

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	Kershaw	Scott
Mrs Henderson MBE	Mitchell	Singleton
Humphreys	O'Hara	Stansfield

In Attendance:

Councillor Eddie Collett, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding

Councillor John Jones, Cabinet Member for School Improvement and Children's Safeguarding

Mrs Delyth Curtis, Director of People

Dr Arif Rajpura, Director of Public Health

Miss Karen Smith, Deputy Director of People (Adult Services)

Ms Amanda Hatton, Deputy Director of Early Help and Social Care

Ms Philippa Holmes, Team Manager, Duty and Assessment Team

Ms Emma Savage, Public Health Registrar

Mr Joe Robinson, Communications Officer

Mrs Sharon Davis, Scrutiny Manager

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

DS James Edmunds, Lancashire Constabulary

1 DECLARATIONS OF INTEREST

Councillor Benson declared a personal interest in Item 7, Blackpool Clinical Commissioning Group: New Models of Care, the nature of the interest that she was an employee of Blackpool Hospitals Foundation Trust.

2 MINUTES OF THE MEETINGS HELD ON 2 JULY 2015 AND 30 JULY 2015

The minutes of the meetings held on 2 July 2015 and 30 July 2015 were signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

The Committee noted that there were no applications for public speaking on this occasion.

4 FORWARD PLAN

The Committee considered the item contained within the Forward Plan, October 2015 –

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 17 SEPTEMBER 2015

January 2016, relating to the portfolio of the Cabinet Secretary and requested further information regarding the consultation that would be undertaken with service users on the Fairer Contributions Policy.

Councillor Collett, Cabinet Member for Reducing Health Inequalities and Adults Safeguarding responded in the absence of Councillor Cain, Cabinet Secretary and advised that extensive consultation would be carried out. Miss Karen Smith, Deputy Director of People (Adults Services) added that an impact assessment had been carried out on the proposals and this would accompany the consultation.

5 EXECUTIVE DECISIONS

The Committee considered the Executive and Cabinet Member decisions within the portfolio of the Cabinet Secretary taken since the last meeting of the Committee.

With regards to decision number PH41/2015 Local Authority Nursery Review, which had also been the subject of a previous 'Call in' considered by the Committee, Members queried if all children had now found alternative nursery provision. Mrs Del Curtis, Director of People advised that 92% of children had found alternative provision and this figure increased on a daily basis. Councillor Jones assured the Committee that he was also monitoring numbers daily.

In response to a further question, the Committee was advised that travel support had been requested and provided for two children and a further two cases were under consideration. Parents could apply by contacting Sara McCartan directly, who was already established as a point of contact for the Children's Centres.

The Committee requested further information on decision PH44/2015 Children's Services Administration Review and Mrs Curtis advised that the review had been undertaken to ensure effective business practice by moving to a team based administration system. Some efficiency savings had been made as part of the review.

6 APPOINTMENT OF CO-OPTEE

Mrs Sharon Davis, Scrutiny Manager presented a report to allow the Committee to appoint Mr Fred Kershaw as a co-opted member to the Committee.

In response to a question, Mrs Davis advised that two Parent Governor vacancies and one diocesan co-opted member vacancy remained and that she would continue to try and seek nominations.

The Committee agreed:

To appoint Mr Fred Kershaw as a diocesan co-opted member to the Committee.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP: NEW MODELS OF CARE

Mr Roy Fisher, Chairman of the Blackpool Clinical Commissioning Group and Mr David Bonson, Chief Operating Officer introduced the Blackpool Clinical Commissioning Group

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

(CCG) report on New Models of Care. The report itself was part of a submission to NHS England in order to bid for a portion of the £200 million funding for Vanguard sites. Blackpool CCG had already been awarded Vanguard status with a key aim to coordinate care at a more local level.

The Committee queried the Fylde Coast approach, noting the differences between Blackpool and its more affluent neighbours in Wyre and Fylde. Mr Fisher advised that these differences had been considered and where needs were different, specific services would be provided to meet the needs. He added that a tailored approach to care would be taken, with Public Health data used to inform service provision.

