

22 January 2014

MEETING

**EDUCATION AND CHILDREN'S SERVICES
SCRUTINY PANEL**

(Councillors Sohal (Chair), Abe, Brooker, Carter, Davis,
O'Connor, Hussain, Malik and Matloob)

Education Voting Co-opted Members

Oxford Diocese Representative (Vacant)
Northampton Diocese Representative (Vacant)
Parent Governor Representative (Vacant)

Education Non-Voting Co-opted Members

Lynda Bussley (Primary School Teacher
Representative)
Head Teacher Representative (Vacant)
Secondary School Teacher Representative (Vacant)

DATE AND TIME:

THURSDAY, 30TH JANUARY, 2014 AT 6.30 PM

VENUE:

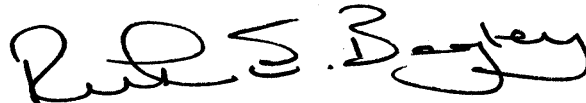
MEETING ROOM 3, CHALVEY COMMUNITY CENTRE,
THE GREEN, CHALVEY, SLOUGH, SL1 2SP

**SCRUTINY OFFICER:
(for all enquiries)**

SARAH FORSYTH
01753 875657

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART 1



Apologies for Absence

CONSTITUTIONAL MATTERS

1. **Declaration of Interest**
All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. **Minutes of the Meeting held on 5 December 2013** 1 - 4

SCRUTINY ISSUES

3. **Member Questions**
An opportunity for Panel Members to ask questions of the relevant Director/Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).
4. **Childhood Immunisation: Progress** 5 - 18
(10 mins intro by officers, 20 mins questioning)
5. **Child-focused overview of messages from Ofsted Inspection and 2014 calendar year priorities** Verbal Report
(10 mins intro by officer, 35 mins questioning)
6. **Corporate Parenting Review and Proposals** Verbal Report
(5 mins intro by officer, 10 mins questioning)

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

- | | | | |
|----|-------------------------------------------------------------------------------------------------|---------|--|
| 7. | SEN: impact of changes in legislation
(10 mins intro by officer, 20 mins questioning) | 19 - 28 | |
|----|-------------------------------------------------------------------------------------------------|---------|--|

ITEMS FOR INFORMATION

- | | | | |
|-----|----------------------------------------------------------------------------------|---------|--|
| 8. | Forward Work Programme | 29 - 32 | |
| 9. | Attendance Record | 33 - 34 | |
| 10. | Date of Next Meetings - 19 February
(Extraordinary) and 12 March 2014 | | |

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Special facilities may be made available for disabled or non-English speaking persons. Please contact the Democratic Services Officer shown above for further details.

Minicom Number for the hard of hearing – (01753) 875030

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Education and Children's Services Scrutiny Panel – Meeting held on Thursday, 5th December, 2013.

Present:- Councillors Abe (Vice-Chair), Brooker, Carter, Davis, O'Connor, Hussain, Malik and Matloob (from 6.50 p.m.)

Also present under Rule 30:- Councillor P Mann

Education Non-Voting Co-opted Members

Lynda Bussley (from 7.15 p.m.)

Apologies for Absence:- Councillor Sohal

PART 1

21. Declaration of Interest

No declarations were made.

22. Minutes of the Meeting held on 10 October 2013

The minutes of the Education and Children's Services Scrutiny Panel meeting on the 10 October 2013 were approved as a correct record.

23. Member Questions

None were submitted.

24. The Role of Grammar Schools in Slough

The Panel received a report looking at the relationship between the grammar schools and non-selective schools in the borough, the impact of the selective system on attainment levels and the accessibility of the grammar schools for Slough students. The report included input from the grammar schools, a non-selective secondary school and a primary school. At the meeting the grammar schools were represented by Jo Rockall (Headteacher, Herschel Grammar School) and Mercedes Hernandez-Estrada (Headteacher, Upton Court Grammar School); the non-selective secondary schools were represented by Deborah Ajose (Headteacher, Baylis Court School); and the primary schools were represented by Maggie Stacey (Headteacher, St Anthony's Catholic Primary School and Nursery).

The Panel discussed the following points:

- that the grammar schools work as a consortium and set the pass mark for the 11+ aimed at taking the top 30% of the ability range; and that Slough students who pass the 11+ had a good opportunity of being accepted to a grammar school because of the admission criteria

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regarding distance. However, despite this, there was concern at the low numbers of Slough students attending the grammar schools;

- that the key issue is the number of Slough students passing the 11+, however lowering the pass level would not be a suitable option;
- that Buckinghamshire had introduced a new 11+ exam which could not be tutored for, and that this would be trialed in Slough in the coming year; and
- that, in order to ensure equality of opportunity, the attainment levels at Key Stage 2 and the aspirations of Slough students would need to be improved.

The Panel then discussed what could make the difference for Slough students, increasing the numbers who take the 11+ and those that achieve the pass mark. In order to offer the best school opportunities for all Slough students, the whole system would need to work together with the grammar schools working with the primaries to improve attainment levels and joint training programmes for teachers.

The Panel noted the difficulties of recruitment, but also that the focus on numbers attending grammar schools implied that the borough's non-selective secondary schools were of a lesser quality which was not the case. Members commented on the very good non-selective schools in Slough and the value added scores of these schools demonstrating that the grammar schools were not the only place for aspiration.

Resolved to:

- 1) thank all the schools for their input and attendance at the meeting;
- 2) endorse the move to make the 11+ more accessible through the introduction of a test that could not be tutored for; and
- 3) congratulate the schools on the good cooperative working that had been taking place across all Slough schools.

25. School Places: Plans for the Future

Ruth Bagley, Chief Executive Slough Borough Council, introduced the report setting out the projected demand for school places over the coming decade and the strategy being developed to answer this demand.

The projected demand predictions were based on birth rate, known pre-school children, known primary school children, and an estimate of growth based on inward migration. Based on these numbers, the current prediction of demand was that Slough would require 15 forms of entry at primary level and 38 forms of entry at secondary level by 2021/22.

There were a number of challenges facing the Local Authority (LA) in providing enough places such as the new free school system and academies which limited the LA's authority over the system, and the lack of available developable land within the borough's boundaries.

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With the 15 forms of primary entry accommodated within three schools and expansion to existing premises it is hoped that this need can be met. The expansion of the secondary provision will be more problematic, and it was probable that at some point during the planning period development would need to take place outside of the borough boundary in order to meet the needs of Slough's population. It was likely that 2017 onwards would be where need outstripped provision within the borough and the LA would be working to influence the planning of free schools in order to provide some flexibility to the system.

