

READING BOROUGH COUNCIL

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE

20 MARCH 2017

QUESTION 1 in accordance with Standing Order No.36

Councillor Josh Williams to ask the Chair of the Committee:

Looked After Children placed out of Borough

Wherever possible, Looked-After Children should be placed close to home to minimize disruption to their education, and give them the stability of remaining close to family and friends. The national figure for looked-after children placed within their local authority boundary is 58%. In Reading we are only managing to place around 30% within our local Borough. Can the Lead Councillor please tell us the financial impact of this? How much extra do out-of-Borough placements cost Reading Borough Council each year?

REPLY by the Chair of the Adult Social Care, Children's Services and Education Committee

I invite Councillor Gavin, the Lead Councillor for Children's Services and Families to make the response on my behalf.

REPLY by the Lead Councillor for Children's Services and Families (Councillor Gavin)

Thank you Councillor Williams for your question.

For clarity, the information we collect and report is the % of looked after children who are placed more than 20 miles from home. This figure allows for comparisons in performance between small unitary authorities with tight boundaries and large county areas.

As of the end of February 2017, 67% of our children were placed within 20 miles of their pre-LAC address. SSDA903 data shows that nationally, in the year ending March 2016, 75% of children were placed within 20 miles of their pre-LAC address. We continue to strive to find more placements with 20 miles.

Councillor Williams question suggests that there is a simple relationship between distance of placement and cost, this is naive and suggests that Councillor Williams does not understand the business of children protection.

The cost of placements varies in accordance to the need of the child. The average unit cost of external Residential placements that the Council are making is £3,793. However, as costs are based on each child's needs and

may include Social care, therapy, education and health as well as accommodation, agency and carer fees. Currently, our most expensive placement stands at £6,300 per week. We do have Pinecroft in Reading which is a residential children's home and the weekly cost of a placement there is £3,006 per week. It must be noted though that Pinecroft is a home for young people with a wide range of learning disabilities and communication difficulties, who present with high-risk and challenging behaviours, whereas most of the residential placements made by the children commissioning team are for emotional and/or behavioural difficulties which are less likely to be able to be catered for by Pinecroft.

The average unit cost for an Independent Fostering Agency placement is £893.15 per week, with the highest cost placement being £2,100 for a mother and baby placement. This compares to in house fostering provision costs based on age bands and skilled levels of the foster carers.

Age Bands and weekly rates are:

0 - 4	£153.82
5 - 10	£175.21
11-15	£218.21
16+	£265.35

In addition to this foster carers receive a level of skills payment. The weekly rates are:

Level 1	£106.36
Level 2	£212.73
Level 3	£425.46

So, a Level 3 in-house Foster Carer with a 16+ child would cost £690.81

Dependant on the needs of the child, placements are generally cheaper in areas where the cost of living is cheaper as accommodation and staff costs are lower. Therefore, some placements made more than 20 miles of the child pre-LAC address can be significantly cheaper than those made locally where the cost of living is high. Negotiations to reduce weekly care package cost are made in every placement search prior to the placement being agreed. There can be costs associated with placements made further than 20 miles, mainly in respect of travel which are higher the further away placements are but these costs will frequently be off-set by a cheaper overall weekly care package cost. Therefore, there is no direct cost correlation between placements made within or further than 20 miles of the pre-LAC address.

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QUESTION 2 in accordance with Standing Order No.36

Councillor Josh Williams to ask the Chair of the Committee:

Peer Support for Autistic People

Reading's Autism Strategy and implementation plans acknowledge that peer support led by autistic people themselves is vital in helping people break through the isolation that autism can cause. Until recently, a user-led organisation was supplying this, but against the wishes of the service users this has been discontinued.

The Head of Autism Knowledge, Adults and Community at the National Autistic Society, Dr Damian Milton, has said in relation to the terminating of the support programme:

"Although support groups run by non-autistic people are not without merit, the involvement of autistic people leading this work also indicates an empowering model or peer support rather than that of potential dependency (or at least the perception of such). To remove autistic input from a lead role in this work at this stage could have a deleterious effect on those attending this group and thus sustainable outcomes for those involved."

Will the Lead Councillor look again at the situation with a view to encouraging the reinstatement of the original programme of support ?

REPLY by the Chair of the Adult Social Care, Children's Services and Education Committee

I invite Councillor Eden, the Lead Councillor for Adult Social Care to make the response on my behalf.

REPLY by the Lead Councillor for Adult Social Care (Councillor Eden)

In November 2015, the Council launched its Narrowing the Gap Commissioning Framework. This invited voluntary and community organisations to apply to the Council for funding to deliver services against a series of themes. One of these themes was peer support for adults and families affected by autism.