Members requested further information regarding how the new way of working would be funded if the CCG was not successful in the bidding process. Mr Fisher advised that the CCG Board had made the decision to take the lead and invest without knowing how much funding might be received from NHS England. Although aware that costs for acute provision were constantly increasing and a change to more primary care was needed to bring acute costs down. The aim was that long term savings would be made in acute care and these would fund the new models of primary care.

The Committee appreciated the need to move to new models of care, but identified that without funding from NHS England it might be difficult to implement the proposals and further queried how confident the CCG was that some funding would be received. Mr Bonson advised that Blackpool CCG had already been appointed a Vanguard site and was therefore confident that it would receive a share of the funding available. He added that there would be an overlap in the need to continue to fund acute service provision to the same level and fully fund the proposals for new models of care as it would take time to transition to the new model.

In response to a question, Mr Bonson advised that the CCG had also identified issues surrounding post code boundaries, particularly in relation to the third sector, whereby service provision was different for patients. Upon further challenge, he identified that it was a problem that needed to be explored in depth in order to understand all the issues to try and find a solution which was something the CCG would undertake.

Members queried the means by which patients had been identified as appropriate to move into the New Models of Care programme. Mr Bonson advised that patients for extensive care had been identified using a risk stratification tool that considered risk of admission to hospital, primary care data and the conditions patients had in order to produce a risk score between zero and 20. As that was a new way of working, patients would be identified based on this score and moved into the new model of care. He added that once the service was fully operational, patients would most likely be referred in by GPs. The service would also be tested to determine whether it was making a difference and preventing admissions to hospital.

The Committee queried if winter might negatively impact upon the way the new models of care would work. In response, Mr Bonson advised that an increase in social care support might be required, however, it would be important to keep care coordinated so that unnecessary hospital admissions were avoided.

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

The Committee agreed:

To receive an update in approximately six months on the progress made in the New Models of Care approach with a focus on performance and the impact on patients, including case studies.

8 PUBLIC HEALTH ANNUAL REPORT

Dr Arif Rajpura, Director of Public Health presented the key information from the Public Health Annual Report 2014/2015 and highlighted the priorities. The theme of the annual report was Blackpool's response to the Due North report that contained four overarching recommendations:

1. Tackle poverty and economic inequality
2. Promote healthy development in early childhood
3. Share power of resources and increase influence of public
4. Strengthen role of health sector in promoting health equity.

It was noted that life expectancy inequalities were not inevitable and that focussing on improving health determinants such as jobs, quality houses, reducing smoking and alcohol consumption and promoting healthy eating was key.

Members noted the recent media coverage of the cuts to public health and queried how the priorities in the Public Health Annual Report could realistically be achieved with these cuts.

Councillor Collett, Cabinet Member for Health Inequalities and Adults Safeguarding advised that the budget must be met and that cuts would have to be made based on assessment of the impact of services provided. The Government had consulted on the cuts, but all four options would have a detrimental impact.

The Committee queried the uptake of immunisations, in particular relation to the Measles, Mumps, Rubella 2 (MMR2) vaccination and concern was expressed that reminder letters were not sent to parents. Dr Rajpura advised that the responsibility for immunisations lay with NHS England. He reported that overall the uptake of immunisations in Blackpool was good, but that that did decrease for the MMR2 and agreed to investigate this issue further.

Members noted that they received an overview of complaints from NHS providers and internal council services and queried whether Public Health received complaints and how those were recorded and investigated. Dr Rajpura advised that complaints were received directly by providers and that, as a commissioner, Public Health monitored complaints and raised serious issues would with providers.

The Committee expressed concern that there were a large number of issues raised by the Public Health Annual Report that required detailed consideration and agreed to establish a panel meeting to consider the annual report in more detail. The panel would also consider the wider determinants of health and the targets and priorities moving forward. Concern was also expressed that many of the main issues had been known for some time

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

and little progress had been made. The panel would also consider how progress could be made.