The Panel was pleased to see work was underway to develop a Strategy for dealing with the predicted increase in need.

Resolved – to note the information provided.

26. Vulnerable Children and Education

The Panel received a report on work taking place to support the education of vulnerable groups in the borough. Robin Crofts, Lead for Education at Cambridge Education, presented the report and was supported by Ketan Gandhi (Head of Young People's Services), Maryanne Woodland (Educational Psychologist), and Tony Browne (Head of School Services) at the meeting.

The Panel discussed the support for young people not in education, employment and training and noted that Slough's figures were generally on par with the national average. There was a lot of work taking place to improve the understanding of this particular cohort and projections of future numbers to ensure the sustainability of the agenda being developed. There were three priorities: early identification of those at risk; management of expectations; and creation of the right pathways to ensure the right opportunities were offered.

Those students qualifying for Free School Meals (FSM) had seen an improvement in attainment levels over the past four years, closing the gap at Key Stage 2. In discussing Looked After children, Members noted that there was still a considerable gap between their attainment and that of the rest of the school age population. The Panel was keen to ensure that the momentum for those qualifying for FSM continued, and that for Looked After Children stability of placement and improvements in broader health outcomes were achieved in order to improve educational attainment. In particular, Members were keen to ensure that the Pupil Premium would be correctly used to assist with this.

Resolved – to note the report.

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27. Schools Services: Contract Update

Resolved – to note the report.

28. Community Learning and Skills Services Update

Resolved – to note the report.

29. School Results: Preliminary

Resolved – to note the report.

30. Forward Work Programme

Resolved – to note the current work programme.

31. Attendance Record

Resolved – to note the attendance record for the current municipal year.

32. Date of Next Meeting - 30 January 2014

Resolved – that the date of the next meeting would be 30 January 2014.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 9.30 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel

DATE: 21 January 2014

CONTACT OFFICER: Angela Snowling, Consultant in Public Health, SBC
Nisha Jayatilleke (Consultant – Screening and
Immunisation) NHS England – Thames Valley
Ravikumar Balakrishnan, Consultant in Public
Health, Public Health Berkshire
Tel (01753) 875142

WARD(S): All wards in Slough

FOR COMMENT & CONSIDERATION

Childhood immunisations - update

1 Purpose of Report

This report is to provide an update on childhood immunisation coverage in Slough and the action that is being taken to improve coverage. The report will:

- Provide an update on childhood immunisation coverage in children under 5 years
- Outline the challenges and issues related to low uptake
- Highlights the actions underway to improve uptake
- Consider how GP practices, Clinical Commissioning Groups, Public Health and Local Authorities can work with Public Health England and NHS England Thames Valley Area Team to improve immunisation uptake in Slough

2 Recommendation(s)/Proposed Action

The group is advised to:

- To make a note of the past and current performance in childhood immunisations
- To be aware of the changes in national immunisation schedule and the changes in the roles and responsibilities with regards to commissioning and monitoring from 1st April 2013.
- To explore opportunities for local support to develop the action plan with partners and to get resources to develop and implement the action plan to improve the uptake and reduce the inequalities.

3 The Slough Wellbeing Strategy, the JSNA and the Corporate Plan

The issues of childhood immunisations identified in the JSNA 2013 must inform the Health and Wellbeing strategies as stated in the guidance on building Joint Health and Wellbeing strategies (DH 2011).

Slough Wellbeing Strategy Priorities

The Healthy Lives Healthy People specifically mentions the uptake of childhood immunisation as a priority.

Corporate Plan

There are five themes within the corporate plan including a theme on new ways of working which this report supports

Other Implications

(a) Financial

- The costs of the Thames Valley Primary Care Child Health System are funded by the area team of NHS England
- The costs of PH staff time to monitor and support local practices and undertake outreach via health activists is covered within existing PH grant resources.
- The costs of SMS texting software are covered by the clinical commissioning group
- The pilot is being funded by NHS England.

(b) Risk Management

Risk	Mitigating action	Opportunities
That a multiagency approach is required	A joint action plan has been agreed with Thames Valley Primary Care Agency	A working group has been established which links TVPCA/PH/NHS England, GPS and the CSU
That the JSNA does not reflect the latest immunisation data	The data will be uploaded quarterly	PH information team to work with local PH team
Staff capacity to run the extracts for catch up programmes is limited in local practices	Fund CHART queries and automated feeds	Drop in clinics are offered and will be further promoted

4 Supporting Information

4.1 Background

Vaccination / Immunisation is one of the most powerful and cost-effective of all health interventions. Plotkin et al in his book "Vaccines" states that "With the exception of safe water, no other modality, not even antibiotics, has had such a major effect on mortality reduction..."

Children in England are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population. As a public health measure, immunisations have been hugely effective in reducing the burden of disease. It is of public health concern when immunisation rates fall, as this increases the possibility of disease transmission, and hence complications arising from outbreaks of infectious diseases.

The [UK Childhood Immunisation Schedule](#) covers the recommended immunisations for children and young people (aged 0 to 18 years). The schedule (appendix 1) comprises the recommended universal or routine immunisations which are offered to all children and young people, as well as selective immunisations which are targeted to children at higher risk from certain diseases. The target of the national immunisation programme is for 95% of children to complete courses of the routine childhood immunisations at appropriate ages.

4.2 Changes in Childhood Immunisation Schedule for 2013/14

A number of changes to the national immunisation programme are being made during 2013-14 to reflect the planned and phased implementation of a series of recommendations by the Joint Committee on Vaccination and Immunisation (JCVI) to improve the overall level of protection against preventable diseases. They are:

- **Meningitis C:** From June 2013, changes to the current schedule for administering the MenC vaccine. The second priming dose currently given at four months will be replaced by a booster dose given in adolescence. The change has occurred with the four month dose ceasing in June 2013.
- **Rotavirus:** From July 2013, the introduction into the childhood immunisation schedule of a vaccine to protect babies against rotavirus.
- **Shingles:** From September 2013, the introduction of a shingles vaccine for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster.

- **Childhood Flu:** The existing flu immunisation programme will be extended over a number of years to include all children aged two to 16 inclusive. In autumn 2013, immunisation will be offered to a limited age range of pre-school-aged children.

