whom we work, who have children under the age of twelve months, those who are new parents or those who are pregnant.

Mental health of children and young people

27. There is concern about the emotional impact of lockdown on our most vulnerable children and young people. Staff from our Wellbeing Team have been providing triage support within our SPA, so that any emerging mental health concerns are picked up and addressed as soon as possible. RBWM AfC has been working closely with health colleagues in order to ensure that children, young people and families have appropriate mental health support. The successful Youth Service 'esteem group' has continued to run on a virtual basis, as a group, but also on a 1:1 basis.

28. Young people have been signposted to 'Kooth', an on-line emotional support platform. This has been well used by young people, with logins up by 33% in May 2020. Young people have spoken positively about the support they have received from Kooth. Along with the CCG, RBWM AfC is also working on a project designed to improve the pathways and support for children and young people with emerging mental health difficulties. The CCG funded 'Getting Help Team' is a new early intervention mental health team, still in its infancy, that will be managed by Berkshire Health, but will sit within AfC's Wellbeing Team. It is anticipated that this team will be fully staffed by September 2020 and will be able to provide direct support to children and young people, as well as offer advice to parents/carers and those working with the children and young people concerned.

29. It is exciting to be able to report that the Local Transformation Partnership (including the CCG and RBWM) has recently been successful in its application to NHS England and the DfE, to establish a new Mental Health Support Team (MHST) in one cluster of schools within the borough. MHSTs are intended to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The team will act as a link with local children and young people's mental health services and be supervised by NHS staff. Work will start in January 2020 for a January 2021 'go live' date. The vision is that over time, every school cluster in the country will have a MHST. *NB The first MHST in Berkshire will go live in a Slough school cluster in September 2020.*

30. In June 2020, schools within the borough will take part in an on-line questionnaire for children and young people, in partnership with the University of Oxford, looking at

mental health and wellbeing. This has been used successfully in Oxfordshire schools and outcomes will help to inform the focus of this important work in the borough going forward.

Early Help Activities

31. Early Help activity has continued throughout lockdown, albeit virtually. The number of children and young people receiving early help support has increased from 468 in February to 520 in April 2020. Since lockdown and the postponement of delivering non essential services like universal services, has meant that early help staff have been able to offer more targeted one-to-one work to our more vulnerable children, young people and families. Prior to lockdown, there were 'wait times' for vulnerable children, young people and families to receive the support they required. However since lockdown and the different way of working, there are currently no wait times for vulnerable service users. Children and families referred for support continue to be in contact with children's centre support workers via phone/video calls and messaging. A children's centre support worker had a young person allocated post lockdown, but they had not had the opportunity to meet, due to lockdown. This young person was not keen to video chat so it was agreed to have text communication and by using solution focussed questions, a very in depth text discussion took place with her about her worries. The young person said that she had enjoyed chatting and had been able to open up about her feelings, which may not have happened in a more intense and threatening face-to-face session.

32. The children's centre family support workers have been able to support families with doorstep deliveries including:

- 24 activity packs for children delivered to children struggling with being at home,
- 22 baby bank deliveries including new cots, clothes and birthday presents,
- 12 'link foundation' donations to support families with bunk beds, money to pay for utility bills, food and a replacement phone for a very vulnerable family,
- 4 families have been receiving 'posh nosh' meals twice a week from a top restaurant in Marlow,
- 14 food bank deliveries have been collected and delivered every week.

33. The Youth Service has continued to provide 1-1 support via video calling to an increasing number of vulnerable young people during this period, due to the postponement of non essential activities, like universal services, and there are currently no wait times for a vulnerable young person to receive the support they require. Those at higher risk of exploitation, substance misuse or foster placement breakdown have been seen on a more regular basis - in most cases 2/3 times a week. Return Home Interviews for those young people who have been reported missing have also been completed virtually. Feedback from some young people has been that they find this virtual interview method less threatening than face-to-face sessions.

34. A virtual Q&A session focussing on substance misuse, online safety and child exploitation for parents/carers is being organised for early June.