The Committee agreed:

1. To request the Director of Public Health to investigate and report back to the Committee on the issue of uptake of MMR2 and how parents were reminded to take children for immunisations.
2. To establish a scrutiny review panel to consider the Public Health Annual Report in more detail.

9 CHILDREN'S AND ADULTS COMPLAINTS ANNUAL REPORTS

Ms Hilary Shaw, Head of Business Support and Resources presented the Children's and Adults Complaints Annual Reports to the Committee highlighting that the number of complaints received relating to Adults Services had decreased whilst the number relating to Children's Services had increased. She advised that services were looking to improve the timescales for response and would continue to consider the themes of complaints in order to identify lessons to be learnt.

Members raised concerns regarding the number of complaints received relating to staff attitude and treatment of customers and requested more information around these complaints and whether training had been provided to staff. Ms Shaw advised that they were isolated incidents and if complaints were upheld the lessons would be picked up through staff supervision and management. Councillor Collett added that staff were working in a pressurised environment, but that it was not acceptable to treat customers poorly and that processes were in place to deal with complaints about staff.

The Committee noted that the report highlighted that some complaints were dropped before investigations had concluded and queried why that was the case. Ms Shaw advised that the Customer Relations Team maintained dialogue with complainants and in some circumstances the complaint had been made due to frustration, unrealistic expectations or lack of knowledge regarding a criteria for services. In these situations a clear explanation to the customer could remedy the matter and the complaint would be withdrawn.

Members noted that there had been a drop in the level of customer feedback from Children's Services customers and queried why that had been the case and the process in place for the service to encourage feedback. Ms Shaw advised that each service was different and that consultation with young people was encouraged. The Committee discussed the friends and family test utilised by the NHS and noted that a similar test could be used by Adults and Children's Services as appropriate.

The Committee raised concerns that complaints had been received regarding confidentiality and was advised that mandatory training was in place for all staff and disciplinary procedures would be followed if there was a breach of confidentiality.

Further concern was raised with regards to the themes used to define complaints, in particular the category of bully/racist incident, which the Committee identified as two

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

different categories. Ms Shaw advised that the themes were set by the Local Government Ombudsman, but that she would give more detail in the commentary in future reports.

The Committee agreed:

1. To receive further detail on how Adults and Children's Services encourage feedback.
2. To request that the potential use of a similar test to the NHS friends and family test for appropriate services be investigated.
3. To request that more detail be provided in the commentary regarding incident type in future Complaints Annual Reports.

10 ADULT SERVICES OVERVIEW REPORT

Councillor Collett, Cabinet Member for Health Inequalities and Adult Safeguarding and Miss Karen Smith, Deputy Director of People (Adult Services) invited questions on the Adult Services Overview Report.

The Committee queried the reason why the Social Inclusion Day Service had been transferred back into a direct council provided service. Miss Smith the service being provided by the Richmond Fellowship had expanded beyond what had been initially required or intended. She added that a commissioning review had been undertaken to identify the provision required to meet the needs, the result of which had been a decision that provision was best placed within council services. Additional work had been carried out to ensure that service users no longer eligible could self organise in order to continue to support each other.

Members further queried why there was capacity in the service since the transfer back to the council. It was reported that the service had moved in house in February 2015 and was expected to grow. In response to a further question Miss Smith advised that the service was advertised as part of the core offer.

The Committee questioned if there was an overall impression of the views of providers regarding the recent national minimum wage announcement. Councillor Collett advised that all providers had expressed concern regarding the financial impact and that work was being undertaken with providers to identify how that could be managed.

In response to a question, Miss Smith advised that the main reason that there had been a large increase in the number of Deprivation of Liberty applications from 36 per month to 63 per month in the last year was new case law set in March 2014 and that nationally, work was being undertaken to reduce the number made. Miss Smith advised that she would circulate the percentage of successful applications following the meeting.

The Committee discussed the three suspended care homes and noted that existing residents remained in the homes unless there was a safeguarding concern. No new residents would be placed whilst a home was suspended. It was noted that there was a range in terms of quality of care homes in Blackpool, and that some homes inspected by the Care Quality Commission rated good, whilst others required improvement or had been rated as inadequate. Work was undertaken with care homes to manage

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

performance.