From April 2013 the commissioning and monitoring arrangements for the Screening and Immunisation service have changed, these changes include:

- NHS England Thames Valley Area team is responsible for commissioning the immunisation programme in England.
- Public Health England along with NHS England Thames Valley Area team is responsible for surveillance and monitoring of the immunisation programme in England.
- GP Practices are the main providers of childhood immunisation for children under 5 years old commissioned by NHS England and with a quality duty in CCGs.
- Currently, School Nurses in BHFT are the primary provider for school based immunisations in Berkshire. School Nursing Service is commissioned by Local Authority Public Health, but the school based immunisation service is commissioned by NHS Thames valley Area Team.
- Public Health England covers the previous HPA functions related to childhood immunisation, health protection reactive work, outbreak management etc.

4.3 Childhood Immunisation Statistics (COVER stats)

The COVER (Cover of Vaccination Evaluated Rapidly) programme evaluates childhood immunisation in England. Public Health England (PHE) in collaboration with other agencies collates UK immunisation coverage data from child health systems for children aged one, two and five years of age. The COVER programme monitors immunisation coverage data for children in the United Kingdom who reach their first, second or fifth birthday during each evaluation quarter. This information is promptly fed back to local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly.

Current Performance

The quarterly immunisation coverage in Slough for Q1 (Apr-Jun 2013) and Q2 (Jul-Sept 2013) is shown in the table 1 and table 2 below compared to other East local authorities and to national averages.

Table 1: Childhood Immunisation uptake by Local Authority in Slough compared to other UAs and England, Q1 (Apr – June 2013).

Source: NHS Thames Valley

Area	1 year		2 years			5 years			
	Total	All 3 doses DTaP/IPV/Hib (%)	Total	PCV booster (%)	HibMen C booster (%)	MMR1 (%)	Total	MMR2 (%)	Pre-school booster (%)
Slough	580	94.5%	565	91.9%	91.9%	91.9%	559	80.3%	80.7%
Bracknell-Forest	332	96.4%	367	92.1%	92.4%	91.6%	376	86.7%	88.0%
Royal Borough	487	96.7%	447	91.9%	92.2%	91.5%	523	88.5%	90.1%
Berkshire East	1399	94.3%	1379	89.8%	89.8%	89.7%	1458	81.1%	81.3%
Berkshire West		94.8%		92.6%	93.6%	94.5%		91.1%	91.7%
England		94.7%		92.8%	92.9%	92.6%		89.3%	90.2%

Key:	≤85%	85% - 94.9%	≥95%	Source: COVER stats, PHE, 2013.
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- Children aged 1 year: 580 children reached one year of age this quarter. Only 548 (94.5%) children were fully immunised with all 3 doses DTaP/IPV/Hib and the remaining 32 children were either unimmunised or partially immunised at the end of this quarter.
- Children aged 2 years: 565 children reached two years of age this quarter. Only 519 (91.9%) children were fully immunised with PCV / Hib Men C boosters and MMR 1. The remaining 46 children were not immunised get these jabs at the end of this quarter.
- Children aged 5 years: 559 children reached five years of age this quarter. Among them, 449 (80.3%) had their MMR 2nd dose and 451 (80.7%) had their pre-school booster jab. 110 children did not have their MMR 2nd dose and 108 children missed their pre-school booster at the end of this quarter.
- Most GP surgeries performed well among children aged 1 and 2 years.
- Poor performance (<85%) was seen in 6 GP practices among children aged 5 years. One practice with relatively high number of children, had poor uptake (<85%) for both MMR 1st and 2nd dose.
- As some numbers are relatively small, these performance figures should be interpreted with caution and needs to be compared with the past performance and followed up in future.

Table 2: Childhood Immunisation uptake in Slough compared to other UAs in East Berkshire and England, Q2 (July – Sep 2013).

Source: NHS Thames Valley

Area	1 year		2 years				5 years		
	Total	All 3 doses DTaP/IPV/Hib (%)	Total	PCV booster (%)	HibMen C booster (%)	MMR1 (%)	Total	MMR2 (%)	Pre-school booster (%)
Slough	671	94.04%	677	88.04%	87.00%	88.33%	652	75.61%	75.31%
Bracknell-Forest	426	92.96%	483	90.48%	90.48%	89.86%	508	80.91%	82.28%
Royal Borough	440	93.41%	456	91.45%	92.11%	92.11%	460	86.52%	87.17%
Berkshire East	866	93.19%	939	90.95%	91.27%	90.95%	968	83.57%	84.61%
Berkshire West		93.71%		92.93%	93.32%	94.91%		89.68%	90.92%
England		94.34%		92.67%	92.72%	92.68%		88.47%	89.02%

The uptake figures dropped in Q2 in Slough especially among children aged 2 and 5 years of age. Some of the reasons contributing to drop in performance figures are:

Changes to the Child Health Information System

- The child health information system used in Berkshire East changed in March 2011 from McKesson to Rio. This involved cleansing data and migrating data between the systems. There are differences in data coding and storage, which we believe has had a negative impact on coverage data for Q2.
- In March 2013, the Child Health Information Team previously employed by Berkshire East PCT moved to Reading and merged with the team from Berkshire West. This move resulted in high staff turnover and change in processes, which could have had some impact on data processing and quality.

GP Practices call / recall system

- There is no agreed call recall system in GP practices to identify the children when they are due, invite them for immunisation, re-invite them if they default and have alternative ways to deal with repeat defaulters.

4.4 Actions already being taken to improve performance in the MMR catch up programme:

MMR catch-up project (measles, mumps and rubella) in Slough

The Department of Health, Public Health England and NHS England jointly launched a campaign aiming to drive up demand for MMR vaccination. This was in response to an increase in the number of measles cases in England over the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994.

There is a high rate of measles cases among teenagers, which has not been experienced in previous years. The 10 to 16 year old age group are mostly affected by the adverse publicity relating to MMR vaccine between 1998 and 2003 and therefore there are larger numbers of children of this age unimmunised or partially immunised against measles. This creates the potential for school based outbreaks as seen in Swansea and the north east of England.

Although there has not been an increase in confirmed cases in Slough, there is still the potential for outbreaks particularly in those areas where coverage of MMR immunisation has been low in the past. One dose on MMR vaccine is 90-95% effective at protecting against measles infection. Two doses will protect 99% of those immunised. There is a national target to immunise 95% of children with one dose of vaccine by the age of 2 years and 2 doses of vaccine by the age of 5 years.

Nationally it is estimated that as a result of the campaign the number of 10-16 year olds immunised against measles has increased by 1%. This data is not available at local level. It has been recognised nationally that obtaining accurate information on the coverage of MMR immunisation in 10-16 year olds is very difficult.

