Public Document Pack

Blackpool Council

Date 7 September 2015

To: Councillors Benson, Critchley, Mrs Henderson MBE, Humphreys, O'Hara, Scott, Singleton, Stansfield and L Taylor

The above members are requested to attend the:

RESILIENT COMMUNITIES SCRUTINY COMMITTEE

Thursday, 17 September 2015 at 6.00 pm
In Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned; and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE MEETINGS HELD ON 2 JULY 2015 AND 30 JULY 2015 (Pages 1 - 16)

To agree the minutes of the last meeting held on 2 July2015 and of the special meeting held on 30 July 2015 as a true and correct record.

3 PUBLIC SPEAKING (Pages 17 - 20)

To consider any applications from members of the public to speak at the meeting.

4 FORWARD PLAN (Pages 21 - 26)

The Committee to consider the content of the Council's Forward Plan, October 2015 – January 2016, relating to the portfolio of the Cabinet Secretary.

5 EXECUTIVE DECISIONS (Pages 27 - 30)

The Committee to consider the Executive and Cabinet Member decisions within the remit of the Resilient Communities Scrutiny Committee.

6 APPOINTMENT OF CO-OPTEE (Pages 31 - 34)

The Committee to consider the appointment of Mr Fred Kershaw as a diocesan co-opted member to the Committee.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP: NEW MODELS OF CARE (Pages 35 - 66)

To consider the New Models of Care/Fylde Coast Vanguard value proposition.

8 PUBLIC HEALTH ANNUAL REPORT (Pages 67 - 70)

To receive a presentation on the Public Health Annual Report 2014.

9 CHILDREN'S AND ADULTS COMPLAINTS ANNUAL REPORTS (Pages 71 - 112)

To consider the Annual Reports of the Customer Relations Team relating to Adult Services and Children's Services.

10 ADULT SERVICES OVERVIEW REPORT (Pages 113 - 120)

To inform Scrutiny Committee of the work undertaken by Adult Services on a day to day basis to allow effective scrutiny to take place.

11 CHILDREN'S SERVICES IMPROVEMENT REPORT (Pages 121 - 134)

To inform the Scrutiny Committee of the work undertaken by Children's Services to allow effective scrutiny of the service.

12 THEMATIC DISCUSSION: CHILD SEXUAL EXPLOITATION (Pages 135 - 154)

To consider and discuss Child Sexual Exploitation in Blackpool.

13 SCRUTINY WORKPLAN (Pages 155 - 162)

The Committee to consider the Workplan, together with any suggestions that Members may wish to make for scrutiny review.

14 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 5 November 2015 commencing at 6pm.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Sharon Davis, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

This page is intentionally left blank

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 2 JULY 2015

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Stansfield
Mrs Henderson MBE	Scott	L Taylor
Humphreys	Singleton	

In Attendance:

Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Councillor Eddie Collett, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
Councillor John Jones, Cabinet Member for School Improvement and Children's Safeguarding
Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Development

Mr F Kershaw, Deputy Director of the Diocesan Board of Education

Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust
Mrs Tracey Burrell, Patient Experience Team, Blackpool Teaching Hospitals NHS Foundation Trust
Ms Ellen Miller, Chief Executive, Empowerment

Mrs Delyth Curtis, Director of People
Mrs Karen Smith, Deputy Director of People (Adult Services)
Mrs Ruth Henshaw, Engagement and Intelligence Officer
Mrs Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

Councillor Benson declared a personal interest in Item 7, Blackpool Teaching Hospitals Foundation Trust – Patient Experience, the nature of the interest being that she was an employee of the Trust.

Councillor Critchley declared a personal interest in Item 8, Adults Services Overview Report, the nature of the interest that she was a carer for someone in receipt of a payment from the Direct Payments Team.

Councillor Humphreys declared a personal interest in Item 8, Adults Services Overview Report, the nature of the interest being that he was cared for by Safe Hands.

Mr Kershaw declared a personal interest in Item 10, Children's Services Improvement Report, the nature of the interest that he was a member of Cidari Multi-Academy Trust.

2 MINUTES OF THE LAST HEALTH SCRUTINY COMMITTEE MEETING HELD ON 5 FEBRUARY 2015

The minutes of the last Health Scrutiny Committee meeting held on 5 February 2015 were noted as a true and correct record.

3 PUBLIC SPEAKING

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

4 ROLES, RESPONSIBILITIES AND ATTRIBUTES OF SCRUTINY MEMBERS

Mrs Sharon Davis, Scrutiny Manager presented a report detailing the necessary roles, responsibilities and attributes required of Scrutiny Members and requested that Members agree to adopt these.

The Committee agreed to adopt the roles, responsibilities and attributes of Scrutiny Members.

Background Papers: None.

5 COUNCIL PLAN PERFORMANCE MANAGEMENT ARRANGEMENTS 2015/2016

Mrs Ruth Henshaw, Corporate Development Officer advised that the new Council Plan was currently under development with a number of consultation exercises due to take place over the summer in order to aid its development.

She reported that a change was required to the proposed reporting schedule to this Committee and that the first performance report would not be received until December 2015. The relevant Lead Officer and Cabinet Member would present the performance data to the Committee and answer any questions.

The Committee agreed the reporting schedule and mechanism for the Council's performance against the Council Plan.

Background Papers: None.

6 HEALTHWATCH BLACKPOOL

Ms Ellen Miller, Chief Executive of Empowerment advised that Empowerment had recently taken over the management of Healthwatch Blackpool. She highlighted the importance of building a good relationship between the Committee and Healthwatch and identified a dual relationship whereby the Committee was responsible for scrutinising the effectiveness of Healthwatch and Healthwatch could refer issues to the Committee for further consideration.

The Committee considered the consultation undertaken by Healthwatch to assist in the development of its priorities and noted the inconsistency in the answer categories. In

particular, 'hospital' had been an answer to 'what services are working well?' and also 'what services aren't working well?'. Ms Miller advised that the questionnaire deliberately had not given respondents a selection of answers to ensure patients could use their own words and ensure responses were an accurate reflection of public opinion. It could be assumed that some respondents had had a positive experience of the hospital, whilst for some it had been more negative.

Members further queried how Healthwatch could ensure that a clear picture of views and more specific intelligence was gathered. Ms Miller responded that the nature of the consultation was to gather a general overview of the services that had concerned respondents. Healthwatch had developed a workplan of additional consultations to consider specific issues in more detail. Ms Miller added that Healthwatch had been established to be the voice of the consumer.

In response to a question, Ms Miller advised that a Consumer Review undertaken by Healthwatch would involve a more detailed look at a service including use of their rights to 'enter and view', whereas a consultation would be more questionnaire based.

Members discussed how Healthwatch would feed into this Committee and Ms Miller advised that she was happy to attend as frequently as required.

The Committee agreed:

1. To request that Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.
2. To receive formal six monthly reporting from Healthwatch, with the ability for Healthwatch to raise any issues outside of this timescale informally to Members, who could escalate them to the next available Committee meeting.

Background Papers: None.

7 BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST - PATIENT EXPERIENCE

Mrs Pat Oliver, Director of Operations and Mrs Tracey Burrell, Patient Experience Team, both Blackpool Teaching Hospitals Foundation Trust presented a report on Patient Experience to the Committee.

Members queried the detail of the formal investigation into a complaint received by the Trust and were advised that the investigation was ongoing.

The Committee discussed the Patient Relation Team and the e-complaint and e-compliment referral form. The Chairman advised that she had tested the use of the facility and found the website easy to understand and the referral form and complaints procedure easy to operate. She added that the website had included negative and positive feedback, which she welcomed.

Members enquired whether the monthly complaints data that was presented was typical or if it varied over the course of the year. Mrs Burrell advised that there was occasionally

a slight increase during the winter months, however, the number was generally steady throughout the year.

The Committee queried the difference between informal and formal complaints and was advised that an informal complaint was raised on the wards, for example, that medication had not been received on time. The situation would be rectified immediately and the patient would not utilise the formal complaints process, however, all such incidents were registered.

The Committee further queried how whether the recording of informal complaints could be based on this description was fully comprehensive. Mrs Oliver advised that she could not say that every comment was recorded.

In response to a question, Mrs Oliver advised that 'patient stories' were identified in a number of ways. For example, the Patient Experience Team might highlight an experience and make contact with the patient to ask their permission to use their story from which a DVD would be made with the patient highlighting their experience whether it be good or bad and how the experience felt for them. The DVD would then be watched by the Trust Board before each Board meeting in order to remind senior leaders of the setting in which they worked and keep the focus on patients and health.

Members further queried the outcome of the patient stories had and were advised that all were formal complaints that had reached a resolution, or based on compliments received. The Trust Board received feedback on the outcome of each case and how that had affected practice. Patients were also invited to the Board at which their story was shared. It was noted that there was a sample of patient stories publicly available on the Trust's website.

The Committee agreed to request that Blackpool Teaching Hospitals Foundation Trust circulate regular information regarding Patient Experience outside of the Committee meeting to allow Members to escalate any issues to the Committee.

Background Papers: None.

8 ADULTS SERVICES OVERVIEW REPORT

Councillor Cain, Cabinet Secretary (Resilient Communities), Councillor Collett, Cabinet Member with responsibility for Reducing Health Inequalities and Adult Safeguarding and Miss Karen Smith, Deputy Director of People (Adult Services) were in attendance to answer questions on the Adults Services Overview Report.

The Committee queried whether the Hospital Discharge Team had had an impact on reducing the numbers of delayed discharges. It was noted that there were a number of new teams in development including the extensive care service, the early supported discharge team and enhanced primary care service, led by the NHS. The Adults Social Care service had been working closely with these teams in order to ensure needs were met quickly, however, change had occurred too recently to advise if any impact had been made.

The Committee highlighted that there had been some confusion regarding young people aged 16 – 17 years and queried whether they came under Adult or Children Safeguarding. It was noted that 16 – 17 year olds were classed as children for safeguarding purposes, but that officers worked together to ensure a smooth transition from Children to Adult Services.

Members noted that the initial phase of implementation of the Care Act 2014 had focussed on practice in relation to assessments, care planning and deferred payments and queried whether the implementation had been successful. Miss Smith advised that she was pleased with the first stage implementation and that all providers, social workers, practitioners and partners had received relevant training.

In response to a question, Miss Smith advised that a national campaign would publicise the changes to the public.

Members asked for progress on the preparation for the second phase of implementation of the Care Act 2014 and were advised that the management of care accounts were subject to tests, as well as work taking place with other Councils to ensure learning was shared. In response to a follow up question, Mrs Smith advised that less than 20 people were in receipt of the Independent Living Fund in Blackpool.

The Committee discussed the Best Interest Inspections and the impact of these on the workload of social workers. It was reported that all social workers of a relevant grade had been trained as best assessors and that one worker had been designated as a dedicated Best Interest Assessor. Miss Smith advised that she felt workers were doing well to manage and prioritise workloads in difficult times.