How have we quality assured activity during this time?

35. Up to date spreadsheets are being monitored and reviewed on a regular basis, so that we know the situation in relation to every child and young person with whom we work, in order to ensure that appropriate plans are in place. Managers have been given space and time to undertake 'dip samples' of cases, in order to review the quality of service provision during this time. Regular feedback is also requested from service users. Daily management oversight, regular audio service/team meetings and increased supervision have also helped to maintain the quality of front line work during lockdown.

Our staff

36. Our staff have worked tirelessly, in challenging circumstances, in order to ensure the needs of the vulnerable children, young people and families with whom they work are prioritised. Fortunately very few of our staff have had to self isolate due to Covid-19. Only three of our staff are not able to undertake face-to-face visits due to health issues. Staff were keen to undertake increased face-to-face visits to families and this was the catalyst for increasing the frequency and range of these visits. Throughout the period of lockdown, there has been constant engagement and feedback to understand how staff are responding to the crisis.

37. A recent staff survey, focusing on their lockdown experiences, found that 95% feel confident to do their job. When asked what was working well, the top three responses were support from management (including senior management), support from their teams and their ability to maintain contact with families. Interestingly, the recruitment of permanent social workers has been successful during this period, with five new social work staff starting over the next few months.

What has worked well during this time?

38. In line with the Signs of Safety social work model, the following has worked well:

1. **Virtual work with children, young people and families** -many children, young people, families and professionals have spoken positively about how successful 'virtual visits', group work and 1:1 sessions have been, in the main. This has meant that 'business as usual, but different' has been able to continue during lockdown. There has been a good level of engagement from children, young people and families. For example some previously difficult to engage young people have embraced the virtual way of working.
2. **Virtual meetings** -embracing virtual meetings has meant that 'business as usual' has been able to continue during lockdown, with no meetings being

cancelled. Families and professionals, in the main, have spoken positively about undertaking meetings in this way. There has been better engagement and 'presenteeism' in virtual meetings than pre-lockdown.

3. **School attendance/engagement in education** -the percentage of vulnerable children and young people in school has improved incrementally during the period of lockdown and is higher than the national average. The percentage of CiC engaged in education, whether at school or at home has increased from 85% in week 1 to 90% and persistent absence has reduced from 15% to 10% for our CiC.
4. **Personal Education Plans (PEPs)** -100% of Personal Education Plans (PEPs) were completed for CiC across RBWM in the Spring Term 2020.
5. **Placement breakdowns/missing CiC** -during this challenging time there have been no placement breakdowns for our CiC; 'missing' numbers have reduced, as has opportunities to engage in exploitation.
6. **Targeted early help offer** -pre-lockdown, our targeted families, ie, those more vulnerable families who require more support, had to 'wait' for services, due to service demand. During lockdown, non essential activity, like universal provision, was stopped and so this meant that our early help staff could be redeployed to work on a 1:1 basis with our most vulnerable families. Since lockdown, no vulnerable family has had to wait for a service.
7. **Collaborative multi-disciplinary and multi-agency working** -this has been particularly beneficial in relation to domestic abuse, mental health and reducing the risk to vulnerable babies. There has been a renewed willingness to work more closely together and 'working silos' have consequently reduced. Professionals and agencies have demonstrated a real commitment to supporting each other.
8. **Response from staff** -staff have shown their commitment, adaptability, creativity and willingness to work in a more flexible and child centered way. They have put their own fears aside in order to do the best they can for their children, young people and families.
9. **Staff support** - in a recent staff survey, 95% of staff who responded said that they have felt confident to do their job during this time and that support from managers and senior managers and their teams has been positive. Some staff have said that they now feel more connected to their colleagues because of more frequent meetings, catch-ups and touchpoints.
10. **Work/life balance** -staff have significantly reduced their travel time and this has not only saved money, but given staff more time to undertake their core tasks. Agile working has become the 'new normal'. Staff have said that the ability to work flexibly has given them a better work/life balance, which is a key staff retention factor. Staff have shown that we can be successful at working in a more agile way and that it is not necessary to be in an office environment in order to do their job.
11. **The use of IT** -In the main, staff have embraced the use of technology, even those who might have struggled with IT pre-lockdown. Anecdotally, the majority of staff are now more IT Savvy and have found a number of new creative ways to use technology.