Action to deal with issues related to data quality

MMR vaccination – audit findings

In order to investigate the level of and potential reasons for under-recording, an audit of a small number of practices was undertaken with the aim of evaluating the records of 80 children (aged 10-16yrs) who are coded as unvaccinated at 4 GP practices (2 in Reading and 2 in Slough) with low MMR uptake.

For the two Slough practices, 55% and 75% of 10-16 year olds audited, actually had a record of MMR vaccination in their electronic notes. The proportion of parents / guardians who had been sent a previous MMR letter was 67% in one practice and over 93% in the other. The main reason for the discrepancy in both Slough practices was a software issue. The clinical audit system (software) cannot currently capture electronic coding of MMR accurately from electronic clinical records. Work is in progress to upgrade the system within the next few months.

- Enhanced Phase 2 MMR catch up: A project to improve uptake in lowest performing practices has recently been signed off. The project will provide clinical resources to a number of practices so that they can review all children (10-16 year olds) with zero or one dose of MMR to explore the reason(s) and to take action to get them immunised. The NHS England Area Team has provided funding for this project and it will be delivered by the LA Public Health Team and CCG. The project is expected to report on its work and outcomes in March 2014.

4.5 Proposed actions for Q3 and onwards to increase routine coverage

There are a number of options to improve this situation working with the Area Team:

- Continue to deliver on the existing work plan including:

Improve data quality

- a) Updating Software in all GP practices and in Child Health Information System
- b) Standardising Read codes in all GP practices
- c) Implementing electronic data flow system in Berkshire East
- d) Implementing electronic upload from GP practices on to Rio i.e. Child Health Information System
- e) Data cleaning in both GP Practices and Rio i.e. Child Health Information System including removing all ghost patients.
- f) Promoting practices conduct monthly electronic upload of childhood immunisation activity to CHART data warehouse to expedite updating on to Rio
- g) Encouraging practices to schedule their own primary immunisations to maximise resources and ensure timely vaccination

Improving the primary care immunisation services

- a) Standardising the call / recall to invite children for jobs across all GP practices.
- b) Improving access to job services e.g. walk-in-immunisation clinics, evening / Saturday clinics, more clinics during school holidays etc.
- c) Commissioning alternative providers to offer immunisation services e.g. pharmacies, health visitors etc.
- d) Opportunistic offer of childhood immunisations at all settings e.g. GP surgeries, hospital appointments etc.

A project is underway to work with GP practices to roll out the electronic upload of immunisation data which has shown promising results in other areas to help improve coverage. The idea is to encourage practices to undertake scheduling of primary immunisations to ensure efficiency in immunisation clinics and smooth flow of data.

General awareness raising through health promotions/campaigns in the community to increase awareness and improve uptake.

- a) Promotion has occurred through use of health activists within the Gurdwara, Mosques, early years teams and schools. This work is on going.
- b) A pilot campaign is underway to change the way in which invitations are sent for the MMR catch up – via SMS text – this will commence in February. It is being led by the GP lead for the CCG and will be

linked to software upgrades for all practices with the aim to improve uptake of all childhood immunisations in future.

- c) General Campaigns through various settings e.g. children's centres, nurseries, play groups/ other settings
- d) Targeted campaigns to hard-to-reach and vulnerable groups including travellers.
- e) Targeted campaigns at the time of school applications / admissions, council applications for benefits etc.

5 Comments of Other Committees / Priority Delivery Groups (PDGs)

This information will be presented to the Wellbeing Board on 29 January 2014, and then to each of the partnership boards to ensure that the gaps identified are costed and a plan will be brought back to the Wellbeing board for endorsement. The findings will also be discussed with the community during the consultation phase and a final version discussed with the Health Scrutiny Panel.

6 Conclusion

- Immunisation uptake is reasonably good among one and two year old children, but needs to improve to achieve the required 95% target.
- Wide variations in the childhood vaccination uptake within Slough
- Poor uptake among children at 5 years especially 2nd dose of MMR.
- There were number of changes this year both in immunisation schedule and in the roles and responsibilities in regards to commissioning and monitoring from 1 April 2013.
- LA public health needs to closely work with NHS Thames valley, CCG, PHE to develop an action plan to improve the uptake this year and reduce the variations.

7 Appendices attached

A - National benchmarked outcomes

8 Background Papers

1. Slough JSNA 2013 available at www.slough.gov.uk/council-strategies-plans-and-policies/joint-strategic-needs-assessment-jnsa.aspx
2. Public Health outcomes framework available at <http://www.phoutcomes.info/>
3. NHS outcomes framework available at <http://www.ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html>
4. Adult Social Care Outcomes framework available at <http://ascof.hscic.gov.uk/Outcome/617/>

5. Childrens Outcomes Framework available at <http://fingertips.phe.org.uk/profile/cyphof/data#gid/8000025/pat/43/ati/102/page/0/par/X25004AF/are/E06000036>
6. Buck and Gregory (2013). *Improving the publics health*. Kings Fund available at <http://www.kingsfund.org.uk/publications/improving-publics-health>
7. Health Protection Priorities in the Thames Valley 2013-14. PHE England available at http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CDIQFjAA&url=http%3A%2F%2Fwww.hpa.org.uk%2Fwebc%2FHPAwebFile%2FHPAweb_C%2F1317135862125&ei=3uPTUpLIK5GVhQf_x4HwBQ&usq=AFQjCNErayXEi-tQcnlxJpkPu3kUsnZOAw&sig2=mTXtITemggWIBhaTzbQCig

National benchmarked outcomes

1A PUBLIC HEALTH OUTCOME DATA – JANUARY 2014.

DOMAIN 1 – WIDER DETERMINANTS (YEAR REPORTED)

Statistically better than average

- Pupil absence (2011/12)
- Those not in education, employment or training - NEET (2012)
- Killed and seriously injured on England's roads (2010-12)
- The numbers of complaints about noise (2011-12)
- Statutory homelessness (2011-12)
- Fuel poverty (2011).

Statistically worse than average

- Children living in poverty (under 16s) (2011),
- Violent crime (including sexual exploitation)(2012/13)
- Utilisation of outdoor space for exercise and health reasons (2012-13)
- Percentage of adult social care users who have as much contact as they would like (2011/12)
- Re-offending levels (NB data are from 2010).