Members queried the significant number of safeguarding alerts that had been unsubstantiated, inconclusive or ceased at the request of the individual and requested a further breakdown of this information for future meetings. Miss Smith advised that the Council would discuss with individuals why they wished to cease the investigation, but that the wishes of the individuals must be taken into account, however, if there was a risk to others this would also be considered.

Members further queried the difference between a ‘safeguarding alert’ and an ‘incident only’ and were advised that an ‘incident only’ was an issue resulting in some level of harm but was either unlikely to re-occur or had not caused significant harm to the degree where further or multi-agency investigation process was necessary and where a resolution for the individual could be reached. In response to a further question Miss Smith advised that if a pattern of separate incidents occurred the issue could be redesignated as a safeguarding alert.

The Committee expressed concern that the Blackpool Adults Safeguarding Board had not yet appointed a Chairman. It was noted that adverts had been placed twice to appoint to this position, but the right candidate had not yet been identified. A Board Manager had been appointed and the Adults Safeguarding Board was moving towards closer working with the Children’s Board to maximise impact in families and communities.

The Committee queried the progress that had been made in relation to the recruitment

of individual service users and carers to the membership of the Adults Safeguarding Board's sub groups and was informed that this had not yet been followed up as it was essential to have a Chairman of the Board in place before any further development took place.

Members noted an aspiration was that all contracted providers paid the living wage. Councillor Cain advised that that was one of the projects that the Cabinet Assistant would be developing. In response to a further question, Miss Smith added that the Council was working with providers to help them identify recruitment and retention issues.

The Committee queried at what stage 'enhanced performance monitoring' of residential homes would lead to suspension. Miss Smith advised that suspension may occur if the provider was not compliant with Care Quality Commission standards in a number of areas or if the Council had significant concerns. The suspension might be put in place to allow the Council to understand what the provider was doing to improve the situation. Weekly performance monitoring meetings were held with providers in order to ensure they were fit for purpose.

The Committee agreed to request that an update on the living wage project be presented to the next meeting of the Committee.

Background Papers: None.

9 ADULTS SERVICES THEMED DISCUSSION: QUALITY AND RESIDENTIAL CARE

Councillor Cain, Cabinet Secretary (Resilient Communities), Councillor Collett, Cabinet Member with responsibility for Reducing Health Inequalities and Adult Safeguarding and Miss Karen Smith, Deputy Director of People (Adult Services) were in attendance to take part in a thematic discussion on Quality and Residential Care.

Miss Smith assured the Committee that measures were in place to ensure quality in residential care homes and to provide a challenge mechanism to ensure the level of quality was monitored.

Members queried why nine residential care homes were not compliant with Care Quality Commission standards and how many of the nine were at a critical stage. Mrs Smith advised that detailed discussions were being held with two of the providers to determine whether to continue to commission their services. It was noted that although the Council could not close a commissioned facility it could serve notice on the contract it had with the provider. It was likely that if the Council contract with a provider ceased then the care home would close if the majority of residents there had been placed by the Council. Members further queried the level of concern at which that could occur and were informed that if a provider was not compliant with a number of Care Quality Commission standards and was also not showing an ability to improve sufficiently within an acceptable timescale, the cessation of the contract would be considered.

In response to a question, Miss Smith advised that the Council had a good working relationship with the Care Quality Commission.

The Committee noted that two providers were currently suspended and Miss Smith reported that they were suspended to new admissions, but that existing residents remained at the home. She explained that the situation occurred where the Care Quality Commission had inspected a provider and identified non-compliance with some standards, but that residents were still considered to be safe. If residents were considered to not be safe they would not be left at the care home. The Council also ensured full disclosure to residents and family members so that they understood the action being taken.

The Committee noted that the new standards had been challenging and questioned what arrangements were in place to assist care homes in meeting these. In response, Miss Smith advised that provider forums allowed homes to work together and to receive presentations from organisations including the Care Quality Commission on the changes to inspections guidance. She further advised that detailed information was available from the Care Quality Commission setting out the requirements of a 'good provider' as well as what would be considered as 'requires improvement' and 'inadequate'.

The Committee also queried if training courses were organised for providers and was informed that a range of courses were available for internal staff and external providers. Miss Smith added that other assistance was provided such as a Council funded Pharmacist who provided advice and guidance on medication matters where required.

Members noted that providers had expressed concern on the level of information received. Miss Smith reported that it was typically information from social workers or health staff and that the providers had raised these concerns in relation to urgent admissions where social workers might not have all the necessary information to pass on to providers. It was noted that in those circumstances the service focussed on ensuring no person was left at risk.

Members questioned the impact of a reduced budget on the provision of services and in particular if it was having an impact on the number of people in residential care homes. Councillor Collett advised that the priority was that all adults must be safe and the budget must be met.

The Committee asked for further information on the management arrangements of those residential care homes which did not currently have a manager in post. Miss Smith advised that this would be a matter for each individual business, but for example they could be cross managed with other care homes or by senior staff undertaking increased responsibilities. She added that the Registered Manager of a residential care home was a key position and any home without a manager for six months or more would not meet Care Quality Commission standards. In response to a further question Miss Smith advised that she was unsure if any homes had not had a manager for this timescale, but would provide this information following the meeting.

The Committee agreed to receive an update on the quality and performance of residential care homes as part of the next Adults Social Care Overview Report to be presented to the Committee in September 2015.

Background Papers: None.

10 CHILDRENS SERVICES IMPROVEMENT REPORT

Councillor Cain, Cabinet Secretary (Resilient Communities), Councillor Jones, Cabinet Member with responsibility for School Improvement and Children's Safeguarding and Mrs Delyth Curtis, Director of People (Statutory Director of Children's Services) attended the meeting to answer questions on the Children's Services Improvement Report.

Members commented that there was no information in the report regarding Looked After Children. Mrs Curtis advised that she would ensure future reports contained this information and that the current number of Looked After Children was 441. Blackpool had the highest number of Looked After Children in England per head of population, however, the current number was the lowest it had been in some time. Mrs Curtis added that that was a natural decrease in number and that it could increase again at any time.

The Committee queried the impact the high levels of transience in Blackpool had on the numbers of Looked After Children. Mrs Curtis advised that transience was an issue and that some families moved to Blackpool to escape problems. Councillor Jones stated that the Council had a responsibility to make sure every child in Blackpool was safe and that it was not an easy decision to take a child into care. He added that work was ongoing to provide support to families to try and prevent a child being taken into care.

The Committee further queried the liaison and support with the parents once a child had been taken into care. Mrs Curtis advised that the Council provided a range of services were provided and that children were taken into care for a number of reasons. Councillor Jones added that an increasing number of children were being placed with family members in a private fostering arrangement and that the Special Guardianship Allowance Order was increasingly being used to help children to stay with extended family members.

Members questioned the number of Blackpool children being cared for outside of the Borough and the number of children being cared for in Blackpool from outside the area. Mrs Curtis advised that she would circulate this information after the meeting, however, the figures were similar. Children were placed outside of the Borough for a number of reasons including a requirement for specialist care that could not be provided in Blackpool and risk of child sexual exploitation amongst others.

Members challenged how the Council was working with other agencies to try and tackle child sexual exploitation. Mrs Curtis advised that there was close partnership working. Blackpool had received a ministerial visit last year. The four ministerial departments had undertaken a piece of work with the Council and had reported favourably on the work being undertaken in Blackpool on the issue to date. There were issues to tackle and best practice would be adopted. A self assessment was also currently underway. The result of the visit would be reported to the Blackpool Children's Safeguarding Board.

Councillor Jones reported that child sexual exploitation was a key concern and that raining was being provided to all Elected Members, Council Officers, taxi drivers and providers.

Councillor Cain added that it was vital that all Members attended training and understood their responsibilities as corporate parents. He stated that preventing child sexual

exploitation was the highest priority of the Council and assured the Committee that he would not allow the situations that had occurred at other authorities to happen at Blackpool.

In response to a further question, Councillor Jones advised that he was speaking to Headteachers regarding the approach of schools to child sexual exploitation. He added that it was also important to engage with parents on the issue.

The Committee noted that a thematic discussion on child sexual exploitation was planned for the next meeting of the Committee.

Members noted that the report had not included performance information regarding adoption. Mrs Curtis advised that adoption rates were rising and that she would include a full update on adoption in the next report to Committee.

The Committee discussed the school profile. In response to a question Mrs Curtis advised that engagement with academies had improved. Blackpool Challenge Board had been established to improve educational attainment and and all schools had signed up to the Blackpool Challenge.

Members discussed concerns around the Pupil Referral Unit and queried the percentage of Looked After Children within the Pupil Referral Unit. Mrs Curtis advised that it was proportionately quite high and that Blackpool's Pupil Referral Unit was one of the largest in the country. She added that the services were working with schools to prevent pupils being excluded to reduce numbers in the Pupil Referral Unit. Members acknowledged that there were safeguarding risks attached to children not in full time education.

Members queried the variance in terms of performance from primary schools to high schools in Blackpool. Mrs Curtis highlighted that reasons could include the size of high schools, the move from a single teacher to numerous teachers when pupils left primary school and that behaviour tended to be better in a primary school setting.

The Committee acknowledged the issues associated with high schools but sought clarification on the plans in place to address performance. In response, Councillor Jones advised that work was taking place with schools to ensure a smooth transition between primary school and high school. Mrs Curtis added that transition was a key priority of the Blackpool Challenge Board.

The Committee discussed the requirements of children in education, the importance of the child's opinion and the importance of keeping children in full time education and out of the Pupil Referral Unit.

Members requested further information on the recent Ofsted inspections of schools in particular the reason for a school to be considered as 'outstanding' and then four years later 'require improvement'. Councillor Jones advised that that could be due to a number of reasons including a change of headteacher and leadership or the overall quality of teaching staff at the school. It was noted that it was often difficult to attract the best staff to Blackpool schools. Mrs Curtis advised that the performance of schools was monitored and services worked with schools on improvement and put procedures in place, but it was

sometimes not possible to make the necessary improvements to the school before Ofsted undertook an inspection.

The Committee agreed:

1. To receive copies of the School Profile and School Improvement Plan outside of the Committee meeting to allow Members to escalate any issues to the Committee.
2. To consider the impact of the work of the Blackpool Challenge Board as part of the next Children's Services Improvement Report.
3. To receive a performance update in relation to the priority to reduce the number of children in the Pupil Referral Unit.
4. To request a summary of all Ofsted inspection reports within the Children's Services Improvement Report and to receive full Ofsted inspection reports outside of the Committee meeting as and when they are published to allow Members to escalate any issues to the Committee.

Background Papers: None.

11 SCRUTINY ANNUAL REPORT 2014/2015

Mrs Sharon Davis, Scrutiny Manager presented the Scrutiny Annual Report 2014/2015.

The Committee approved the Scrutiny Annual Report 2014/2015.

Background Papers: None.