What has not worked quite so well

39. In line with the Signs of Safety social work model, the following has given us some concern:

1. **Limitations of virtual 'visiting' and 1:1 sessions** -professionals like social workers and health visitors have said that although virtual work has been effective, they do not feel as if they can fulfill all of their role, due to the limited nature of virtual contact. A social worker said, *'there is nothing that gives you more information than seeing a child in his/her own home environment.'*
2. **Limitations of virtual meetings** -although in the main, virtual meetings have worked well, there have been some challenges. Not all families have had sufficient access to appropriate IT and have needed to be supported to be able to attend. Furthermore, Virtual Child Protection Conferences have not been ideal from a Signs of Safety perspective, because it is more difficult for parents to be fully involved in the scaling work that takes place on the board.
3. **Getting vulnerable children and young people into school** -although we have made incremental progress, we are committed to getting as many vulnerable children and young people as possible into school. However the fact that this is not mandatory, does not support our best efforts with some more entrenched families.
4. **Domestic Abuse** - there is a concern that even with our best efforts, some of those who have experienced domestic abuse during lockdown have been unable to make contact with support services. We are planning for an increase in contacts and referrals once lockdown is relaxed.
5. **Contacts into the Single Point of Access (SPA)** -there was a concern that contacts into the SPA decreased in March and April 2020, in comparison with pre-lockdown months. However contacts are now more in line with pre-lockdown data.
6. **Limitations for Care Leavers, in particular** -although many Care Leavers have embraced virtual contact with their personal advisers, they often need face-to-face support to complete particular benefit forms. A number of Care Leavers can become isolated and distressed because they do not have other support structures available to them, so face-to-face visits are essential and this has been a particularly challenging time for some of them.
7. **Contact** -not providing children with face to face contact with their birth parents and extended family members has been challenging. Whilst we are providing virtual contact, this can never replace face to face contact. However some socially distanced face-to-face contact has now resumed and this will be appropriately scaled up over the coming weeks.
8. **Court delays** -despite the courts embracing virtual hearings, there have been some built-in delays and delays in getting expert reports. This has meant some delay in decisions being reached for achieving children's permanency. However this has not had an impact on children themselves.

9. **Paper based services** -some services, like our health visiting service, are over-reliant on paper files and this has been a challenge during lockdown.
10. **Staff support** -some staff, particularly those living on their own, have found lockdown more challenging. It is also important for staff working in social care and early help worlds to meet together on a face-to-face basis and this opportunity has been very limited during lockdown.
11. **More intense way of working** -some staff have also said that working virtually means that they go from one meeting to another, often sitting in front of the computer without a break, for long periods of time. This way of working can be more intense and requires more concentration than face-to-face work. It has also been noted by some that there has been much more email traffic and sometimes too many staff communications from too many sources.

Lockdown has unlocked opportunities for future working and service delivery!

40. Throughout this period of lockdown, there have been many great examples of how staff have embraced working together differently - within their teams, in mobile and flexible ways and with children, young people and families. It is really important that we sustain the positive aspects of what we have 'unlocked' during this time. However it is essential that new opportunities do not compromise basic social work and other professional practice - there is a growing acceptance that there is a place for greater virtual activity, but this cannot replace the need to see and work with our vulnerable children, young people and families face-to-face.

41. However we need to focus on the aspects of what we have 'unlocked' during lockdown that can be taken forward in order to enhance our future offer to children, young people, families, our staff, the Council and AfC. If we go back to the way things were pre-lockdown, we will miss the opportunity to make and or sustain the changes needed to become a modern, transformative and forward-thinking Council.

