

CITY AND COUNTY OF SWANSEA

NOTICE OF MEETING

You are invited to attend a Meeting of the

SAFEGUARDING POLICY DEVELOPMENT AND DELIVERY COMMITTEE

At: Committee Room 5, Guildhall, Swansea

On: Wednesday, 16 August 2017

Time: 4.00 pm

Chair: Councillor Ryland Doyle

Membership:

Councillors: J P Curtice, S J Gallagher, P R Hood-Williams, L James, Y V Jardine, E J King, E T Kirchner, H M Morris, K M Roberts, M Sykes and G J Tanner

AGENDA

	Page No.
1 Apologies for Absence.	
2 Disclosures of Personal and Prejudicial Interests. www.swansea.gov.uk/disclosuresofinterests	
3 Minutes. To approve & sign the Minutes of the previous meeting(s) as a correct record.	1 - 4
4 Ethical Care Charter.	5 - 14
5 Work Plan 2017-2018.	15 - 16

Next Meeting: Wednesday, 20 September 2017 at 4.00 pm



Huw Evans
Head of Democratic Services
Wednesday, 9 August 2017

Contact: Democratic Services: - 636923

CITY AND COUNTY OF SWANSEA

MINUTES OF THE SAFEGUARDING POLICY DEVELOPMENT AND DELIVERY COMMITTEE

HELD AT COMMITTEE ROOM 5, GUILDHALL, SWANSEA ON
WEDNESDAY, 19 JULY 2017 AT 2.00 PM

PRESENT: Councillor C R Doyle (Chair) Presided

Councillor(s)

J P Curtice
L James
G J Tanner

Councillor(s)

S J Gallagher
Y V Jardine

Councillor(s)

P R Hood-Williams
E J King

Also Present: -

Councillor M C Child

Cabinet Member for Health and Wellbeing

Officer(s)

Liz Baglow
Fiona Broxton
David Howes
Simon Jones

Contracting Officer, Social Services
Contracting Officer (Domiciliary Care) Social Services
Chief Social Services Officer
Social Services & Wellbeing Act Strategic Lead, Social
Services

Jeremy Parkhouse
Chris Sivers
Alex Williams

Democratic Services Officer
Director of People
Head of Adult Services

Apologies for Absence

Councillor(s): H M Morris, K M Roberts and L V Walton

5 **DISCLOSURES OF PERSONAL AND PREJUDICIAL INTERESTS.**

In accordance with the code of Conduct adopted by the City & County of Swansea, no interests were declared.

6 **MINUTES.**

RESOLVED that the Minutes of the Safeguarding Policy Development & Delivery Committee held on 25 May be approved as a correct record.

7 **TERMS OF REFERENCE. (FOR INFORMATION)**

The Chair outlined the Terms of Reference for the Committee for information.

He outlined to Members the background and rationale behind the introduction of the Policy Development & Delivery Committees (PDDC's).

He indicated that the intention is they will focus on policy development and assurance of delivery, primarily through the Councils Policy Commitments, which are

due to be adopted at Council on 27 July 2017. The aim is that the Committees will become a conduit for Members and Officers to work collectively, with a clear Member led approach towards the delivery of the Corporate Priorities.

He detailed the distinct difference between the PDDC's and Scrutiny, and outlined how they are different to the previous CAC's as they will be led by the Corporate Priorities via the Chair and not the Cabinet Member, although close links will of course remain with the Cabinet process and Cabinet Member.

The PDDC's should aim to provide clear outcomes following the submission of research, evidence and information, and should seek to avoid any duplication of workload with the other 4 PDDC's, although joint working could be necessary on some topic areas.

8 **BACKGROUND TO THE ETHICAL CARE CHARTER.**

The Head of Adult Services presented a draft report that detailed Unison's Ethical Care Charter. It was explained that Unison's Ethical Care Charter was born from a Unison survey of homecare workers entitled 'Time To Care' undertaken between June and July 2012 to gain their views on why there were so many problems in the sector. Appendix 1 of the report provided the details of the survey. She noted that other Trade Unions were active in Swansea and any future agreements would require collective Trade Union agreement.

Unison stated 'the over-riding objective behind the Charter was to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.'