12 SCRUTINY WORKPLAN

Mrs Sharon Davis, Scrutiny Manager presented the Resilient Communities Scrutiny Committee Workplan for the remainder of the Municipal Year. It was noted that this was a flexible, working document and that Members could submit items for consideration by the Committee at any time through the Chairman.

In order to make a request for a scrutiny review on a particular subject, Members were informed that the Scrutiny Selection Checklist must be completed and submitted to a Committee meeting for consideration.

Members discussed the importance of mental health and Mrs Davis advised that she would amend the workplan to include a discussion on mental health with partners.

The Committee approved the workplan.

Background Papers: None.

13 DATE AND TIME OF NEXT MEETING

The date of the next meeting was noted as 17th September 2015 commencing at 6.00 pm.

Chairman

(The meeting ended at 8.02 pm)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: 01253 477213
E-mail: sharon.davis@blackpool.gov.uk

This page is intentionally left blank

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 30 JULY 2015

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	Mrs Henderson MBE	O'Hara	Singleton
Galley	Humphreys	Scott	L Taylor

In Attendance:

Councillor T Williams, Call-in Initiator
Councillor Jones, Cabinet Member for School Improvement and Children's Safeguarding

Councillor Cain, Cabinet Secretary Resilient Communities
Councillor Derek Robertson BEM

Mrs D Curtis, Director of People
Mr M Towers, Director of Governance and Regulatory Services
Mr S Thompson, Director of Resources
Ms S McCartan, Children's Centre Partnership Manager
Mrs J Bollington, Media Manager
Mrs S Davis, Scrutiny Manager
Mr C Kelly, Senior Democratic Governance Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 CALL-IN REQUEST

The Committee considered the Call-In of Executive decision PH41/2015 'Local Authority Nursery Review' that had been called-in by Councillor Williams on 23rd July 2015 as per the agreed procedure.

At the invitation of the Chairman, Councillor Williams outlined his reasons for the Call-In. He advised that the two Children's Centres, in which the nurseries that were being consulted upon to be closed were situated, were considered centres of excellence. He added that the nurseries offered excellent childcare and allowed residents to drop off their children and then attend the many courses offered by the centres.

Councillor Williams highlighted that many of the users of the nurseries and Children's Centres were vulnerable, unable to travel, had high or special needs and were from deprived areas. He felt the nurseries proposed for closure could offer one on one care for children that other private nurseries could not. Furthermore, he stated that after carrying out some research, he did not feel that there were enough places available at other

nurseries within an acceptable travelling distance.

In conclusion, Councillor Williams advised that the high level of public feeling demonstrated how valued the nurseries were to the communities. He added that he was concerned that the final decision regarding the closure of the nurseries had been delegated to the Director of People following the consultation rather than it being determined by the Cabinet Member.

The Chairman invited the Cabinet Member for School Improvement and Children's Safeguarding to respond to the Call-In request. Councillor Jones advised that the decision to consult with residents to close the nurseries, which currently were not financially viable, had been taken as one of many measures to meet the £88 million Government cuts. He stated that a final decision had not yet been taken and the consultation period had been extended by two weeks to ensure all interested parties had chance to respond.

In response to Councillor Williams, Councillor Jones advised that private nurseries had the same level of staffing as the two nurseries in question and would therefore be able to offer the same level of one on one care required by children with special needs.

Councillor Jones advised that there was no proposal to close the Children's Centres and that these would remain open to provide support to parents and children.

The Chairman invited questions from the Committee.

A Member of the Committee commented that the nurseries were at the heart of the Children's Centres and that closing them could negatively impact upon the ability of parents and children to use the services provided by the Children's Centres. In response, Councillor Jones advised that a large number of Children's Centre registrations were not linked to the nurseries and it was expected that the proposed nursery closures would not negatively impact upon the centres. In response to a further question, Councillor Jones assured the Committee that there were no plans to close the Children's Centres. He added that additional services would be provided through the Children's Centres delivered by initiatives including Better Start and Head Start.

In response to a request for further information regarding the consultation process, Councillor Jones advised that a consultation with staff had started in January 2015. The consultation had now been opened to the public so that any final decision could be taken in time for the new term which commenced in September 2015. Open days had been held and letters sent to stakeholders. He added that the consultation had been extended by two weeks to allow for extended feedback from residents and to identify the support required by parents. In response to a further question, Councillor Jones stated that any viable, sustainable options for the nurseries that became apparent during the consultation exercise would be considered.

Members expressed concern regarding the transition process from one nursery to another of children with special needs and sought reassurance that, should the nurseries close, parents and children would be supported through the transition. Councillor Jones

advised that support would be provided to parents, children and new providers if the nurseries were to close. He added that if a child was eligible for Pupil Premium, this premium would also transfer to the new provider to provide additional support.

The Committee noted that savings had to be made in the current financial climate, however queried whether closing the two nurseries whilst leaving the centres open would be a good business decision. In response Councillor Jones advised that the nurseries were not sustainable, but that the Children's Centres were considered to be both essential to the community and sustainable.

The Committee queried if there would be provision to assist parents with transport to and from other providers should the two nurseries be closed. It was noted that ten providers had transport and that once parents had identified which nursery they wished to use, transport provision and financial support would be considered on a case by case basis.

In response to a question, Ms Sara McCartan, Children's Centre Partnership Manager advised that support was being provided to parents, children and staff at the centres. She added that over 1,000 families accessed the Children's Centres, significantly more than the number accessing the nurseries and that the centres worked with children from birth, before they reached nursery age.

Members discussed the decision to delegate the final decision regarding the closures to the Director of People and Councillor Jones advised that the Director of People would take the decision following consultation with him.

The Committee agreed to take no further action, thereby allowing the decision PH41/2015 'Local Authority Nursery Review' to be implemented immediately.

Background Papers: None

Chairman

(The meeting ended at 7.05 pm)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: (01253) 477213
E-mail: sharon.davis@blackpool.gov.uk

This page is intentionally left blank

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 September 2015

PUBLIC SPEAKING

1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 At the meeting of full Council on 29th June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Scrutiny Committee.

5.2 **General**

5.2.1 Subject as follows, members of the public may make representations at ordinary meetings of the Council, the Planning Committee and Scrutiny Committees.

With regard to Council, Scrutiny Committee meetings not more than five people may speak at any one meeting and no persons may speak for longer than five minutes. These meetings can also consider petitions submitted in accordance with the Council's approved scheme, but will not receive representations, petitions or questions during the period between the calling of and the holding of any election or referendum.

5.3 Request to Participate at a Scrutiny Committee Meeting

5.3.1 A person wishing to make representations or otherwise wish to speak at a Scrutiny Committee must submit such a request in writing to the Head of Democratic Services, for consideration.

The deadline for applications will be 5pm on the day prior to the dispatch of the agenda for the meeting at which their representations, requests or questions will be received. (The Chairman in exceptional circumstances may allow a speaker to speak on a specific agenda item for a Scrutiny Committee, no later than noon, one working day prior to the meeting).

Those submitting representations, requests or questions will be given a response at the meeting from the Chairman of the Committee, or other person acting as Chairman for the meeting.

5.4 Reason for Refusing a Request to Participate at a Scrutiny Committee Meeting

5.4.1 1) if it is illegal, defamatory, scurrilous, frivolous or offensive;
2) if it is factually inaccurate;
3) if the issues to be raised would be considered 'exempt' information under the Council's Access to Information Procedure rules;
4) if it refers to legal proceedings in which the Council is involved or is in contemplation;
5) if it relates directly to the provision of a service to an individual where the use of the Council's complaints procedure would be relevant; and
6) if the deputation has a financial or commercial interest in the issue.

Does the information submitted include any exempt information? No

List of Appendices:

None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 To ensure that the opportunity to speak at Scrutiny Committee meetings is open to all members of the public.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

This page is intentionally left blank

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 September 2015

FORWARD PLAN

1.0 Purpose of the report:

1.1 The Committee to consider the content of the Council's Forward Plan, October 2015 – January 2016, relating to the portfolio of the Cabinet Secretary.

2.0 Recommendations:

2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to items contained within the Forward Plan within the portfolio of the Cabinet Secretary.

2.2 Members will have the opportunity to consider whether any of the items should be subjected to pre-decision scrutiny. In so doing, account should be taken of any requests or observations made by the relevant Cabinet Member.

3.0 Reasons for recommendations:

3.1 To enable the opportunity for pre-decision scrutiny of the Forward Plan items.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 The Forward Plan is prepared by the Leader of the Council to cover a period of four months and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.

5.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.

5.3 Attached at Appendix 5 (a) is a list of items contained in the current Forward Plan. Further details appertaining to each item contained in the Forward Plan has previously been forwarded to all members separately.

5.6 Witnesses/representatives

5.6.1 The following Cabinet Members are responsible for the Forward Plan items in this report and have been invited to attend the meeting:

- Councillor Cain

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 5a – Summary of items contained within Forward Plan October 2015 – January 2016.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

This page is intentionally left blank

EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

(OCTOBER 2015 to JANUARY 2016)

*** Denotes New Item**

Page Nº	Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
3	October 2015	Fairer Contributions Policy	12/2015	Executive	Cllr Cain

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 September 2015

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 The Committee to consider the Executive and Cabinet Member decisions within the remit of the Resilient Communities Scrutiny Committee.

2.0 Recommendation:

2.1 Members will have the opportunity to question the Cabinet Secretary or the relevant Cabinet Member in relation to the decisions taken.

3.0 Reasons for recommendation(s):

3.1 To ensure that the opportunity is given for all Executive and Cabinet Member decisions to be scrutinised and held to account.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered
None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 Attached at the appendix to this report is a summary of the decisions taken, which have been circulated to Members previously.

5.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where the Committee can raise questions and a response be provided.

5.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

5.4 Witnesses/representatives

5.4.1 The following Cabinet Members are responsible for the decisions taken in this report and have been invited to attend the meeting:

- Councillor Cain
- Councillor Jones

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 4a: Summary of Executive and Cabinet Member decisions taken.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

APPENDIX 4a

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
LOCAL AUTHORITY NURSERY REVIEW 1. To agree to hold consultation with stakeholders that the local authority will no longer offer an in-house nursery or crèche provision for children. 2. To work with service users to determine an alternative method of support appropriate for them for the future, subject to the outcome of the consultation. 3. To authorise the Director of People, subject to a published officer decision, to take such action as is required following the consultation.	To agree the consultation on future commissioning of nursery provision in local authority Children's Centres (Talbot and Brunswick and Grange Park) due to a saving being required as part of the Priority led Budget exercise.	PH/41/2015	20/07/15	Cllr Jones
CHILDREN'S SERVICES ADMINISTRATION REVIEW To accept the changes outlined in the review.	To ensure a cost effective and efficient service is provided taking into account savings outlined across Children's services outlined in the Council's budget proposals for 2015/2016.	PH/44/2015	28/07/15	Cllr Jones
REFRESH OF THE CORPORATE PARENT PANEL To agree the updated Terms of Reference for the Corporate Parent Panel to support the work of Elected Members in their role as Corporate Parents to Blackpool's Looked After Children.	To update the membership and the terms of reference of the Corporate Parent Panel.	PH/51/2015	27/08/15	Cllr Cain

This page is intentionally left blank

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17th September 2015

APPOINTMENT OF CO-OPTEE

1.0 Purpose of the report:

1.1 The Committee to consider the appointment of Mr Fred Kershaw as a diocesan co-opted member to the Committee.

2.0 Recommendations:

2.1 To approve the appointment of Mr Fred Kershaw as a diocesan co-opted member to the Committee.

2.2 To note the remaining Parent Governor and diocesan co-opted member vacancies.

3.0 Reasons for recommendation(s):

3.1 To ensure the scrutiny process continues to be fully accountable and an important part of the democratic process.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 The School Standards and Framework Act 1998 requires the Council to have Parent Governor Representatives on the relevant Overview and Scrutiny body dealing wholly or partly with education functions. The representatives are entitled to participate in discussions on any issue but are only able to vote on any question which relates to the education functions of the Council.