Members discussed the post alert checklist and requested further information at the next meeting of the Committee on how the checklist was beneficial.

Miss Smith advised the Committee that the Care Quality Commission was working under a new inspection regime and was gradually inspecting every care home. The Care Quality Commission was also being more robust with enforcement action and two providers in Blackpool had been issued with a notice to cease, which they were currently challenging.

The Committee agreed:

1. To request a training session on how both the Council and the Care Quality Commission regulate services.
2. To receive further information at the next meeting of the Committee on how the post alert checklist operation and the benefits of using the checklist.

11 CHILDREN'S SERVICES IMPROVEMENT REPORT

The Chairman recommended that a panel meeting be established once the educational attainment results had been validated in order to focus on school attainment in 2015 so that any issues could be considered in detail. Mr Kershaw, Co-opted Member added that there was also concern surrounding the transition between primary and secondary schools and the impact that had on attainment.

Councillor Jones, Cabinet Member for School Improvement and Children's Safeguarding and Mrs Del Curtis, Director of People invited questions on the Children's Services Improvement Report.

Members requested clarity around the changes to special educational needs stemming from the Children and Families Act 2014. Mrs Curtis advised that a key requirement was to replace statements of special educational needs with Education, Health and Care Plans, which were much more comprehensive plans. Department of Education monitoring demonstrated that good progress was being made in Blackpool.

The Committee noted the requirement to ensure that all of 'Our Children' (children in care) attended a 'good' school and queried how that was being achieved with nearly all secondary schools in Blackpool performing poorly. Mrs Curtis advised that an individual assessment of each of Our Children was undertaken and that in some circumstances the determination had been made to keep the child in a school that had not been rated as 'good' in order to provide stability. In other circumstances, Our Children were placed in 'good' schools out of area.

In response to a question, Ms Hatton advised that there were currently more adopters listed than children awaiting adoption. She added that as it was important to ensure the right child was placed with the right adopter, further work would be undertaken to identify more suitable people to act as adopters.

With regards to fostering, Ms Hatton advised that a number of events had been held

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

recently leading to a number of potential foster carers registering interest. Work was also being undertaken to identify foster carers with specialist skills to look after children with more specialist needs.

Members requested a progress update on the development of the vulnerable adolescent hub and were informed that best practice was being considered. The Youth Offending Team was also moving buildings and becoming more aligned with other services.

The Committee queried the 100% increase in mental health calls to the Emergency Duty Team and was advised that this related to adults, although the Team was located within Children's Services. There were a number of different reasons for the increase including increased awareness and a significantly higher level of need. Members noted that there was a peak of calls at 10pm. In response to a further question, Ms Hatton advised that the reasons behind the calls were being investigated and Members requested to be kept informed of the outcomes of this investigation.

The Committee agreed:

1. To establish a panel to consider school attainment 2015 in detail and consider the links to transition between primary and secondary schools.
2. To receive further information on the outcomes of the investigation into the increase in mental health calls to the Emergency Duty Team.

12 THEMATIC DISCUSSION: CHILD SEXUAL EXPLOITATION

Ms Amanda Hatton, Deputy Director Early Years and Social Care, Ms Philippa Holmes, Team Manager, Duty Assessment Team and DS James Edmunds, Lancashire Constabulary advised that a multi-agency approach was taken to tackling child sexual exploitation in Blackpool.

Ms Hatton defined child sexual exploitation and highlighted the broad definition of the term. She added that most of the time the child did not see themselves as being abused and that the majority of young people at risk of child sexual exploitation were vulnerable and participated in other risky behaviour. Members noted that there was an increase in the instances of child exploitation at a younger age.

The Committee noted that a Child Sexual Exploitation Sub Group had been established, which monitored an action plan and reported to the Blackpool Safeguarding Children Board.