It was added that Unison's campaign website www.savecarenow.org.uk reported that 27 Local Authorities and 2 Local Authority Trading Companies and 2 providers had publicly announced their adoption of the Ethical Care Charter. Details were provided at Appendix 2. A report entitled 'Draft Briefing Note for the Head of Adult Services on Implications of the City & County of Swansea Adopting Unisons's Ethical Care Charter for the Commissioning of Home Care Services' dated January 2015 was reported to Executive Board in April 2015. This summarised where the City & County of Swansea was in terms of the 3-stage Charter in respect of its internal and external domiciliary care workforce.

Furthermore, in their guidance on adopting the Charter for Councils and other providers, Unison stated that by signing up to the Charter, 'there would be an immediate commitment to Stage 1 and a plan to adopt stages 2 and 3. It was noted that the City & County of Swansea already met / nearly met many of the requirements of the Ethical Care Charter and the details were provided at Appendix 3.

It was indicated that out of the 5 criteria in **Stage 1**, the City & County of Swansea already met or exceeded 4 of them. The only criteria, where there was uncertainty regarding compliance in the external domiciliary care sector was, that 'Homecare workers will be paid for their travel time, travel costs and other necessary expenses such as mobile phones' as the survey did not ask about payment for 'other necessary expenses'.

Of the 5 criteria in **Stage 2**, the City & County of Swansea already met or exceeded 3 of them: -

- One of our external domiciliary care providers stated they only offered zero hours contracts;
- One of our external providers expected their care staff to pay for the cost of training.

The City & County of Swansea was not compliant with either of the two criteria in **Stage 3**, namely: -

- All homecare workers be paid at least the Living Wage (£8.45 per hour outside London).
- All homecare workers would be covered by an occupational sick pay scheme.

The report also outlined how the Authority could address areas of non-compliance, a Swansea Care Charter and the implications of adopting a Care Charter.

The Committee discussed the following: -

- Discussions with external providers regarding developing a Charter;
- Mixed provision being provided internally and externally;
- Financial implications of adopting the Charter;
- Implications of Social Services and Well Being (Wales) Act;
- The general purpose of domiciliary care provision;
- Changing the emphasis away from time based to outcomes based provision;
- The need for flexibility in the system;
- LAC Co-ordinators addressing loneliness of individuals within communities;
- Financial implications, eligibility and Welsh Government support;
- Focussing upon the spirit of the Charter in what the Authority was trying to achieve;
- Comparing how other local authorities / organisations had adopted the Charter;
- How the Authority would address future and existing contracts;
- Framework timescales involved and avoiding delay in the process;
- Direct payments, comparisons with neighbouring authorities and managing risk.

RESOLVED that based on the findings to date, the following actions be agreed:-

- 1) Respond to Welsh Government and Social Care Wales Consultation on domiciliary care workforce issues (July & August 2017);
- 2) Continue to progress the Western Bay Intermediate Care Funded Recruitment and Retention Initiative, ensuring that it recognised links to the Care Charter;

- 3) Develop a Care Charter for care provision in Swansea with providers, commissioners and Trade Unions that can be incorporated into a future procurement exercise;
- 4) Co-produce a service specification for the procurement exercise;
- 5) Include a 'Fair Work Practices' tender question in future procurement exercise to be evaluated alongside other criteria to ensure that an appropriate balance between quality and cost for the contract is achieved;
- 6) Comparisons be made with other authorities / organisations who had adopted the Charter.

9 **WORK PLAN 2017-2018. (FOR DISCUSSION)**

The Chair re-iterated that the Committee would be able to further discuss and formalise its Work Programme following the adoption of the Corporate Priorities at Council on 27 July 2017.

Discussions took place regarding future topics including gaining an understanding of the Adult Social Services model and services around children, in particular understanding shared responsibility with internal and external agencies to provide reassurance that the same goals were being sought.

It was added that comparisons with other authorities / organisations who had adopted the Ethical Care Charter be made and Officers Framework timescales be discussed at the next scheduled meeting.

RESOLVED that: -

- 1) The content of discussions be noted;
- 2) Councillor E J King makes comparisons with other authorities / organisations who had adopted the Ethical Care Charter and reports back to the next scheduled meeting;
- 3) Officers Framework timescales be discussed at the next scheduled meeting.

10 **TIMING OF FUTURE MEETINGS FOR 2017-2018 MUNICIPAL YEAR.**

RESOLVED that future meetings of the Committee commence at 4 p.m. for approximately 2 hours.