5.2 The School Standards and Framework Act 1998 and the Education Act 1996 requires the Council to have Church representatives on the relevant Overview and Scrutiny Committee which considers education matters. Like the Parent Governor representatives, they are entitled to participate in discussions on any issue, but only able to vote on any question which relates to the education functions of the Council.

5.3 The Council's Constitution allows for membership of the following representatives in order to comply with the statutory requirements:

- One Church of England diocese representative
- One Roman Catholic diocese representative
- Two Parent Governor representatives; and
- such other representatives of other faiths or denominations as may be agreed

5.4 At the meeting of full Council on 22nd May 2015, it was agreed that the Scrutiny Committee should appoint the diocesan co-opted representative (currently Mr Fred Kershaw, Church of England, the Roman Catholic position is currently vacant) and the two Parent Governor co-opted representatives (both positions currently vacant).

5.5 The Scrutiny Manager is continuing to seek appointments to the remaining statutory positions.

Does the information submitted include any exempt information? No

List of Appendices:
None

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

This page is intentionally left blank

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Mr Andy Roach, Director of Integration and Transformation, Blackpool Clinical Commissioning Group
Date of Meeting	17 September 2015

BLACKPOOL CLINICAL COMMISSIONING GROUP: NEW MODELS OF CARE

1.0 Purpose of the report:

1.1 To consider the New Models of Care/Fylde Coast Vanguard value proposition.

2.0 Recommendations:

2.1 To receive and scrutinise the New Models of Care/Fylde Coast Vanguard value proposition identifying any topics for further consideration by the Committee.

2.2 To determine the Committee's role in monitoring the implementation and outcomes of the Fylde Coast Vanguard and any future reporting from the Clinical Commissioning Group on the topic.

3.0 Reasons for recommendations:

3.1 To ensure constructive and robust scrutiny of the Blackpool Clinical Commissioning Group.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? No

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is "improve health and well-being especially for the most disadvantaged".

5.0 Background Information

5.1 The Value Proposition, attached at Appendix 7 (a) details the care models and how the Blackpool Clinical Commissioning Group (as one of a number of partners) intends to transform care for people on the Fylde Coast over the next three years.

5.2 Mr Andy Roach, Director of Integration and Transformation will be present at the meeting to introduce the report and answer any questions from the Committee.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 7 (a) Value Proposition: New Models of Care/Fylde Coast Vanguard

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

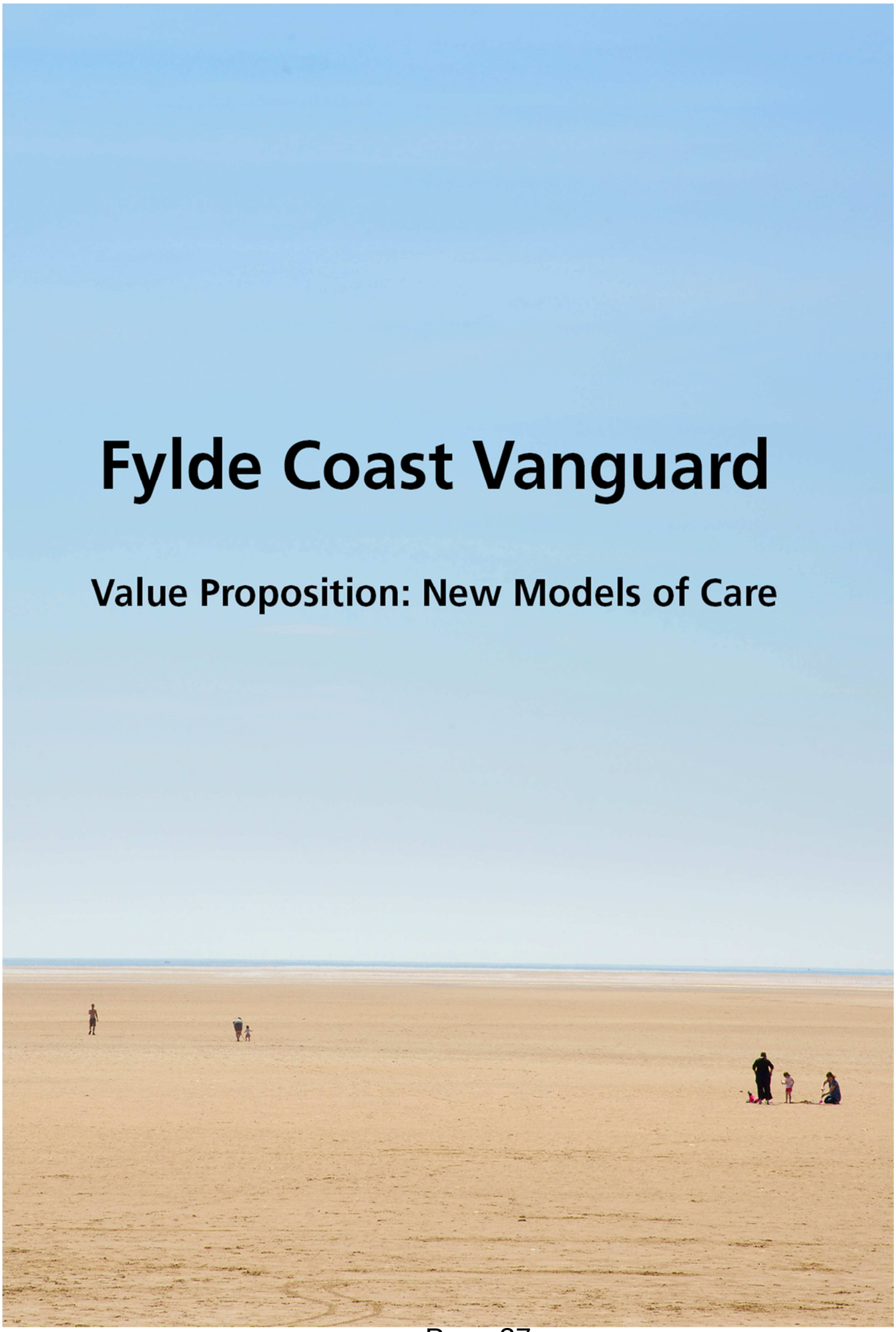
12.1 N/A

13.0 Background papers:

13. None

Fylde Coast Vanguard

Value Proposition: New Models of Care



1 Our Value Proposition

Building on successful collaborative work, our Value Proposition details our care models and how we intend to radically transform care for people on the Fylde Coast over the next 3 years.

1.1 Our Challenge

Our population is growing, as is the proportion of older people. On the Fylde Coast those aged over 65 is set to rise to between 31% and 35% by 2028 and there are increasing numbers of people with multiple and complex long-term conditions. These factors are putting a strain on resources, which is not possible to respond to without transformation in the way we provide care.

Health inequalities mean that men in the most deprived areas die over 13 years younger than those in the least deprived, and for women the difference is more than 8 years.

The Fylde Coast has a diverse population with areas of Blackpool experiencing the most deprivation whilst in contrast, areas such as Lytham, are affluent and have a higher proportion of older people. With a population of over 320,000 our communities range from rural areas to those more reflective of inner-cities.

We know more people are cared for in hospital than is necessary and that care can be provided more effectively in the community or at home. Our care is not always as coordinated as well as it might be and this can lead to poor experience for our patients and their families.

Continuing to care for our communities in the same way is not financially sustainable. Forecasts for the next 5 years show that commissioner deficits could reach £15m, the acute provider deficit is expected to grow to £56m. In addition, each of our local authorities are anticipating spending cuts of 10% over at least the next two years.

1.2 Our Response

Partners across the Fylde Coast began work to develop new models of care in early 2014 when we reviewed successful international models. Since then our work has developed approaches to Extensivst and Enhanced Primary Care, to develop models that meet the needs of our population and the health and social care system in the UK.

Our care models integrate health and social care, provide parity of esteem for mental health with physical health, and will build on community assets with the support of voluntary and 3rd sector partners. They are designed to improve effectiveness, safety and experience.

We have already implemented Extensive Care Services in two localities, established our neighbourhoods and developed plans for the implementation of Enhanced Primary Care. Our approach will tailor our Enhanced Primary Care and Extensive Care models to meet the needs of each neighbourhood, addressing the diverse needs of our communities and the health inequalities.

Our services will be based in our Primary Care Centres across the Fylde Coast, providing an excellent environment for integrated, local care and enabling our workforce to work directly in the communities they are caring for.

1.3 Our Offer

As a Vanguard site and with support from the national New Models of Care team, the Fylde Coast offers the following:

- Enhanced Primary Care and Extensive Care models which have been developed by clinicians that will be implemented between June 2015 to April 2017 and, over time, learning about how these models will evolve and their impact on the rest of the health and social care system.

- Clinical blueprints and operating models for new models of care which reflect the needs of diverse neighbourhoods through which the can be replicated elsewhere in the country.

- Learning from our business intelligence and risk stratification approaches which will expedite implementation in other sites.

- Innovative approaches to role development and recruitment which responds to current workforce constraints, taking a whole system approach to ensure current services are not destabilised and plans for the future to ensure sustainability of services.

- Accelerated introduction of an Information, Communication and Technology Strategy that will support new ways of working, transform the way care is delivered and develop integrated patient records.

- An evidence base created through a comprehensive evaluation approach that will include our logic model, bespoke patient evaluation, a clinical research study, evaluation of implementation and organisational form. Benefit realisation plans for outcomes in safety, effectiveness and patient experience as well as financial and activity measures.

- Learning from a communications and engagement strategy that places the citizen at the heart of the care we provide and how we design services.

- An executive leadership team with membership across 6 health and social care organisations who are passionate about transforming care and who have the drive to deliver our ambitions.

- Robust programme management and governance arrangements that will ensure success of the programme and delivery of our Value Proposition.