There were no bids submitted by a peer-led organisation to deliver against the autistic peer support theme under the Narrowing the Gap framework,

although a peer-led organisation was involved in preparing the bid submitted by Autism Berkshire. Bids from peer-led organisations would have been welcome, and will be under any framework which replaces Narrowing the Gap for funding from 2018 onwards.

Autism Berkshire was the successful bidder under the Narrowing the Gap autism theme, and was issued with a funding agreement from June 2016 to May 2018. Autism Berkshire's delivery includes a sub-contracting arrangement, and that arrangement has been changed since the service began. The outcomes required from the service have not changed, however, and it remains a requirement of Autism Berkshire's contract with the Council that it reports quarterly on the self-determined outcomes achieved by service users, and also how the organisation has captured feedback from people using the service and how its service is being developed in response to such feedback. Any sub-contracted partner is required to provide sufficient monitoring information to enable Autism Berkshire as the lead provider to comply with the Council's monitoring requirements.

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QUESTION 3 in accordance with Standing Order No.36

Councillor Josh Williams to ask the Chair of the Committee:

Focus House

In the past few weeks I have spoken to and met a number of the residents at Focus House, a home providing safety and stability for psychiatric patients to transition from hospital wards to living in the community. Asking a question at a Council meeting can be a bit daunting, and so I am asking this on behalf of a Reading resident who lives at Focus House.

Focus House has for years offered outstanding service to residents who need help at a critical time in their lives. It has for many years been considered excellent value for money by the Council, and to residents it has been considered a home.

Focus House is a community that acts as a family. Its success can be seen through its many clients who have managed to move on and often return to visit. Residents cook and clean for each other and build up very close supportive relationships. These are people who have had many years in hospital and who need to feel valued by society rather than have a precious home taken away.

The House is built on its wonderful staff, and a lot of love.

Residents are worried that with the House being listed as a saving in 2018/19 that the decision has already been taken to close it. Can the Lead Councillor confirm if that is the case? Can the Lead Councillor briefly outline how the residents and their families will be consulted, and if the Council is doing all it can to keep Focus House open?

REPLY by the Chair of the Adult Social Care, Children's Services and Education Committee

I invite Councillor Eden, the Lead Councillor for Adult Social Care to make the response on my behalf.

REPLY by the Lead Councillor for Adult Social Care (Councillor Eden)

There will be full and thorough consultation with staff, residents and carers/families. Focus house has provided a service for many years as stated and whilst it is registered as a care home it was never intended to be a long term home for anyone.

The consultation will take place with a view to re-provisioning the services available at Focus House following a full assessment of the needs of every individual concerned. There are many people discharged from hospital who are not able to access Focus House but are having their needs met in the community and the council will ensure that current residents of Focus House will continue to have their needs met following individual assessment.

It is unfortunate that this consultation is taking place with a view to re-provisioning the service but it is one of many projects being assessed by the council with a view to making the savings required due to Government cuts.

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QUESTION 4 in accordance with Standing Order No.36

Mandeep Kaur Sira, Chief Executive, Healthwatch, to ask the Chair of the Committee:

Statutory Advocacy Services

I would like to ask the following in respect of agenda item 12 on the agenda this evening, on Statutory Advocacy Services for Adults:

1. The current providers of this service have gained a lot experience of understanding how to provide a high quality service that is financially very efficient. Will the new specification incorporate comments from current providers, given their experience of providing the services and therefore make it a specification that is realistic and deliverable ? Supplementary - This is especially true in the case of using a 'generic' advocate across all 3 specialisms, that require 3 separate qualifications and different skills and approach, will this be a requirement of the specification?
2. The financial model outlined in the paper is not the model that is currently used for 2 out of 3 of the services mentioned and there has been no discussion around the lessons learnt from this type of modelling, currently being used by 1 of the 3 services. What scope is there to influence the financial model to achieve the best value and best quality service for service users ?
3. What room is there in the current budget for the increase in demand that is expected in all areas especially in Care Act Advocacy which is not commissioned to it's fullest extent and therefore service users are going unsupported ?

REPLY by the Chair of the Adult Social Care, Children's Services and Education Committee

I invite Councillor Eden, the Lead Councillor for Adult Social Care to make the response on my behalf.

REPLY by the Lead Councillor for Adult Social Care (Councillor Eden)

The Council has already held one consultation event with potential and existing providers of services and will be running a further consultation event on 11 April.

We will listen to the views of the provider community to ensure that the final specification and financial model reflects financially sustainable best practice.

We are confident that the proposed budget allocation for this service is sufficient to meet anticipated demand, even after taking into account the potential for increases in demand. The proposed budget provides for a 33% increase in spend on Care Act advocacy provided demand for IMHA and NHS Complaints Advocacy remain constant, as expected.