DOMAIN 2 – HEALTH IMPROVEMENT

Statistically lower than average

- Smoking status at time of delivery (2011/12)
- Under 18 conceptions (2011)
- Percentage of active adults
- Access to diabetic retinopathy screening programme
- Take up of NHS Healthcheck among those eligible
- Self reported wellbeing - people with a low happiness score

Statistically higher than average

- Low birth weight of term babies (2011)
- Excess weight in 10-11 year olds (2011/12)
- Percentage of physically inactive adults (2012)
- Smoking prevalence (adults)
- Recorded diabetes (2011/12)
- Breast and cervical cancer screening coverage (2013)
- Access to diabetic retinopathy screening (2011/12)
- Health checks offered (2012-13)
- Injuries due to falls in people aged 65+ (2011-12)
- Self reported wellbeing - people with a low satisfaction score and high anxiety score

DOMAIN 3 – HEALTH PROTECTION

Statistically higher than average.

- Fraction of mortality attributable to particulate air pollution
- TB treatment completion rates
- Slough's incidence of TB has risen to a rate of 56.7 per 100,000 compared to 15.1 in England (Public Health Outcomes Framework 2010-2012)

Statistically lower than average

- Chlamydia diagnoses (NB the JSNA notes that data from the laboratory was not uploaded fully in 2012 so this underreports the true value which was reported as).
- Population vaccination coverage for flu (at risk individuals), for MMR one dose (5 year olds) and for HPV.

DOMAIN 4 – HEALTHCARE AND PREMATURE MORTALITY

Statistically lower than average - none

Statistically higher than average –

- tooth decay in under 5's
- Under 75 mortality rate from all cardiovascular diseases and those considered preventable (2009-11)
- mortality from communicable diseases (2009-11)
- emergency readmissions within 30 days of discharge from hospital
- preventable sight loss age related macular degeneration and preventable sight loss from diabetic eye disease (2011-12)
- hip fractures in people aged 65 and over aged 65-79 (2011/12)
- excess winter deaths (single year 2010 -11 aged 85+)

1B. NHS DOMAIN DATA

DOMAIN 1 – PREVENTING PEOPLE FROM DYING EARLY

Statistically higher than peer and England average

- cardiovascular disease mortality under 75 (2012)
- years of life lost through conditions amenable to healthcare (2012)

DOMAIN 2 – ENHANCING QUALITY OF LIFE FOR PEOPLE WITH LONG TERM CONDITIONS – SEE OVERLAP WITH ASCOF

None were statistically higher or lower than peer and England average

DOMAIN 3 – HELPING PEOPLE TO RECOVER FROM EPISODES OF ILL HEALTH AND INJURY

Statistically higher than peer and England average

- Emergency admissions after 30 days

None were statistically lower than peer and England average

DOMAIN 4 – ENSURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE

None were statistically higher or lower than peer and England average

DOMAIN 5 – TREATING AND CARING FOR PEOPLE IN A SAFE ENVIRONMENT AND PROTECTING THEM FROM AVOIDABLE HARM

Statistically lower than average

- Healthcare acquired infections MRSA

1C. ADULT SOCIAL CARE DOMAIN DATA (2012-13)

NB outcomes where the numbers reported are low and therefore the confidence intervals are wide are not reported here.

Slough's ASC results that were higher than comparators for

- People receiving self directed support
- Adults in contact with mental health services in employment
- Adults with learning disability in stable accommodation
- Adults with mental health conditions in stable accommodation
- People who use services and carers who find it easy to find information

Slough's ASC results that were lower than comparators were

- People receiving direct payments
- Service users with control over their daily life
- Adults with a learning disability in employment
- Permanent admissions to care homes
- People offered reablement following discharge from hospital
- Delayed transfers of care (NB Slough ASC performs better than average for DTOC attributable to social care)
- Client satisfaction with care and support

1D. CHILDRENS OUTCOMES FRAMEWORK (January 2014)

Many of the indicators shown that are above the England average are also reported in the main PH Outcomes framework age i.e child poverty, excess weight for 10-11 year olds, population coverage of PCV vaccinations, for MMR1 and 2 doses at age 5, for HPV coverage and tooth decay. A single additional indicator is shown for 'hospital admissions for unintentional injuries in young people' and the Chlamydia screening data is even older than in the PHOF report. This information will be revised within a few months. Until that happens the data should be viewed with caution.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel
DATE: 30 January 2014

CONTACT OFFICER: Jackie Wright/Chris Aston, Head of Early Years, School Services and Special Needs
(For all Enquiries) (01753) 787672

WARD(S): All

PART I
FOR CONSIDERATION AND COMMENT

THE IMPACT OF THE CHANGES IN LEGISLATION FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY

1. **Purpose of Report**

The purpose of this report is to provide information to the Education and Children's Services Scrutiny Panel on the proposed changes in legislation related to children and young people (CYP) with special educational needs and disability (SEND) from 0 to 25 years and the impact these legislative changes are likely to have in Slough.

2. **Recommendation(s)/Proposed Action**

The Education and Children's Services Scrutiny Panel is requested to consider the legislative changes related to CYP with SEND from 0 to 25 years and the development work taking place in Slough to prepare for implementation.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

- The SEND reform work is one of the key priorities within the work of the Children and Young Peoples Partnership Board.
- The Slough Wellbeing Board has signed the Disabled Children's Charter and given a commitment to deliver the outcomes by 1 September 2014 in line with the implementation of the Children and Families Bill. By signing the Charter and meeting its commitments, the Slough Wellbeing Board will be better able to meet the needs of CYP who have SEND and/or health conditions and the needs of their families.

3a. **Slough Joint Wellbeing Strategy Priorities**

The SEND reform work and developments in Slough will meet the Joint Wellbeing Strategy priorities and cross-cutting themes as set out below:

- **Health**
The SEND reforms are intended to ensure identification, assessment and early intervention with a joined up approach from those providing services including health services. There is to be a duty on Local Authorities (LAs) to promote integration between special education provision, health care provision

and social care provision where it makes sense to do so and it is likely to promote the well-being of CYP with SEND or improve the quality of special education provision for such persons within its area or for such persons for whom it is responsible outside its area. There is also a new duty on Clinical Commissioning Groups (CCGs) to jointly commission services with LAs for CYP with SEND from age 0 to 25 years. Health is a key part of the development work in Slough both from a provider and commissioner perspective.

- **Economy and Skills**

A key aspect of the reforms is to ensure outcome focussed planning is in place and that it is person centred. The new assessment process and Education, Health and Care (EHC) Plans will be in place for young people up to the age of 25 if they remain in education. This will lead to greater emphasis on the development of skills for employment and independence in adulthood. One of the principles underpinning the legislation is that LAs must have regard to:

- “the need to support the CYP, and their parents, in order to facilitate the development of the CYP and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.”