Without new models of care, commissioner deficits could reach £15m, social care services will reduce by 10% per annum and our acute provider deficit will reach £56m. By our transforming the way care is delivered, we expect to achieve the following by 2020/21 through our most ambitious plans by:

- Investment of £20.4m into new models of care
- A reduction of 15% on the current baseline for acute activity (£184m) releasing £27.7m
- Current commissioner investment and growth funding from 2017/18 releasing £18.6m
- The remaining savings of £27m can be used to stabilise the financial position for the health and social care economy.
- 'Cost Avoidance' equivalent to forecast growth in acute activity over the period - £10m

2 Vision

2.1 Our Vision

The vision for our vanguard new models of care across the Fylde Coast is for an integrated care system to improve the health and wellbeing of our population; ensuring people are empowered to make informed decisions about their health and care.

We are transforming the way care is delivered through a targeted and highly coordinated integrated model of delivery, bringing health, social and third sector services together based within neighbourhoods with a focus on prevention, early intervention, shared decision making and self-care.

2.2 What this means for people we care for

Our current care system…

Jean is a 71-year-old widow. She moved to Blackpool 10 years ago to enjoy her retirement after happy memories from childhood holidays here. She has lived alone since her husband passed away last year. She gave up smoking 10 years ago but still suffers with emphysema. She also has type-2 diabetes and arthritis. She is lonely and becoming increasingly forgetful and is reluctant to leave the house.

Jean frequently visits her GP but finds it difficult to remember to discuss all her medical needs in a brief 10 minute consultation, often forgetting the important things. When Jean can't get to see her GP she calls 999 which often results in her being taken to hospital and admitted to a ward. She has to speak to lots of different healthcare professionals and gets frustrated having to explain her conditions repeatedly and often diagnostics are duplicated. She often has to wait for social services before she can go home, the result is that she spends longer than is necessary in hospital. When she is discharged there is often a lack of co-ordination between the hospital, her GP, community and social care services, resulting in Jean not getting the support she needs.

Eventually, after several admissions in just six months, Jean is admitted to a care home.

Our future care system where services are integrated, wrapped around the individual who is supported and empowered to make decisions about their needs with professionals who are dedicated to their care…

With a care coordinator identified and responsible for coordinating Jean's care, this person meets with Jean, her social worker and her GP. Jean decides she wants to manage her care at home with the support of 'Enhanced Primary Care'. A care plan is devised to meet Jean's needs; a copy is given to Jean and the professionals can access this plan online at any time.

Jean now gets regular visits from her care co-ordinator, who supports her to manage her chronic conditions. When Jean's condition deteriorates she knows who to contact and rarely requires an ambulance. On the rare occasion she is admitted to hospital, the discharge process is much quicker, involving a review of her existing care plan.

Unfortunately, Jean deteriorates. Her coordinator reviews her plan with her GP and they escalate her case to the 'extensivist' – a clinician skilled in dealing with patients like Jean who are at high risk of hospitalization who is part of the Extensive Care service. After tailoring her care to meet the deterioration in her physical and mental health, the extensivist mobilises some telemedicine support to enable Jean to remain safely at home and de-escalates her care back to her GP and care coordinator.

Jean has chats with her care coordinator and through a designated care navigator is also put in touch with a local charity, which offers a befriending service, and introduces her to community groups to take up her love of knitting; this has made her less lonely and isolated and she is no longer scared to go out.

Jean didn't need to be admitted to a care home and now gets the help and support she needs to remain in her own home.

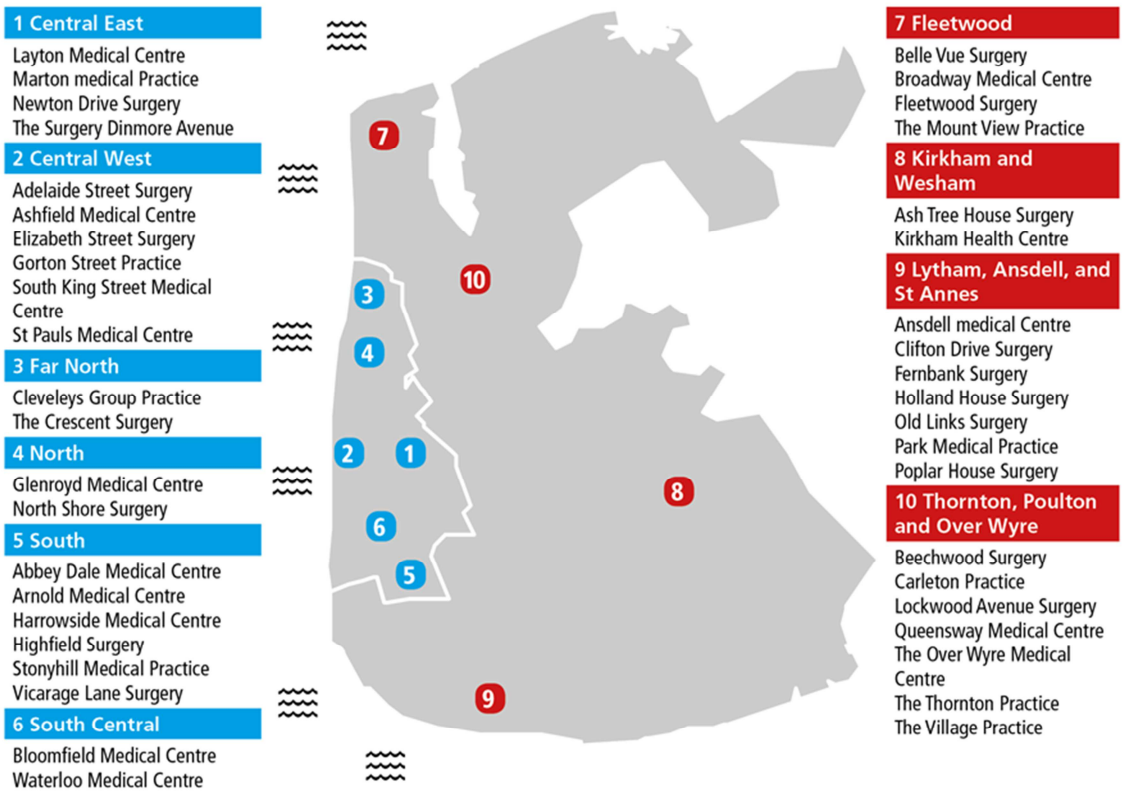
3 Strategic Context

3.1 The Fylde Coast

Blackpool and the boroughs of Wyre and Fylde are collectively referred to as The Fylde Coast. The main statutory commissioning and provider organisations are:

Blackpool CCG	Fylde and Wyre CCG
Blackpool Council	Lancashire County Council
Blackpool Teaching Hospitals NHS FT	Lancashire Care NHS Foundation Trust

Our GP practices are grouped into 10 neighbourhoods, six in Blackpool and four in Fylde and Wyre, representing the two CCG footprints. Whilst the total population sizes are similar geographical size is very different. Blackpool's population is contained within a relatively small area whilst for Fylde and Wyre the population is more dispersed with some more rural areas .



The development of new models of care on the Fylde Coast is an ambitious transformation programme. It is designed to ensure that health and social care services for the people of the Fylde Coast are integrated to provide better care outside of hospital and that parity of esteem is achieved between physical and mental health needs. The programme has a number of sponsors and primary stakeholders from all six health and social care organisations with executive representation at our Programme Board.

A programme team has been established under the leadership of the Director of Integration and Transformation, Blackpool CCG, to provide a programme management support function, maximise the overall success of the programme and provide appropriate governance and assurance to the Fylde Coast Vanguard Programme Board. Our governance arrangements are described more fully in *Appendix 2*.

3.2 Our case for change - the Fylde Coast Story

The challenge we face across the Fylde Coast is significant, as our aging population grows, many have complex care needs and increasing numbers of long-term conditions. Consequently, the Fylde Coast is reflective of most health systems in that relatively few patients account for a substantial proportion of the healthcare budget. The proportion of these populations is increasing expenditure, putting pressure on budgets and requiring health and social care professionals to consider radically different approaches to delivering effective care.

While the health of people across the Fylde Coast is generally improving, it is still worse than England's average. In addition to the resident population, Blackpool sees an estimated 11 million visitors each year and has considerable amount of transience, including movement in and out of the town, as well as movement within it. This, coupled with high unemployment, rising prevalence of long term conditions, has led to significant levels of deprivation and health inequalities that rank amongst the worst in the country - Blackpool being the worst for life expectancy in the country for men and the third worst for women. Within the most disadvantaged areas of Blackpool men can expect to live 13.3 years and women 8.3 years less than people in the least disadvantaged areas. Not only do people in Blackpool live shorter lives, they also spend a smaller proportion of their lifespan in good health and without disability and in the most deprived areas of the town disability-free life expectancy is around 50 years.

In contrast, in Fylde and Wyre, 57% of the population live within the two most affluent quintiles and there are over 16,800 people living in neighbourhoods that are classified as being amongst the fifth most disadvantaged areas in England, with men dying on average, 10 years younger than those in more affluent areas and for women, the difference is 6 years.

Projections of the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 20 years, from under 27% to over 35%. Fylde and Wyre also have a high proportion of older people; 24% of residents are over 65 years of age and by 2028 it is expected that this will have risen to 31%. These demographic changes will inevitably increase pressure on health and social care services. People aged 65 + many of whom have more than one long term condition and account for at least half of all GP appointments. With increasing numbers of elderly people living alone isolation can significantly affect a person's mental and physical health, confidence and wellbeing.

We know that services across the Fylde Coast are generally good; however, feedback from some service users and carers tells us that their experiences are not always as positive. Too many people go to A&E unnecessarily and often people are admitted to hospital when this could have been avoided. When people are in hospital, they often stay longer than is clinically necessary because the care and support they need in the community is not available at the right time. Feedback also tells us that some people find the system complex and confusing and it is key to delivering our new models of care that people are better informed about local provision, the choices available to them and encouraged to only use emergency care at the right time and for the appropriate types of needs.

Ultimately, our aim is to develop a model of integrated and coordinated health and social care so that organisations work together seamlessly, sharing data and communicating better between themselves and with service users, their carers and families.