The meeting ended at 3.30 pm

CHAIR

Report of the Chief Social Services Officer

Safeguarding Policy Development & Delivery Committee - 16 August
2017

ETHICAL CARE CHARTER

Purpose:	To provide officer advice regarding the timescale and means by which the commitment to implement Unison's Ethical Care Charter can be delivered.
Corporate Priorities:	Safeguarding Vulnerable People
Reason for Briefing:	This briefing describes the extent to which the local authority already complies with the standards set out within the ethical care charter and a route map for enhancing that level of compliance and embedding the standards within the local authority's future commissioning arrangements for domiciliary care services.
Consultation:	Legal, Finance, Access to Services
Recommendation(s):	It is recommended that: 1) That the actions and timescales proposed in the route map are accepted as the means by which the City and County of Swansea fulfil its commitment to implement the Ethical Care Charter through a staged approach.
Report Author:	Dave Howes
Finance Officer:	Chris Davies
Legal Officer:	Pamela Milford
Access to Services Officer:	Sherrill Hopkins

1.0 Introduction

- 1.1 Unison's Ethical Care Charter was born from a Unison survey of homecare workers entitled 'Time To Care' undertaken between June and July 2012 to gain their views on why there were so many problems in the sector.
- 1.2 Unison reports that the 431 responses received from Home Care Workers 'showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlighted how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.'
- 1.3 The report goes on 'For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.'
- 1.4 Unison states 'the over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.'
- 1.9 Officers have now commenced preparatory work on reviewing current contracts as per the Procurement Legislation.

2.0 Current compliance with Unison's Ethical Care Charter

- 2.1 In their guidance on adopting the Charter for Councils and other providers, Unison state that by signing up to the Charter, 'there would be an immediate commitment to Stage 1 and a plan to adopt stages 2 and 3.'
- 2.2 Every two years officers undertake a survey of the Terms and Conditions of care workers with our external domiciliary care providers. The latest was conducted in January 2017 and resulted in responses from 17 out of the 19 providers canvassed.
- 2.3 It is pleasing to note that the City & County of Swansea already meets/nearly meets many of the requirements of the Ethical Care Charter (Appendix 1).
- 2.4 Of the 5 criteria in **Stage 1**, the City & County of Swansea already meets or exceeds 4 of them. The only criteria, where there is uncertainty regarding compliance in the external domiciliary care sector is, that

‘Homecare workers will be paid for their travel time, travel costs and other necessary expenses such as mobile phones’ as our survey did not ask about payment for ‘other necessary expenses’.

- 2.5 Of the 5 criteria in **Stage 2**, the City & County of Swansea already meets or exceeds 3 of them
- 1 of our external domiciliary care providers state they only offer zero hours contracts
 - 1 of our external providers expects their care staff to pay for the cost of training
- 2.6 The City & County of Swansea is not compliant with either of the 2 criteria in **Stage 3**, namely that
- All homecare workers be paid at least the Living Wage Foundation’s Living Wage (£8.45 per hour outside London).
 - All homecare workers will be covered by an occupational sick pay scheme.

3.0 Route Map for implementation of the ethical care charter

- 3.1 There are a number of factors to take into account when constructing the route map for implementation:
- 3.2 Unison accept that the implementation of the Ethical care charter should be staged. There is no requirement to meet all the standards with immediate effect.
- 3.4 Cabinet has already agreed to implement the recommendations of the commissioning review into how domiciliary care should be commissioned and delivered in the future. Whilst the process for implementing those recommendations has begun particularly in relation to remodelling the Council’s in house service, full implementation of those recommendations will take approximately 12 to 18 months. There is an obvious opportunity, wherever possible, to include the standards set out in the ethical care charter within the new service specification for externally commissioned domiciliary care.
- 3.5 The Council will need to be mindful that Welsh Government has charged Social Care Wales with developing a 5 year strategy for how care at home should be provided in the future. This will certainly have implications for both service standards and the registration of domiciliary care staff and this may have implications for how the objectives of the ethical care charter can be met in the future. For example there may be recommendations that impact on the terms and conditions of domiciliary care staff going forward.
- 3.6 The local domiciliary care market is currently extremely fragile. Capacity to meet current demand is the most stretched it has ever been. The Council is both directly providing and externally commissioning more domiciliary care than it has ever done previously. We have had a number

of provider failures in the past couple of years which has increased fragility of the market even further. Waiting lists for domiciliary care are the highest they have ever been and new referrals for domiciliary care are at the highest rate the Council has ever experienced. The recommendations from the commissioning review identify the steps required to help address these challenges. In establishing the timescale for implementing the ethical care charter the Council must avoid inadvertently increasing the fragility of current arrangements.