- **Housing**

The future assessment and planning work will be person centred and based on outcomes. For those young people aged 14 upwards there will be a focus on adulthood and the skills for independence. There will be a duty to consider what provision is required to assist in preparing the young person for adulthood and independent living which includes local housing options, support in finding accommodation and other housing support. In Slough there will be an emphasis on local solutions to ensure young people can remain living in their local communities.

- **JSNA**

The JSNA will be used as the tool to support the new joint commissioning duty on the CCG and LA. The JSNA, combined with the Local Offer (see 5.4 below) will ensure that any gaps in the pathways for CYP with SEND are identified and appropriate plans can be made to address these.

4. **Other Implications**

(a) Financial

The financial implications of this initiative are unclear but it is very possible the amount promised in new funding will not be sufficient for the implementation costs and could well lead to additional costs after the two year funding period.

It is for this reason that the costs of this initiative should be kept under close review with regular reports to keep senior officers and members informed as the full financial implications become clearer.

The staff who currently co-ordinate the statutory assessment process, maintain Statements of SEN and Learning Difficulty Assessments (for young people at college) and arrange provision are funded by core budget. This is a statutory function of the LA.

Although there is a grant of £75k for each LA to support the reform work in 2013/14 and it is expected that this will also be available in 2014/15, there is no ongoing additional funding from September 2014 when the SEND reforms start to be implemented.

At this point it is not clear as to the exact cost implications of the SEND reforms. However the Pathfinder LAs have found the new assessment process to take 42 hours of officer time per assessment and this is an additional 12 hours from the current process. Therefore it is likely that there will be an increase in cost, at least in this area of the reforms. A member of the Department for Education has suggested the current process costs around £6k per assessment whereas the new EHC assessment is likely to cost in the region of £8k to £10k per assessment.

Work in Slough is aiming to provide a solution to the new assessment and planning work where the staffing costs remain within the current budget if at all possible.

The government suggests that in the long term there will be a reduction in costs for LAs and health due to joint commissioning of services, intervening earlier, providing more individualised support packages, increased integration of services and working closer with families to focus on outcomes but it is likely to be some time before this reduction in cost is evident.

Producing the Local Offer (see 5.4 below) is a huge piece of work and whilst the grant will cover the costs of the IT development work required to make the Local Offer easily accessible on-line, there is a need to keep this under review, publish feedback/comments and the responses to those comments and this will have resource implications for the Family Information Service which will require consideration once the extent of the ongoing work is clearer.

There will be a duty to offer personal budgets to parents/carers if their CYP has an EHC Plan and elements of this may be taken as a direct payment. This will require development work to embed new systems in to the process and ongoing support for families to manage their personal budgets. The grant should cover the development work but there are longer term implications for maintaining new systems. These will be explored in conjunction with adult services to ensure there is a seamless and cost effective process in place.

Allocating personal budgets and direct payments will give greater control to families but it could have an impact on the ability of the LA to commission services and this will need to be explored through the development work. There may also be implications for the partnership working with Cambridge Education as they manage the home to school transport budget which is one area that Pathfinder LAs have found suitable for direct payments.

(b) Risk Management

Several risks have been identified in relation to implementing the SEND reforms.

There is a risk in developing the workforce as this requires a cultural and practical shift to new ways of working. Due to the increased staff time necessary per assessment as identified above, along with a tighter deadline of 20 weeks to complete the assessment (currently 26 weeks), it will be necessary to increase the

capacity of the SEND team although the development work is looking at more creative ways to manage this and keep within the existing budget.

There will be a risk of not meeting the new statutory deadlines. Currently Slough achieves 100% of statutory deadlines in this area although there are aspects of the system e.g. the annual reviews where there can be delays in processing the documentation. There will be much tighter statutory requirements within the new system. To mitigate this risk there will be regular reviews of deadlines to highlight areas where difficulties may arise. This will also form part of the development work in designing a new staffing structure for the SEND team.

The roles within the SEND team will need to be reshaped requiring training to develop new skill sets. These changes and increased pressure could lead to a risk of increased staff turnover. To mitigate this risk a good communication plan is in place to ensure staff are aware of what is expected of them and to identify concerns as they arise.

A key element of the SEND reforms is the need for partners across education, health and social care to work closely together, along with parents and young people, to ensure a personalised plan is developed. Therefore there is a risk of staff conflict. To mitigate this risk staff need to be clear about the new assessment and planning process and the statutory duties and rights. Assessment Coordinators will need to be trained in conflict resolution and be skilled in chairing meetings. Training needs to be joined up i.e. including all professionals who work with CYP in Slough whether this be at the early help stages or at the statutory stages.

A further risk arises with the need for joint working across education, health and care services, namely the electronic systems. Each service uses separate systems, however the new legislation requires EHC Plans to be accessible to parents/carers and professionals and it will replace Child in Need Plans (social care) as well as Statements of SEN and LDAs. There is a risk that the systems in place will not satisfactorily meet these legislative demands. To mitigate this risk, experts need to develop robust systems from the outset in consultation with the users and ensure good quality staff training.

As with the current Statement of SEN, parents/carers have the right to appeal against the LA's decisions hence there continues to be a risk of legal challenges from parents/carers. This right is increased through these reforms to include young people up to the age of 25 and young people will have rights of appeal themselves. To mitigate this risk, EHC Plans should be co-produced with parents/carers and CYP, decisions must be transparent and good communication must be maintained throughout the process. Dispute resolutions will need to be available.

An overarching risk for all the SEND reform work is the increasing population of children with SEND in Slough, in line with the rising population. To mitigate this risk, a new Additional Needs Strategy will be produced to link to the school place planning but including specialist services such as speech and language therapy and health services. The rising population means there will be a need for additional provision and services as well as a larger number of assessments and plans that have to be implemented.

(c) Human Rights Act and Other Legal Implications

The Children and Families Bill, which is in its Report stage in the House of Lords at present, is due for Royal Assent in the spring 2014. A draft SEN Code of Practice and Regulations have been published as part of this. These legislative changes must be implemented from September 2014 with a possible transition period of 3 years to transfer all current Statements of SEN to EHC Plans and 2 years to transfer Learning Difficulty Assessments (LDAs) for young people at college to EHC Plans. There are currently approximately 820 CYP with Statements and approximately 160 young people with LDAs in Slough.