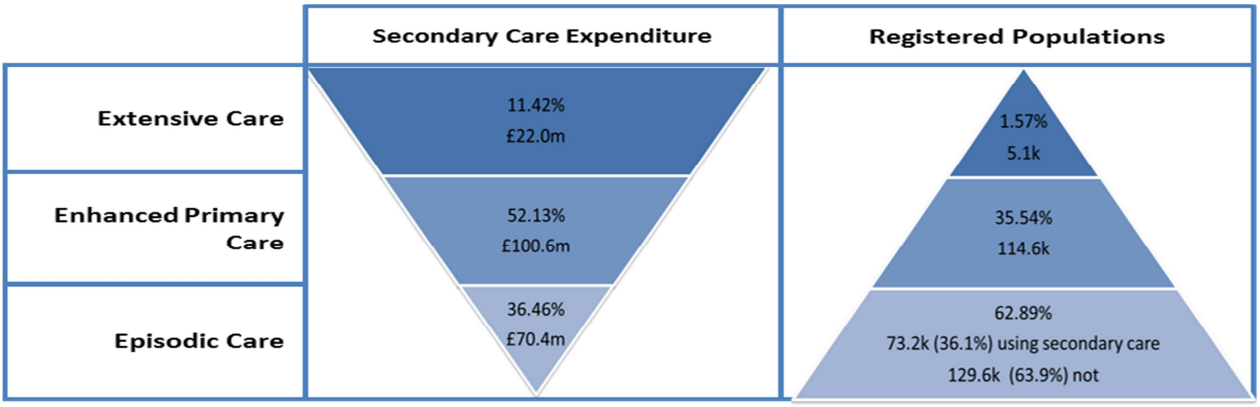
3.3 Evidence Base

A key part of our Vanguard application is that we have already developed an evidence base for new models of care. During the early part of 2014 we worked with an external consultancy to look at what works from healthcare systems across the world to assess which new models of care could be successfully implemented locally to improve quality and patient experience and address the challenges we face. This work suggested that a reduction of up to £29m could be possible for the local health economy, an overview of this and our subsequent work is included in *Appendix 1.*

Our subsequent work has successfully refined the Extensive Care cohort to a much more targeted approach. The cohort has reduced from the 3-5% suggested by Oliver Wyman down to 1.6% and with further analysis, we have been able to remove areas of expenditure which are deemed not to be affected by new ways of working whilst still developing a model which we estimate will deliver the same savings from acute expenditure.

Conversely, the Enhanced Primary Care cohort has grown to 36% of the population. Although saving assessments remain broadly the same as the initial work, this indicates there are a larger proportion of people for whom we can change the way care is delivered.

Our current financial modelling suggests that Fylde Coast should expect a reduction of up to £27.7m in secondary care expenditure, approximately 17% of our baseline contract for acute services . Further analysis and details about the assumptions and associated risks are provided in the finance section. Overall our conclusion is that through clinically led, locally developed new models of care a similar level of savings can be delivered in the UK as experienced internationally, albeit that these assumptions still require testing through implementation, evaluation and clinical research.



3.4 Risk Stratification

The cohorts for Extensive Care and Enhanced Primary Care services have been derived using a risk stratification tool. The Combined Predictive Model (CPM) algorithm was developed by the King's Fund as successor to the PARR (Patients at Risk of Readmission) and PARR+ tools. The algorithm builds on its predecessors by combining secondary care data and GP practice data to give a higher level of predictive accuracy, particularly for patients with no recent history of secondary care treatment.

In essence, the model uses secondary care activity data and GP system data relating to long-term conditions and disease registers to predict the likelihood of emergency hospital admission within the next 12 months. Patients are ranked and grouped into categories that are based on anticipated intervention level (case management, disease management, supported self-care, prevention & wellness promotion). In practice GP judgement is applied to the patients identified through the CPM when making decisions about access to Extensive Care services and the same will apply as Enhanced Primary Care services are rolled out.

The risk score determined from the Combined Predictive Model underpins our activity and financial assumptions and has been used in the development of our care models. Costs for cancer related treatments have been excluded as they are deemed not to be affected by new ways of working. An example of how this approach is used in the analysis of cohorts is included in *Appendix 3*

3.5 Future Clinical Model

During the development of the CCGs five year strategies, our vision was developed and tested by extensive engagement with a wide range of partners, patients, the public and their representatives and revealed that they wanted to see services that were coordinated and integrated, that there should be more recognition and support for self-care and the promotion of personal responsibility. Local people want information about

services and their conditions to be readily available and want to feel involved and listened to when planning their care so they can influence decisions about their health and wellbeing.

Our new models of care seek to radically transform the outcomes and experience of people supported by our health and care system, by building a system of integration and delivering care closer to home. To achieve our ambitions across the Fylde Coast, one of our main aims is to change the way we manage the treatment and care we provide.

The health economy has created the foundations for new models of care. Delegated responsibility for commissioning of primary medical care is an enabler for delivery and specifically our vision for enhanced primary care. We cannot meet current and future demand for primary care if we continue to do 'more of the same'. This is reflected in reports from our GP membership of difficulties with GP recruitment and retention, increasing demand, and a shift in workload to support more long-term conditions. Extending the role of primary care increases the local primary care offer to our resident population enabling the shift of resources to ensure we are able to design, implement and integrate out of hospital care.

We acknowledge the different health and social care challenges we face across the Fylde Coast and the impact this has on choosing a care model that works for very different populations and therefore will develop and deliver our New Models of Care initially across 10 neighbourhoods, integrating a range of primary, community, acute, social, third sector and other services around the registered populations of practices.

Neighbourhoods are based on groups of GP practices that have come together in natural geographic and demographic groups covering populations of 19,000 to 51,000 patients. They build on their local health, social care, voluntary service and estate assets available to enable the delivery of integrated care and will be the local delivery units at an operational level having clear pathways to services provided on a wider basis and input and influence on the strategic planning of services.

Taking a geographic approach to the provision of services based on GP lists will enable place-based synergies to be maximised, especially with respect to related social and third sector services. There will be a richer service response to patients that will enable their wider needs to be met. This will achieve parity of esteem in mental health provision and enable steps to reduce social isolation therefore improving overall well-being and the wider determinants of health.

3.6 Programme Aims

Aim	Deliverable	Outcome
To increase health and care services outside of hospital	Safe and effective community based services	Less hospital-based treatment with material reductions in admissions, length of stay, A&E and outpatient appointments
To integrate the public service offer across the Fylde Coast	Care focussed on those who are most at risk of hospital admission	Better management of complex conditions
To provide care which anticipates escalations and necessary interventions	Carefully constructed proactive care plans	Move from acute medical system responses
To provide care which increases patient confidence, knowledge and independence	Care orientated to the needs of the individual	Increased health and wellbeing
To provide care through teams with accountability on behalf of the whole system	Care which is truly integrated and unrestricted by organisational boundaries	Seamless care without gaps for patients to fall through
To increase patient adherence with best practice, improve long term condition management and diagnose conditions earlier	Create capacity in general practice to care for more complex patients	Improved outcomes amendable to health interventions
To reduce social isolation	Networks of public and third sector services in neighbourhoods	Increased wellbeing
To move away from medically-led models of care	Staff development to develop skills in promoting self-care and proactive care planning	Culture of patient activation embedded

4 Our New Models of Care – Meeting Variation of Need

The key principles underpinning our new models of care however is to provide both targeted support to those who require services, to ensure a focus on prevention and early identification in the wider population and access to appropriate support where necessary, across the continuum of need.

The model is founded on identifying distinct cohorts of patients, who are then supported and enabled by fully integrated health and social care teams. For many people, contact with health and care services will be occasional with little or infrequent need for medical or social care intervention.

If the population is considered in 'tiers of need' then the next cohort might be made up of people with long term conditions which are not well managed or who have mental health, anxiety, drug/alcohol dependence or other social care issues which impact on their daily living. This results in demand on a range of services which in turn increases pressure on the system, both in terms of capacity and increased cost. This is the cohort of the population described as requiring 'Enhanced Primary Care'.

Initial identification of need will be based on extending the risk stratification approach (see section 3.2) we have used to define the Extensive Care cohort together with professional judgment and local knowledge. Those that are likely to benefit from an Enhanced Primary Care approach are those individuals whose needs cannot be met by one discipline, who will benefit from a multi-disciplinary approach to the assessment and delivery of care, as well as a proactive approach to the management of predictable risk of escalation. The numbers of patients within the Enhanced Primary Care cohort are considerably larger than those within Extensive Care and so we are proposing a phased approach to the implementation. This is described in more detail in section five.

The top tier of the population has more complex needs, unmanaged conditions perhaps exacerbated by known or unknown emotional health issues which results in them accessing services more frequently, including unplanned admissions, A&E, calling ambulances and frequent visits to the GP in hours and use of out of hours services. This is not unique to the elderly or frail elderly, within this cohort of the population there will be adults of all ages, some of whose mental health impacts upon their physical health or manifests in unexplained symptoms, anxiety and presentation to GP, A&E, resulting in frequent admissions and investigation.

As a general principle it is expected that people with 2 or more co-morbidities such as dementia, COPD or diabetes, may fall within this tier, particularly those who are in social care crisis and as a result are not coping at home. It may be that their current package of care is not meeting their needs and so they present as 'frequent flyers' in general practice, at A&E, in admission and readmission. This is when most gain in terms of quality and improved outcomes for the individual, in addition to system efficiencies, may be realised. This group is identified as part of our Extensive Care cohort.

For the purposes of testing our new models in our early implementer sites, initial focus will be on patients who;

- Are aged 60 or over
- Have two or more co-morbidities from the following:
    - Chronic Heart Failure
    - Diabetes
    - Atrial Fibrillation
    - Coronary Artery Disease
    - COPD
    - Dementia
- Have a risk stratification score of 20 or more

Discussions are ongoing as to how this might differ in neighbourhoods, such as Central Blackpool or Fleetwood, where care may need to focus on adults of all ages whose needs include substance misuse and mental health.

4.1 Core Features of our New Models of Care

One of the key components of the care model is patient activation which is a behavioural concept and can be defined as; 'an individual's knowledge, skill, and confidence for managing their health and health care' (Hibbard et al 2005). The care teams understanding of an individual's ability to manage or contribute to the management of their own health and well-being is key to ensuring the success of this approach.

The model is new and different and includes the development of a new and unique role 'health and wellbeing support worker'. These individuals will be a consistent feature in a model which enables a fuller understanding of an individual's 'activation' ability so that engagement and support can be tailored appropriately. The wrap around support and lead practitioner may change as the tailored care is adjusted to reflect changing needs but the 'health and wellbeing support worker' will stay with the individual throughout their journey of care until they are stabilised or no longer benefit from the new model of care.

Contact with the 'health and wellbeing support worker' will re-establish should needs change or condition deteriorate and the individual is recommended for inclusion in the new model of care system in future. The 'health and wellbeing support worker' will develop an in-depth understanding of the individual through their regular contact, and tailor their one to one support accordingly. This which will be wide ranging and may include; reminders to attend appointments, take medication, act as advocate, accompany to activities such as wellbeing exercise sessions, encourage new interests and hobbies, confidence building, etc.

4.1.1 Seamless Care

In this newly designed system of care, people will not experience hand-offs or referrals and discharges from one team to another, services will wrap around individuals and manage the system on their behalf.

Increased effectiveness will result from the personalisation of treatment and care, improved assessment processes and development of bespoke care plans held on common systems accessible within and outside of normal working hours. Enabling care teams to be able to intervene at the right time will improve effectiveness of treatment regimes, increase patient adherence with best practice, take account of all co-morbidities which supports earlier diagnosis of additional conditions and potential complications.