- 3.7 The safest and most appropriate way to avoid any risk of inadvertently increasing fragility of the market is to coproduce the new service specification by involving citizens, staff and providers through the process. This coproduction principle will need to be extended to include how the standards within the ethical care charter can be incorporated into that service specification. The coproduction approach can be further enhanced by involving all the Unions, not just Unison, and nominated members of the PDDC.
- 3.8 The Council also needs to ensure that social services remain financially sustainable going forward. Inflationary pressures in adult services are such that like for like care continues to cost significantly more year on year. Increased demand linked to changing expectations and demographic pressures adds even further to that inflationary pressure and as a result the cost of adult services continues to rise. In a context of a likely reduced revenue support grant, year on year increases in spend will not be sustainable. The costs of domiciliary care have already increased significantly as a result of increases to the national living wage. Some additional grant funding has been provided by Welsh Government but this grant funding will be subsumed into the revenue support grant next year. If the overall revenue support grant is reduced, the financial pressures on the Council will remain a significant challenge. Further increases to the living wage are expected in 2020. At this stage the Council's priority will need to be to work with providers to ensure financial sustainability of their services whilst meeting their legal responsibility to pay the national living wage. By 2020 this is expected to exceed that which is set currently by the Living Wage Foundation but clearly the Living Wage Foundation may stipulate an ever increasing rate in excess of that stipulated by national government.
- 3.9 The Council has previously considered and rejected implementing the Living Wage Foundations living wage. Any intention to revisit that decision for one sector of the workforce would have implications for the rest of the workforce both Council and externally commissioned.
- 3.10 Taking all of the above factors into account, it should be possible through a carefully managed process of coproduction to establish a service specification for the new commissioning framework for domiciliary care that includes all of the standards contained within part 1 and part 2 of the ethical care charter without increasing fragility of the domiciliary care market. In addition to this, it should also be possible to include an

additional question for providers as part of the subsequent procurement exercise that requires them to provide an explanation as to how they intend to ensure that staff are supported to be fit and well whilst in work. A provider will clearly score higher against this question if they have an occupational sick pay scheme and therefore this starts to begin the process by which the Council moves towards compliance with stage 3 of the charter.

3.11 Following the logic of the above and working backwards backward from when we will be ready to undertake the procurement exercise, the route map for implementing the ethical care charter becomes:

- 3.12 April 2019: Completed the transition of all externally commissioned domiciliary care onto the new framework.
- September 2018: Complete procurement exercise to select preferred providers assessed as able to meet the new service specification including scoring against elements of stage 3 of the ethical care charter.
- May 2018: Service specification agreed incorporating the standards set out in stage 1 and 2 of the ethical care charter.
- September 2017: Begin the co-production process for creating a fit for purpose service specification with citizens, staff, providers, unions and members of the PDDC for safeguarding.

3.13 Whilst every effort will be made to shorten the above timescales, the overriding consideration must be a safe transition to a new framework that doesn't jeopardise the safe care of individuals or further increase instability of the domiciliary care market. There have been examples including in Wales where the transition to a new framework has gone disastrously wrong and subsequent reviews highlighted lack of planning and rushed implementation as the key lessons learned.

4.0 Financial Implications

4.1 Providers who don't already meet the standards contained within stage 1 and 2 of the ethical care charter are likely to submit bids against the new tender at a higher rate than might otherwise be the case. This is difficult to quantify at this stage but a properly competitive procurement exercise should mitigate speculative bids. The biggest financial risks are linked to implementation of stage 3 of the ethical care charter and at this stage full implementation of those standards needs to be a longer term consideration.

7.0 Legal Implications

7.1 National Minimum Wage legislation provides for care workers to be paid at least the national minimum wage for travelling in connection with work including travelling from one work assignment to another, training or travelling to training.

7.2 The Welsh Government's 'Code of Practice – Ethical Employment in Supply Chains' has been established to help ensure that workers in public sector supply chains in Wales are employed in a fair and ethical way. The Code covers the following employment issues:

- Modern Slavery;
- Blacklisting;
- False self-employment;
- Unfair use of umbrella schemes and zero hours contracts; and
- Payment of the Living Wage.