DS Edmunds advised that the Awaken Team was a multi-agency team designed to identify patterns across the town, assist young people in managing risky situations, prevent exploitation and ultimately prosecute offenders as any legal action necessary would be taken to put a stop to identified activity. The team had grown in size as the problems in Blackpool had been identified. The requirements of the team were constantly reviewed to determine if more resources were needed and capacity had recently been increased.

Members commented that they felt reassured regarding the amount of work being undertaken in Blackpool relating to child sexual exploitation and queried how young

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

people were referred to the Awaken Team, in particular those that attended NHS walk in centres. DS Edmunds advised that the Health Worker in the Awaken Team was a key link to ensuring that young people who presented at health establishments with indicators of child sexual exploitation were referred to the Awaken Team and that good links had been built. Referrals came from a number of sources, with the majority from 999 calls and the Duty Assessment Team. The aim was to create one 'front door' to the Awaken Team and to continue awareness raising of the team's existence.

In response to a question, the Committee advised that training was offered on a continuous basis to ensure frontline staff in a large number of organisations could recognise the specific indicators of child sexual exploitation. Training had been provided to 500 – 1000 key personnel in the last 12 months.

Councillor Jones, Cabinet Member for School Improvement and Children's Safeguarding advised that a key concern was the link between child sexual exploitation and attendance at schools. Young people that did not attend school were more vulnerable which was a key safeguarding concern. It was noted that that could also be the case if children were home educated.

Members expressed concern that young people with a secure home life may not show signs of child sexual exploitation and therefore there was a risk that action would not be taken. DS Edmunds advised that it was important to continue to raise awareness with parents, but that there were always signs as long as parents were aware of particular signs of risk. In response to a further question, Ms Hatton advised that a robust media and communication campaign had been designed to alert parents to risk and that parents were always involved once a child had been identified as being exploited or at risk. She acknowledged that parent support could be improved which would be a key focus going forward.

The Committee queried the plans for Child Sexual Exploitation Awareness week, scheduled for November. Ms Holmes advised that a number of initiatives had been planned including training sessions, a children's conference, various police operations, interactive awareness raising with children and a media campaign to raise general awareness. In response to a further question, it was noted that one school had utilised the play 'Chelsea's Choice' to date.

Members raised concerns that previously information sharing had been highlighted as a barrier and a risk to effective working. DS Edmunds advised that information systems were not perfect and that confidentiality must be respected, but that there were no barriers to information sharing across the Awaken Team.

Peer Support was highlighted by the Committee as a potential untapped resource for providing young people with someone to talk to and Councillor Jones acknowledged that many young people found it easier to talk to peers. He added that the Children's Conference scheduled to be held in the awareness week in November would be a key tool to disseminate information across schools. Ms Holmes advised that young people often contacted the Awaken Team with concerns about friends and that that information was always taken seriously. DS Edmunds added that peer to peer exploitation was also an issue being investigated.

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY,
17 SEPTEMBER 2015**

In response to a question, DS Edmunds advised that a piece of work had been commissioned to speak with offenders to investigate why they had offended.

The Committee focused on the action plan of the Child Sexual Exploitation Sub Group of the Blackpool Safeguarding Children Board and noted the progress made. Ms Hatton advised that the action plan had been updated since the agenda had been published.

The Committee agreed:

To receive a report in approximately six months to consider progress made against the Child Sexual Exploitation Action Plan and to focus on education around child sexual exploitation and the work being carried out to identify the reasons why offenders' offended.

13 SCRUTINY WORKPLAN

Mrs Sharon Davis, Scrutiny Manager presented the Scrutiny Workplan for the Committee's consideration.

The Committee agreed:

1. To establish a scrutiny review panel to consider the Pupil Referral Unit.
2. To agree the Scrutiny Training Programme.
3. To approve the workplan with the addition of the items identified earlier in the meeting.

14 DATE AND TIME OF NEXT MEETING

The date of the next meeting was noted as 5th November 2015, commencing at 6.00 p.m.

Chairman

(The meeting ended at 8.24 pm)

Any queries regarding these minutes, please contact:

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