As with all 'tiers' within the care model it is important to remember that individuals will only remain in the enhanced or extensive tier if their needs warrant it. The intention is for individuals to be supported to manage their own care. Their own care plans will set out what to do if their symptoms exacerbate and with the right care their needs will reduce, as they do they will seamlessly move down the pyramid of care.

4.1.2 Enhanced Primary Care

Enhanced Primary Care is an enhanced level of clinical support provided in a community setting delivering the health component of the Integrated Neighbourhood Care Team. This provision will combine GP's, practice staff, community and specialist health staff working together to enable individuals to receive a high level of clinical support whilst remaining in a community setting. Enhanced Primary Care will be centered around the patient and will consider health, social and emotional needs in order to deliver the most appropriate support to patients. Patients will be empowered to self-care and self-manage by learning more about their condition and how they can stay well for longer (patient activation). The service will be delivered in a number of community settings and will reduce the need to attend hospital and other care providers. Central to the model will be a responsible clinician, supported by a wider team, who is responsible for supporting the patient to improve their health condition as part of a broader health and care model.

Integrated neighbourhood teams will comprise of a range of services and provision some of which is already delivered (but not integrated) across the Fylde Coast such as:

- Primary Care
- Community and District Nursing

- Community Mental Health Services
- Community Therapies
- Care Navigation
- Social Care
- Third sector and Voluntary services

These existing resources are currently in the process of being attributed to our neighbourhoods. In addition, new roles such as the 'health and well-being support worker' seen in Extensive Care, will be introduced to the Neighbourhood Care teams to ensure that patient activation remains a key focus. This will enable a 'golden thread' of care to run between these two elements of our new approach supporting patients to move seamlessly between the two levels of provision depending on their level of need.

Each individual supported by the team will have an identified Lead Professional who will take practice and workflow decisions for the combined primary/community resources within our integrated neighbourhood teams.

During the first year, fully integrated Neighbourhood Care Teams will be established combining health and social care provision, which will focus on health and well-being and support those with physical and mental ill health needs to ensure that parity of esteem is reflected in provision. The introduction of Extensive Care will enable GP capacity will be freed up so that they are available to better manage and support more complex patients, assuring adherence with best practice to improve health outcomes.
A Directory of Services of statutory and third sector services is being developed to enable a richer response to patients' needs. Our care teams will make best use of the Directory of Service and assist patients in the management of their care. The neighbourhood focus allows for strong relationships to be built between statutory and voluntary services within that footprint building community responsiveness and resilience.

4.1.3 Extensive Care

Extensive Care is a fundamentally different way of delivering care that is reoriented around the needs of the patient, cutting across all aspects of need: medical, social, psychological, functional and pharmaceutical. The model includes health and wellbeing support that will draw together the different health and social aspects of care and access a range of community assets. The holistic care system is designed to ensure early intervention and over time proactive prevention, breaking the current cycle of slow reactive care provision.

With patient consent, clinical responsibility will pass from the GP to the Extensivist, supported by a team of clinicians and non-clinicians skilled in caring for patients with complex needs and having clear responsibility on behalf of the system for providing and coordinating care.

The clinical efficacy of this model is supported by:

- More effective condition management that will keep patients well for longer
- Patients who are more activated are significantly more likely to attend screenings, check-ups and immunisations, to adopt positive behaviours (e.g. diet and exercise) and have clinical indicators in the normal range (*Judith Hibbard et al -Kings Fund, Supporting people to manage their health*)
- 'Extensivist' model satisfies the requirements of NICE and NSF guidelines
- Integrating services around the needs of the individual with LTC's using an established tool of case management which, implemented effectively, will improve patients and carers experience and achieve better care outcomes. *(Shilpa Ross et al- The Kings Fund- Case management)*
- Clinical leadership and accountability that is clear

Each patient's care is led by an Extensivist with a team who are responsible for managing a specific group of approximately 500 patients. The Extensivist coordinates and delivers aspects of disease specific care programmes and general intervention programmes (e.g. end of life care) which are supplemented by specific specialist services, either long term condition related or episodic.

Care takes place at convenient locations for the patient and in settings designed with this cohort's needs in mind, with significant home care and support for transportation. In this way higher levels of adherence with treatment programmes are typically delivered which in turn supports better outcomes and patient experience.

4.2 Patient Pathway

4.2.1 Enhanced Primary Care

Enhanced Primary Care builds on our existing primary, community, social care, voluntary services and other services. Therefore, practices and their neighbourhood teams will seamlessly manage the process for patients moving between episodic care requirements to more enhanced primary care. As patients' needs increase, they will access more of the co-ordinated services available within their neighbourhoods and have an appropriate care plan developed to meet their needs based on standardised care pathways. If their condition improves and their needs are more episodic in nature the service input would be reduced appropriately by their GP and neighbourhood team.

4.2.2 Referrals to Extensive Care

The Extensive Care service's main source of referrals will be from primary care. During the initial launch of the service, GPs will be provided with detailed information on the patients who meet the service's criteria. A clinical discussion with the Extensive Care Service will determine those patients who will benefit most from the service.

Once the service has been established, secondary care and other community services will be able to refer patients to Extensive Care with the consent of the patient's GP. Agreements and referral protocols will be set-up with GPs wherever possible to facilitate a smooth process.

4.2.3 Pathway from Extensive Care back to Enhanced Primary Care

The aim of the Extensive Care service is to help each patient reach a point where they no longer need the intensive support provided by them. As a patient's health stabilises and improves, the team will monitor the patient and determine whether they still require the Extensive Care Service.

This is not as simple as when the patient has achieved all their objectives as the patient may still benefit from on-going higher level care. If it is decided the patient can be transferred out, the Extensivist will meet with the patient to develop a phased transfer plan. The aim of this process is to ensure the patient has a 'soft landing' when they leave the service.

4.3 Key enablers to our New Models of Care

5 Implementation

The two components of our new model will be implemented across the Fylde Coast during 2015/16 and 2016/17. Extensive Care is a discrete service model which allows specific, targeted rollout. Enhanced Primary Care is a more organic development of existing services which will evolve over a period of time.
The implementation of our model is supported by analysis of patient populations, details of our neighbourhoods and current cohort numbers are included in the table below:

	Extensive Care Cohort		Enhanced Primary Care LTC Cohort		Neighbourhood Population
Neighbourhood	No.	%	No.	%	No.
Fleetwood	433	1.52%	9,889	34.81%	28,407
Far North Blackpool	438	2.26%	7,821	40.36%	19,378
North Blackpool	450	1.70%	9,315	35.14%	26,506
Thornton, Poulton and Over Wyre	903	1.77%	17,875	34.94%	51,152
Kirkham	216	1.12%	6,685	34.63%	19,303
Central East Blackpool	309	1.20%	8,683	33.71%	25,757
Central West Blackpool	546	1.38%	14,379	36.36%	39,547
South Blackpool	593	1.57%	13,580	36.06%	37,660
South Central Blackpool	301	1.32%	8,062	35.27%	22,858
Lytham, Ansdell and St Annes	866	1.67%	18,259	35.27%	51,773
Total	**5,055**	**1.57%**	**114,548**	**35.54%**	**322,341**

5.1 Extensive Care Services

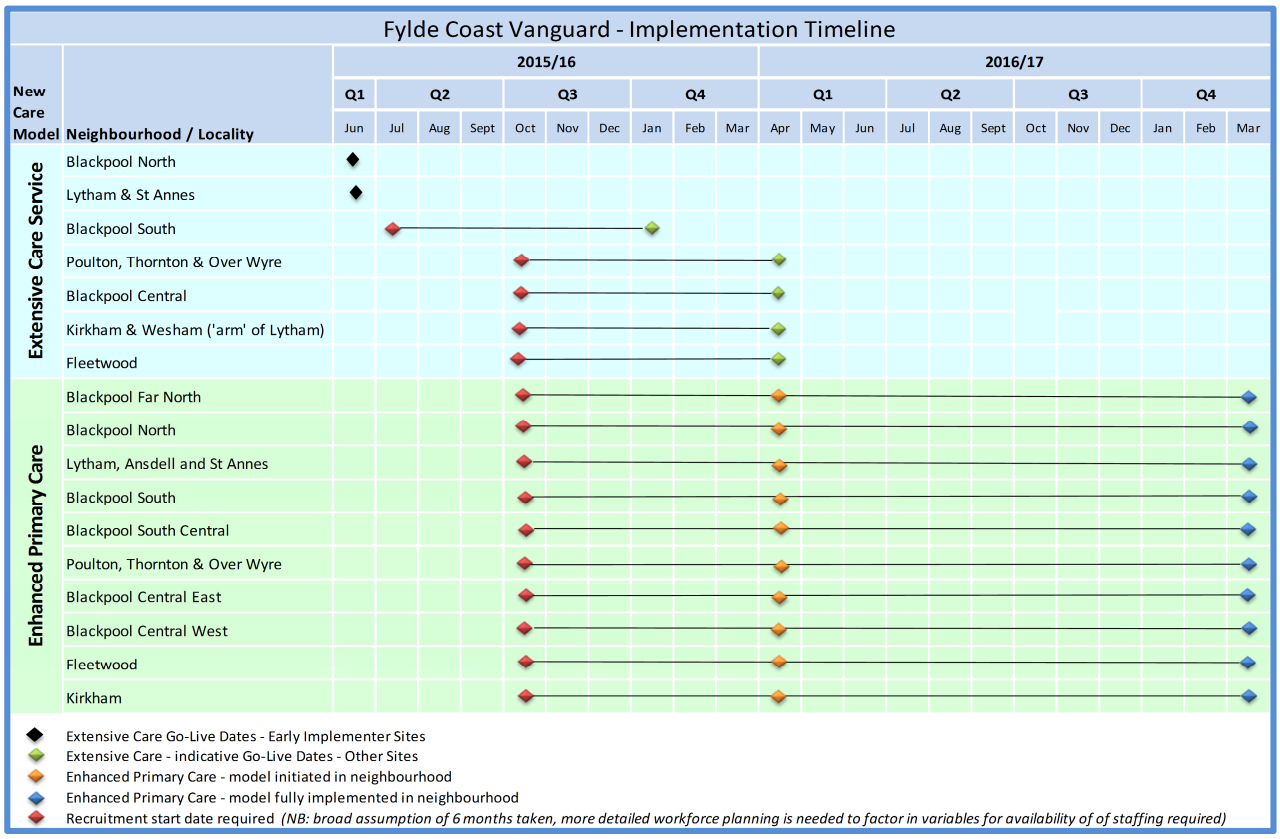
Two Extensive Care Services, Blackpool North (including Far North) and Lytham & St Annes (including Ansdell) went live in June 2015. A further four sites are planned to be established, one in January 2015 and three in April 2016, to complete the roll out of the service across the Fylde Coast. The cohort for Kirkham and Wesham is relatively small and so it is anticipated that this will be achieved through a hub and spoke solution by increasing the capacity of the Lytham & St Annes service.