42. The top opportunities for transformation that come from the experience of lockdown are:

1. **Contact with children, young people and families** -by taking the things that have worked well during lockdown, we have the ability to move to a blended model of face-to-face and virtual contact with children, young people and families. One size does not fit all and a blended model would offer a menu of intervention and support depending on the needs of those with whom we are working.
2. **Care Leavers** -once lockdown is eased, it is proposed that we could continue to offer virtual 'visits' to Care Leavers, as this works in the main, but have duty/drop-in times when young people can visit the office and get support to complete application forms etc.
3. **Virtual meetings** -here again, we have the ability to move to a blended model for Child Protection Conferences and other meetings. This means that some people could participate from an office and some virtually. It is

more likely that some multi agency professionals would be able to attend more meetings virtually, because they wouldn't have to travel/find parking spaces or have wasted travel time. Where appropriate, service users could have a choice about how they attend such meetings and this may encourage better attendance and engagement. Careful consideration would need to be given to how this could work in the longer term.

4. **Greater flexibility for staff working arrangements** -our staff have demonstrated that they do not need to be in an office in order to do their job. Staff have also been more able to work their hours in a more flexible way, sometimes outside of traditional core hours. More working from home would reduce travel time and costs, may promote a better work/life balance (a key staff retention issue) and reduces the requirement for significant office space. Staff could be in the office for key team/service meetings and on a duty rota basis, rather than all at once. Furthermore, we could build a service that is more responsive to when service users need our support, rather than offering traditional core hours only. This would require the enhancement of equipment, in order to make this viable in the longer term.
5. **Becoming a 'paperless Council'** -during lockdown, previously paper based activities have had to be delivered in a different way. For example invoices have been dealt with electronically, Child Protection Conference paperwork has had to be delivered electronically and certain services that have previously relied on paper based activities, have had to change their method of service delivery. There is scope, with an enhanced IT system, to enable more aspects of our service to be delivered remotely, which will significantly improve our efficiency and effectiveness.

Conclusion

43. Whilst the response to Covid-19 has been a challenge, it has forced our staff to work in different ways. This has shown that whilst some pre-lockdown ways of doing things will need to be resumed, there are a number of opportunities for doing things differently in the future. An analysis of how we can take forward the positive learning from this period will be undertaken, with a view to having a more flexible and adaptive approach to how we do our business.

Report Title:	Adults, Children’s and Health Overview and Scrutiny Panel - Annual Report
Contains Confidential or Exempt Information?	No - Part I
Member reporting:	Councillor Julian Sharpe, Chairman of the Panel
Lead Officers:	Hilary Hall, Director of Adults, Health and Commissioning, and Kevin McDaniel, Director of Children’s Services
Meeting and Date:	Full Council June 2020

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REPORT SUMMARY

Part 9A B4 of the [council constitution](#) requires an Overview and Scrutiny Panel to report annually to full Council on *‘its workings and make recommendations for future work programmes and amended working methods if appropriate’*.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That full Council notes the annual report of the Adults, Children’s and Health Overview and Scrutiny Panel

2. CHAIRMAN’S INTRODUCTION

- 2.1 The Panel met three times during the 2019/20 municipal year; unfortunately two further meetings had to be cancelled due to the lockdown restrictions caused by the Covid19 pandemic.
- 2.2 The last year has been a steep learning curve, getting to grips with the Panel’s very wide brief. We have had good discussions and been able to ask questions, and it would be good to think these have caused deeper thinking about some of the issues.
- 2.3 Given the Panel’s wide brief there is a lot more to learn. Regular updates on progress on the budget proposals may be relevant.

3. TOPICS SCRUTINISED DURING THE MUNICIPAL YEAR 2019/20

- 3.1 Education Standards Report
- 3.2 Annual Report on Commissioned Services
- 3.3 Adult Social Care Transformation Programme
- 3.4 Complaints and Compliments Report
- 3.5 Performance Management Report

3.6 Ofsted and CQC Inspection Report

4. CALL-INS CONSIDERED DURING THE MUNICIPAL YEAR 2019/20

4.1 No Call-Ins were received during 2019/20; however in May 2020 a Call-In was received and discussed regarding Family Hubs/Children's Centres. Although the Panel did not disagree with the decision that Cabinet took, it was agreed that an amended version of the report giving a clearer outline of the future consultation should go back to Cabinet.