7.3 Public sector organisations ("Contracting Authorities" in the Public Contracts Regulations 2015) cannot make payment of the Living Wage a mandatory requirement as part of a procurement process, where the rate of the Living Wage is greater than any minimum wage set by, or in accordance with law (the National Minimum/Living Wage in the UK).

7.4 Welsh Government is currently consulting on the Phase 2 Implementation of the Regulation and Inspection Social Care (Wales) Act 2016.

7.5 The consultation on workforce aspects (which can be found at <https://consultations.gov.wales/consultations/phase-2-implementation-regulation-and-inspection-social-care-wales-act-2016-workforce>) is looking at proposals that support recruitment, retention and working practices in the domiciliary care sector, in order to help it deliver the best possible quality of care; including

- providers of domiciliary support services to distinguish between travel time and care time
- domiciliary care staff to be offered with an alternative to zero-hours contracts
- opening the register of social care workers to those employed in regulated domiciliary support services from 2018 is proposing

This consultation closes on 7th August 2017.

7.6 The Welsh Government consultation on statutory guidance for service providers and responsible individuals (which will replace the National Minimum Standards for Domiciliary Care Agencies in Wales) can be found at <https://consultations.gov.wales/consultations/phase-2-implementation-regulation-and-inspection-social-care-wales-act-2016>

This consultation closes on 25th July 2017.

- 7.7 Additionally, Social Care Wales, has launched a 5 year Care and Support At Home Strategy and is consulting on priorities for its implementation plan which includes:-
- Work with Qualifications Wales to develop revised health and social care qualifications
 - Support the sector to prepare for registration of the domiciliary care workforce
 - Work with the sector to explore priorities for public funds for training and learning

The consultation which closes on 14th July 2017.can be found at:

<https://www.surveymonkey.co.uk/r/casah>

- 7.8 The results of these consultations will result in changes to the legislative/regulatory landscape in which domiciliary care services are to be provided. These changes will need to be reflected in the contracts that the City & County of Swansea has with its providers in the future.
- 7.9 Officers advise that any changes to terms and conditions be addressed as part of the procurement exercise.

8.0 Equality and Engagement Implications

- 8.1 A full Equality Impact Assessment (EIA) has been opened in respect of the domiciliary care commissioning review. This has been informed by multiple stakeholder events and feedback received from a public consultation.
- 8.2 Other than the domiciliary care provider forum in April 2015, there has been no separate consultation or engagement on the adoption of the Ethical Care Charter.

Background Papers: None

Appendices:

Appendix 1 Current Position of the City & County of Swansea against Unison's Ethical Care Charter

**CURRENT POSITION OF THE CITY & COUNTY OF SWANSEA AGAINST
UNISON'S ETHICAL CARE CHARTER**

JANUARY 2015

Stage	Criteria	In House Provision	External Provision	Comments
Stage 1	Commissioning based on client need not minutes or tasks.	√	√	Visits are based on need of the service users. There is an allocation of time for staff to perform tasks and this is based on the needs of the individual service users.
	In general, 15 minute visits will not be used.	√	√	The minimum duration of a visit that we pay for is 20 minutes.
	Homecare workers will be paid for their travel time, travel costs and other necessary expenses such as mobile phones.	There is a local agreement in place for home care staff to claim the relevant travel allowances.	11/13 respondents to recent survey pay mileage. 4/13 pay travel time a further 3/13 incorporate travel time in their hourly rate of pay.	We are looking at the issue of the terms and conditions of provider agencies, and are reviewing our requirements to be included in contracts as part of a re-accreditation exercise.
	Visits will be scheduled so that homecare workers are not forced to rush or leave early to get to their next client.	√	√	We agree that domiciliary care workers should have sufficient time to carry out the care of service users. We monitor the delivery of care, and where there is evidence that it has not been fully delivered or has been of poor quality we take remedial action.
	Eligible homecare workers are paid statutory sick pay.	√	√	We agree with this and have no evidence that this has been an issue locally.