The SEN reforms specify a new duty between education, health and care i.e. LA and CCG to jointly commission services/provision for CYP with special educational needs and this includes the wider population rather than just those with Statements.

Additionally the Care Bill, which is in its Committee Stage in the House of Commons (having started in the House of Lords) is being passed alongside the Children and Families Bill and this impacts on young people who are moving through in to adulthood and who meet the criteria for adult social care services. Due to the extended age range within the SEN legislation this impacts on children's and adult's care services. For example, if adult services are not ready to take on the support required for a young person with SEND, children's services will remain responsible for that provision. The Children and Families Bill also indicates that children's services will have a power to continue to make care provision available for young people up to the age of 25 provided that they have an EHC Plan, so remain in education.

The three year transition period from Statements to EHC Plans implies the possibility of further legal implications due to the need to run two systems alongside one another, the Statement of SEN and the new EHC Assessment and Plans with different statutory duties, timescales and rights of appeal.

There are no human rights act implications arising from this report.

(d) Equalities Impact Assessment

An equalities impact assessment was undertaken at the start of the reform work. Potentially all equality groups will be affected by the proposed changes. However, CYP with SEND will be the main group affected, as well as parents, teachers and local government staff currently performing these services.

Plans are in place to mitigate any negative impact resulting from these reforms and these will be kept under review. There are many positive impacts resulting from these reforms.

(e) Workforce

It is highly likely the SEND reforms will require changes to the current workforce; however at present the extent of these changes is unclear. The workforce will be reviewed in the summer 2014 when there will be greater clarity about the necessary skills set, structure, and volume of work following the local pilot and further information from Pathfinder LAs. There is likely to be up to a three year transition period starting from September 2014 to transfer all Statements of SEN to

EHC Plans and two year transition period to transfer all LDAs to EHC Plans. This has further implications for the workforce in running parallel systems.

There are certain roles necessary within the new assessment process which require specific skills. A detailed training programme will be required for existing staff members and any new members of staff that are employed.

Since July 2013 a part time SEND Project Manager has been employed on a fixed term contract until 31st August 2014. This role will need to be reviewed and possibly extended in relation to the transition period and will be considered as part of the wider workforce review during 2014.

In September 2013 a large proportion of school services were outsourced to Cambridge Education. At that point the SEN team remained within SBC due to the impending legislative changes and the implications on both social care and health. However, this situation will be reconsidered as part of the workforce review in the summer 2014 and a decision will then be taken as to whether further work should be outsourced to Cambridge Education if statutorily permitted.

The Local Offer development work is impacting on the workforce but the major impact will be on maintaining this as an up to date Offer with good quality and accurate data. The initial views are that additional resources may be required to manage this within the Family Information Service but this will be considered in more detail once the Local Offer has been prepared.

5. **Supporting Information**

5.1 Overall Strategy

Following the Green Paper, "Support and Aspiration: A new approach to special educational needs and disability" consultation (March 2011), and the resulting recommendations (May 2012), and draft legislation (September 2012) the senior management team were informed and have continued to be updated at regular intervals to ensure the reforms were embedded in strategic planning at the earliest point. This is also a key priority for the Children and Young People's Partnership Board.

In order to cover the extensive changes that need to be made, multi-agency working groups which include a parent/carer representative have been developed in the three key areas:

- EHC Assessments and Plans
- Personal Budgets and Commissioning
- Local Offer.

An additional working group has been set up to focus on how best to involve our CYP with SEND in this work. It is essential that CYP are involved in order that their views can inform the developments. This group will be part of the wider infrastructure of Youth Voice and will be maintained beyond the SEND reforms to ensure CYP with SEND are able to have their voices heard as much as any other group of young people in Slough.

The most recent working group has been set up to look at how to manage the electronic systems as currently education, health and care services use different systems which do not readily allow information to be shared. The legislation expects EHC Plans to be as accessible as possible to parents and professionals

alike and it is a single plan across education, health and care. There is also a need to explore how to continue to run the current system alongside the new system for the three year transition period. The systems group will also consider the requirements to run a resource allocation system and personal budgets.

There are key principles behind this reform work in Slough and these relate to:

- Participation
- Valued uniqueness
- Working together
- Informed choices
- Planning partnerships
- Birth to adulthood
- Learning and development
- Key working
- Ordinary lives
- Workforce development.

5.2 EHC Assessments and Plans

A flowchart of the new assessment process has been developed to include the new roles and to meet the new assessment timescale of 20 weeks (as opposed to the current 26 weeks). It is likely that this will need some further amendments once the pilot has taken place and once the work on personal budgets is complete. A draft EHC Plan format has been co-produced with parents and professionals. A pilot of the new process, involving up to 15 families, is now underway to inform the learning and development of this work.

5.3 Personal Budgets and Joint Commissioning

An information awareness paper has been prepared for the local Clinical Commissioning Group (CCG) and those across Berkshire. This is due to be presented to the East Berkshire CCGs in February 2014. This paper is designed to ensure the joint responsibilities are understood. The Joint Strategic Needs Assessment will help to inform local needs to support the duty to jointly commission services/provision.

There is agreement that procedures put in place for personal budgets provide a seamless approach with adult social care personal budgets and there is as much consistency as possible. The adult social care Resource Allocation System is being considered to see if this can be adapted for children's services and include elements for education and health in addition to care.

At this point it is not certain which budgets will be offered as a personal budget and direct payment and this requires further work. Legislation requires that personal healthcare budgets for those with continuing health care will be available by April 2014 whereas the education, health (non continuing care) and care personal budgets do not have to be offered until September 2014 at the earliest when a CYP has an EHC Plan.

5.4 The Local Offer

LAs must publish a Local Offer setting out in one place information about provision available for CYP in the area who have SEND, including those who do not have EHC Plans. The Local Offer has two key purposes:

- to provide clear, comprehensive and accessible information about the provision available; and
- to make provision more responsive to local needs and aspirations by directly involving CYP with SEND, parents and carers, and service providers in its development and review.

The Local Offer is being developed through the Slough Services Guide which currently holds the disability register and therefore many local families are familiar with this system. A contract has been agreed with Open Objects, the current web provider, to develop the Local Offer. Open Objects are working closely with the LA and health to ensure our Local Offer is widely accessible, informative and accurate.

Initially local families were consulted about the information they would like available and in what format. They have since been involved in further development of each area of information. Education settings have also been consulted through SENCo cluster meetings and information has been provided to all schools.

There are resource implications in this area as the Local Offer has to be published, kept up to date and comments have to be published alongside the LA response.