5. RESIDENT SUGGESTIONS CONSIDERED DURING THE MUNICIPAL YEAR 2019/20

5.1 Respite Care Provision for Carers – The recommendation, which was accepted by the Panel, was to add this item to the Panel's work programme. The item was included on the agenda for the meeting held on June 11th 2020, which was the first available opportunity for it to be discussed.

6. TASK AND FINISH GROUPS ESTABLISHED DURING THE MUNICIPAL YEAR 2019/20

6.1 No Task and Finish Groups were established. A Group looking at streams of funding to support care leavers and children in care has been proposed but has yet to be established.

7. PROPOSALS FOR IMPROVED WORKING METHODS

7.1 More Task and Finish Groups, particularly one looking at the Heatherwood Hospital site. It is felt that more Groups may help the Panel to work together more effectively and generally improve its working methods.

7.2 A better understanding of how the co-opted members can contribute.

8. THANKS

8.1 The Panel would like to thank the following individuals and organisations for their involvement in the scrutiny process this year:

Hilary Hall, and Kevin McDaniel and the Achieving for Children Team for their expertise at guiding the Panel

9. PROPOSED WORK PROGRAMME FOR THE MUNICIPAL YEAR 2020/21

9.1 The Panel proposes to consider the following topic areas for scrutiny in the coming municipal year:

Topics already in progress/carried over from 2019/20:

- Refresh of the Joint Health and Wellbeing Strategy
- Children’s Social Care & Education Provision
- Changes to Universal Services

New topics:

- Long term funding of social care
- Impact of school funding changes

10. APPENDICES

10.1 This report is supported by 2 appendices:

- Appendix A - 2019 Member Survey on Overview and Scrutiny – analysis
- Appendix B – Adults, Children and Health Overview and Scrutiny Work Programme

REPORT HISTORY

Decision type: For information	Urgency item? No	To Follow item? No
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Agenda Item 9

WORK PROGRAMME - ADULTS, CHILDREN & HEALTH OVERVIEW AND SCRUTINY PANEL

DIRECTORS	<ul style="list-style-type: none"> • Duncan Sharkey (Managing Director- RBWM) • Kevin McDaniel (Director of Children's Services -AFC) • Hilary Hall (Director Adults, Health & Commissioning) • Lin Ferguson (Director of Children's Social Care- AFC) • Director of Adult Social Services (TBC)
LINK OFFICERS AND HEADS OF SERVICES	<ul style="list-style-type: none"> • Lynne Lidster (Head of Commissioning- Adults and Children) • Consultant in Public Health (TBC) • Nikki Craig (Head of HR and Corporate Projects)

MEETING: 30 SEPTEMBER 2020

ITEM	RESPONSIBLE OFFICER
Annual Compliments and Complaints Report	Nikki Craig, <i>Head of HR and Corporate Projects</i>
Q1 Performance Report	
Refresh of the Joint Health and Wellbeing Strategy	Hilary Hall, <i>Director of Adults, Health & Commissioning</i>
Children's Social Care & Education Provision	Lin Ferguson, <i>Director of Children's Social Care</i>
Changes to Universal Services	Kevin McDaniel, <i>Director of Children's Services</i>
Work Programme	Panel clerk
TASK AND FINISH	

MEETING: 21 JANUARY 2021

ITEM	RESPONSIBLE OFFICER
Budget Report	Finance
Q2 Performance Report	
Work Programme	Panel clerk
TASK AND FINISH	

ITEMS SUGGESTED BUT NOT YET PROGRAMMED

ITEM	RESPONSIBLE OFFICER
Long term funding of social care	Hilary Hall
Impact of school funding changes	Hilary Hall
Update on Lynwood Clinic	
Task and Finish: Streams of funding to support care leavers and children in care	Terms of reference to be drafted by Kevin McDaniel

Future Meeting Dates:

30 September 2020
21 January 2021
22 April 2021

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