Stage	Criteria	In House Provision	External Provision	Comments
Stage 2	Clients will be allocated the same homecare worker(s) wherever possible.	√	√	We believe that this is the best practice and we would wish to see continuity in the delivery of care wherever possible. We recognise that to achieve this is a complex matter that involves stabilising the workforce and reducing turnover of staff.
	Zero hours contracts will not be used in place of permanent contracts.	√	2/13 respondents to recent survey <i>only</i> offer zero hours contracts.	We agree that there should not be widespread use of zero hours contracts, but we believe that there is a place for such contracts (for example for relief staff). We also agree that we would normally expect workers to be offered permanent contracts of employment where appropriate.
	Providers will have a clear and accountable procedure for following up staff concerns about client wellbeing.	√	√	We have a requirement in our contracts that providers have a clear and accountable procedure for following up staff concerns about their clients' wellbeing, and would expect this to be followed.
	All homecare workers will be regularly trained to the necessary standard to provide a good service at no cost to themselves and in work time.	√	√ 1/13 respondents stated that they do not pay carers to attend training	We would expect all staff employed by provider agencies we contract with to be trained to deliver good quality care. We are reviewing our requirements from providers regarding the training of staff as part of our re-accreditation exercise.
	Homecare workers will be given the opportunity to regularly meet co-workers to	√	√	Holding regular team meetings, supervision and appraisals form part of our current contractual terms and conditions.

Stage	Criteria	In House Provision	External Provision	Comments
	share best practice and limit their isolation			
Stage 3	All homecare workers to be paid at least the Living Wage (£7.85 per hour outside London)	√	2/13 respondents to recent survey pay the living wage or above. All respondents pay above the minimum wage.	Directly employed staff are currently paid above the Living Wage. A decision to extend this as a requirement of contractors would be considered as part of our re-accreditation exercise.
	All homecare workers will be covered by an occupational sick pay scheme	√		The issue of staff feeling pressurised to work when they are ill in order to protect the welfare of their vulnerable clients is complex. An occupational sick pay scheme of itself will not directly address the issue of pressure that individual workers feel they are subject to, although in principle we would agree that this is the right way for employers to value their staff and increase the retention of staff.

Report of the Chair

Safeguarding Policy Development & Delivery Committee – 16 August 2017

WORK PLAN 2017/18

Date of meeting	Agenda items and Format	Who is responsible
16 August	<ol style="list-style-type: none"> 1. Presentation of the Ethical Care Charter Route Map 2. Report back from other authorities' experiences 	<p>Dave Howes</p> <p>ClIr Elliott King</p>
20 September	<p>All meetings to be scheduled for two hours, including this one and then for the remainder of the year</p> <ol style="list-style-type: none"> 1. Outline the Adult Services Model 2. Further discussions (if needed) on additional potential contentious issues regarding the Ethical Care Charter 	<p>Democratic Services</p> <p>Alex Williams/Dave Howes</p> <p>All</p>
18 October	<ol style="list-style-type: none"> 1. Learning Disability/Mental Health/Physical Disability Commissioning Review 2. Presentation on the CYP Strategic Partnership Plan 3. Overview of progress to date with the Family Support Commissioning Review 4. Task for Members of the Committee to research their localities, other authorities and return next time with presentations 	<p>AW to present</p> <p>Chris Sivers</p> <p>Julie Thomas/Jane Whitmore</p> <p>Chair to do</p>
15 November	<ol style="list-style-type: none"> 1. Members' presentations on conclusions from their research 2. Initial discussion on definition of / cohort for 'superjoined up around children' 	<p>Chair and Members</p> <p>Chair to lead CS to formulate a discussion</p>

	<p>3. Children's Views of Services – Super Survey results and Big Conversations</p> <p>4. Corporate Parenting Forum – role and responsibilities</p>	<p>CS to arrange with the Participation Team</p> <p>Julie Thomas</p>
20 December	1. Discussion with staff regarding zero-hour contracts/relief contracts	AW to work with HR to organise staff to attend
17 January 2018	<p>1. How can the Council become more joined up around children and young people?</p> <ul style="list-style-type: none"> • Workshop style discussion 	CS to organise workshop
21 February	<p>1. Day Services Commissioning Review</p> <p>2. Residential Services Commissioning Review</p>	<p>AW to present</p> <p>AW to present</p>
21 March	1. Workshop style discussion on the Adult Services Model and how well the Commissioning Reviews support the Model, including discussion on appropriate consultation mechanisms and processes	Chair / CS to organise
18 April	1. Presentation of draft report / letter for Cabinet Member	DH to organise