5.5 Impact of the SEND Reforms

The reforms are the biggest change to legislation on SEND for over thirty years and their impact is vast, covering all elements of education, health and care services across Slough where they relate to CYP age 0 to 25 with SEND. The particular areas to note are:

- a clear link to the Early Help offer and pathway with a need to embed a culture of outcome focussed, person centred and joint working within the system;
- training for frontline practitioners working with CYP should be joined up across partners and address the above matters;
- a new statutory assessment pathway and EHC Plans to replace Statements of SEN, Learning Difficulty Assessments, Child in Need Plans and health care plans provided the CYP has special educational needs and is in education;
- the need for local education, health and care to jointly assess CYP's needs and plan and commission provision/services to meet them;
- the need for local education, health and care systems to work alongside each other to support the sharing of information and accessibility of EHC Plans;
- rights of appeal to the tribunal extended up to the age of 25 years which is likely to impact on the work required to avoid and defend appeals;
- new rights to 'direct' further education providers to admit CYP with EHC Plans which will impact on relationships with providers and the new contractual arrangements the Council has with colleges;
- the staffing structure for the statutory SEN function within the Council will need to be reviewed and amended to accommodate the new assessment process including changed roles and responsibilities. This will include the impact of running two systems in parallel for up to three years and the shortened statutory timescales;
- the need to consider the wider structure within the Council related to people with SEND;
- the introduction of a duty to offer personal budgets when a CYP has a EHC Plan of which part may be taken as a direct payment. This needs to be

developed alongside Adult Social Care and health to ensure a common approach to developing personal budgets, managing direct payments and supporting families to use these effectively;

- the implementation of direct payments could have an impact on the commissioning function of the LA;
- the very significant development work required to set out the Local Offer and to keep this up to date. This will also lead to an impact on providers, including schools, and an opportunity to develop the local market;
- the amount of time parents/carers are being asked to offer to the LA to enable the development of new ways of working to ensure that new pathways and documentation are co-produced;
- the need to establish a CYP's participation group within the overall Youth Voice infrastructure and to ensure that this is a meaningful process for CYP;
- the need to convert all Statements of SEN and Learning Difficulty Assessments to EHC Plans during the transition phase and ensure that the workforce has the capacity to undertake this additional work.

6. **Comments of Other Committees**

No other Committees have considered this information report.

7. **Conclusion**

The panel is invited to note the information and acknowledge the considerable changes to the way children and young people with SEND and their families are supported and the significant impact this will have in Slough.

8. **Background Papers**

- 1 Children and Families Bill 2013
- 2 Draft SEN Regulations 2013
- 3 Draft Special Educational Needs (SEN) Code of Practice: for 0 to 25 years
- 4 Care Bill 2013

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SLOUGH BOROUGH COUNCIL

REPORT TO: Education & Children's Services **DATE:** 30 January 2014
Scrutiny Panel

CONTACT OFFICER: Sarah Forsyth – Scrutiny Officer
(For all Enquiries) (01753) 875657

WARDS: All

PART I

FOR COMMENT & DECISION

EDUCATION & CHILDREN'S SERVICES SCRUTINY PANEL – 2013/14 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Education & Children's Services Scrutiny Panel to identify priorities and topics for its Work Programme for the 2013/14 municipal year.

2. **Recommendations/Proposed Action**

2.1 That the Panel agree its work programme for the 2013/14 municipal year.

3. **Joint Slough Wellbeing Strategy Priorities**

- **Economy and Skills**
- **Health and Wellbeing**
- **Safer Communities**

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities.

3.2 The remit of the Education & Children's Services Scrutiny Panel lies around the Cabinet Portfolios of Education & Children and Opportunity & Skills, which cuts across all Joint Slough Wellbeing Strategy priorities, but focuses on Economy and Skills, Health and Wellbeing, and Safer Communities ensuring the best outcomes for the residents of Slough.

4. **Supporting Information**

4.1 The purpose of Overview and Scrutiny is to hold those that make decisions to account and help Slough's residents by suggesting improvements that the Council or its partners could make. In considering what the Education and Children's Services Scrutiny Panel should look at, members are invited to consider the following questions:

- *To what extent does this issue impact on the lives of Slough's residents?*

- *Is this issue strategic and pertinent across the Borough?*
- *What difference will it make if we look at this issue?*

4.2 The topics included in the list at Appendix A include those suggested by Panel members, partners and officers.

5. **Resource Implications**

5.1 Overview and Scrutiny is supported by 1 FTE member of staff. This officer is responsible for support the O&S Committee and three Scrutiny Panels. Therefore, this is a finite resource and consideration must be given, in conjunction with the work programmes for the Overview and Scrutiny Committee and other Scrutiny Panels, as to how the resource is used during the year.

6. **Conclusion**

The Panel has a wide remit from which it must decide its priorities for the coming municipal year. The list of potential overarching themes and specific topics in this report is not an exhaustive list, and the work programme for the Panel must be driven by what the Members feel should be prioritised.

7. **Appendices Attached**

A - Work Programme for 2013/14 ECS Panel

8. **Background Papers**

None.

EDUCATION AND CHILDREN'S SERVICES SCRUTINY PANEL
WORK PROGRAMME 2013/14

19 February 2014
Extraordinary Meeting
<p>Scrutiny Item</p> <ul style="list-style-type: none"> • Formal feedback from Ofsted Inspection
12 March 2014
<p>Scrutiny Items</p> <ul style="list-style-type: none"> • School Results: Validated • Churchmead: Update on Improvements • Future of Children's Centres • Community Learning and Skills Services
16 April 2014
<p>Scrutiny Items</p> <ul style="list-style-type: none"> • Improvement Plan: Update <p>For Information (not for discussion. Should further discussion be required, to be added to future agenda)</p> <ul style="list-style-type: none"> • Statement of Purpose for Breakaway

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MEMBERS' ATTENDANCE RECORD
EDUCATION AND CHILDREN'S SERVICES SCRUTINY PANEL 2013-14

COUNCILLOR	MEETING DATES						
	01/07/2013	10/10/2013	05/12/2013	30/01/2014	12/03/2014	16/04/2014	
Abe	P	Ap	P				
Brooker	P	P	P				
Carter	P	P	P				
Davis	P	P	P				
Hussain	Ap	Ap	P*				
Malik	P	P	P				
Matloob	P	P*	P*				
O'Connor	P	P	P				
Sohal	P	P	Ap				

P = Present for whole meeting P* = Present for part of meeting
 Ap = Apologies given Ab = Absent; no apologies given

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