5.2 Enhanced Primary Care

For Enhanced Primary Care the main vehicle for implementation will be the development of locality-based teams in neighbourhoods. Some of this work has commenced with additional community nursing allocated across neighbourhoods which has laid the foundations for a new model of Enhanced Primary Care.

Implementation will happen between April 2016 and April 2017. An initial tranche of additional community health staffing will allow the new model to be adopted in April 2016, initially focusing on the patients identified by the phased expansion of risk stratification.

By April 2017 we expect that a further tranche of staff with key clinical skills will allow the full model to operate. At this point Enhanced Primary Care will be a universal service available to all patients who require an enhanced level of clinical care, irrespective of condition. The use of the risk stratification approach will support an understanding of local need and ensure the development of Enhanced Primary Care is tailored to the needs of each neighbourhood.



5.3 Further Development of our Implementation Plan

Given the size of the Enhanced Primary Care cohort and the spectrum of needs that our model will need to respond to, activity modelling has been undertaken using additional criteria that breaks down the cohort, see *Appendix 3*. Smaller tranches, based on risk score and long term condition, will ensure we are able to target those patients who have greatest need and allocate our resources appropriately as we implement.

Partners have agreed to a framework from which further detailed mapping work will be undertaken to develop a phased approach to implementation. This work will be completed during September and October through a series of structured workshops designed around our framework which is outlined below:

Model selection	• Which model provides the greatest impact/benefit • Does the available staff skill mix support one model more than another • Dependent on the model, does one 'release' more existing 'acute' focused staff than another?
Cohort selection	• Which cohort provides the greatest impact/benefit? • Does the available staff skill mix support some cohorts more than others? • Dependent on the model, does one 'release' more existing 'acute' focused staff than another? • Are there synergies between the cohorts – e.g. do they require a similar staff skill mix or are there interdependent pathways?
Neighbourhood selection	• Are some neighbourhoods more prepared than others are – e.g. are there estates constraints? • Do some neighbourhoods provide a greater impact/benefit than others do? • What are the synergies between the models e.g. does it make sense to implement both models within the same neighbourhoods?

This approach will enable the selection of the model which best meets the needs of the communities each neighbourhood cares for and allow us to plan our workforce design and recruitment to help mitigate the potential constraints. We also expect this framework will support local teams in the neighbourhoods in a way that they can safely experiment and innovate.

6 Workforce

The total workforce requirements to deliver the implementation timeline are estimated to be an additional 420 – 430 WTE across both Extensive Care Services and Enhanced Primary Care. For Enhanced Primary Care this will build on existing resources to achieve the required capacity and meet the needs of registered populations in neighbourhoods whereas Extensive Care Services will be a discrete service implemented in the form of new teams.

6.1 Enhanced Primary Care Workforce

CCGs have already invested additional funding into community nursing to ensure that each neighbourhood to 'level up' existing provision in an equitable way reflective of neighbourhood need. At the same time, work has already begun with partner organisations to begin to realign key resources such as social work and social care capacity, mental health provision etc. on a neighbourhood footprint in order to develop the wider integrated care teams. This alignment will begin to address some of the duplication within current ways of working and further contribute to the required cultural change and the development of a common shared skill set.

This investment and initial development of neighbourhood resources forms a foundation to the development of Enhanced Primary Care as a model and is the first step to enhance both skills and capacity within primary care. However, in order to accelerate the pace and scale of change an additional 10% capacity is estimated to be required for Enhanced Primary Care. This amounts to about an extra 300 staff across 10 neighbourhoods.

There will be a 'double running' requirement whilst this transition is taking place as the clinicians currently working in other settings are likely to have existing responsibilities and this will complicate and lengthen the process of releasing skills and professionals to work within Enhanced Primary Care.

We anticipate that these 'double running' costs will be incurred over years 1 – 3 of the our programme. As described above, and acknowledging that the availability of staffing will be a constraint, our planning assumption is that an initial tranche of 150 staff will be recruited by April 2016 and a second tranche of 150 will be achieved by April 2017.

Our initial approach is to build on the excellent practices where significant amounts of workload, traditionally undertaken by nurses, GPs and other medical staff, have been undertaken by other health and social care staff such as Pharmacists, Assistant Practitioners, Navigators and Wellbeing Support Workers. We will tailor staffing models and ratios to the needs of each neighbourhood and we see significant opportunities to expand the traditional primary care and community workforce through the use of other health and social care professionals as outlined below:

- Clinical Pharmacists in the management of long term conditions and supporting people in care homes
- Pharmacy support staff with a role in managing minor illnesses and advising people about optimising medicines
- Paramedics – this is a role that has the potential to substitute the requirement for an urgent GP home visit and would require further evaluation as part of the model
- Other support roles – Navigators, Assistant Practitioners, Wellbeing Support Workers,
- Therapists – there is potential for direct access for some conditions which may make better use of health and social care resources
- Administrative Assistant to reduce the administrative burden on healthcare professionals
- Data Managers - because of the numbers of different disciplines and the wide range of activities and functions needed in the model, there will need to be a reliable, systematic data collection methodology to enable improved planning and evaluation of the effectiveness of the service and new ways of working.
- We envisage that there would be a role for Physician Associates however this will need to be evaluated as part of the future model.

Depending upon the need of the neighbourhood, we may need individuals whose first discipline is social work or mental health. For others, it may only require individuals working in that neighbourhood to have that as part of their skill set. In order to maintain an effective single point of access to community services and social services for urgent assessments, we would enhance the current Rapid Response model on the Fylde Coast.

6.2 Extensive Care Service

Extensive Care is a discrete service with a specific clinical model which enables traditional recruitment processes to be undertaken to obtain the right staff with the required skills. Based on the implementation timeline outlined in section 5, the following staffing is required to establish the service fully.

ECS Staffing Model Role	Fylde Coast EST	ECS Blackpool North EST	ECS Blackpool South EST	ECS Blackpool Central EST	ECS Lytham/ Kirkham EST	ECS Poulton EST	ECS Fleetwood EST	Total EST
Extensivist		1.50	1.50	1.50	1.50	1.50	1.50	**9.00**
Advanced Nurse Practitioner		1.70	1.70	1.70	1.70	1.70	1.70	**10.20**
Care Co-ordinator		4.00	4.00	4.00	4.00	4.00	4.00	**24.00**
Wellbeing Support Worker		10.00	10.00	10.00	10.00	10.00	10.00	**60.00**
Pharmacist		0.50	0.50	0.50	0.50	0.50	0.50	**3.00**
Service Manager	1.00							**1.00**
Analyst / Admin Coordinator	1.00							**1.00**
Administrator / Receptionist		2.00	2.00	2.00	2.00	2.00	2.00	**12.00**
	2.00	**19.70**	**19.70**	**19.70**	**19.70**	**19.70**	**19.70**	**120.20**

The Extensive Care Service focuses on the individual needs of the patient and cutting across all aspects of health and social need: medical, social, psychological, functional and pharmaceutical. This holistic care system is designed to ensure early intervention and, over time, proactive prevention which breaks the current cycle of slow, fragmented and reactive care provision.

In order to achieve this, staff will be recruited for their:

- Emotional intelligence and empathy
- Leadership, resilience and the ability to influence
- Drive to act as patient advocates
- Ability to work in a team and balance input from a range of sources
- Comfort with uncertainty and motivation to innovate

The intention is to provide a predominantly non-medical approach to care provision with a key role in the team being the Wellbeing Support Worker. This will be a non-clinical role which will assist the patient in navigating the health and social care economy, working with them to assist in the achievement of mutually agreed goals, and motivating the patient to better manage their condition in normal circumstances and in times of crisis.

6.3 Recruitment Plan

Comprehensive recruitment plans and trajectories across the whole system will be developed over the next two months based on the following principles, outcomes and recruitment approaches

Principles	Approaches	Outcomes
Attract new staff via local, national and international recruitment Retain existing staff by offering enhanced development opportunities and new roles Protect existing services from de-stabilisation during period of transition Support in a structured way, planned re-skilling current workforce Ensure we have the right staff with the right skills in the right place at the right time Ensure a Values based recruitment process	Careers fairs Promotion at conferences local, national and international advertising International recruitment Open days Social media Campaign videos Work with job centres, employment agencies, schools and colleges Alternative roles - Physician associates, advanced practitioners, assistant practitioners Tangible branding to include web page and description of unique selling point Virtual recruitment hub Support mechanisms for revalidation, care certificate etc.	High calibre workforce and a shared recruitment vision/plan Flexible and diverse workforce over 7 days Staff engagement — staff understand how they fit into the "New Models of Care", Cultivating the right attitudes behaviours and values Talent management and career and leadership development Collective workforce planning and profiling - understanding movement across the Fylde coast organisations

6.4 Training & Development Requirements

The workforce presents the biggest opportunity in developing new care models. The change in culture for staff working across the Fylde Coast can be summarised thus:

- Predicting patients' on-going health and social care needs (mental and physical) taking active steps to help them to manage escalations or exacerbations in conditions and intervening when required (no delays).
- The mental health needs of patients to be met on a parity of esteem basis with their physical health and social care needs.
- Efficient operation of integrated care teams, with no organisational or bureaucratic barriers to timely, planned interventions.
- Regular contact with patients (clients) and their carers to be undertaken by health and social care coordinators.
- Taking full advantage of the full range of local statutory and third sector services within a neighbourhood and contributing to a substantial (exponential) increase in social networks to support local people.

- GP responsibility for clinical aspects of care for people when not under the care of a Consultant matched with control over out of hospital resources.

We anticipate that new roles will be described and recruited to, alongside the required transition work that will look to shape and shift roles and responsibilities in line with the developing model. We are mindful that a specialist skill element will remain and that this will need to be factored into our workforce development, allowing for appropriate registration and maintenance of clinical/professional skills.

The new care model will be able to offer a wider range of opportunities for staff development and training. Support and training will be provided for those staff taking on leadership and management roles within these new neighbourhoods. Specific training to support different ways of working, for example, telephone consultation, video conferencing and email consultations.

There will also be a need to provide structured training opportunities for all staff wishing to develop extended clinical roles, specifically the assessment of the acutely ill patient. Specific provision is needed for foundation programmes with minimum training standards for registered professionals who transition from secondary care to primary/community care.

All of the above could be delivered in a community education provider network model that promotes inter-professional learning based around the needs of a local population. This model forms part of the concept of a Training Hub across the Fylde Coast to meet the educational needs of a multi-disciplinary workforce.

In order to make the cultural shift required, capacity will need to be built into the model to support staff to evaluate and share evidence of their effectiveness. It is essential that the evaluation is used to shape future training programmes to ensure that the service remains dynamic.

Over time, we expect to be able to define the core skill set required within this neighbourhood care team approach and ensure that all staff develop this core set of skills. This focus on skills, rather than roles, will ensure the care model approach is as effective and efficient as possible in meeting and supporting patient's needs and will be part of the wider cultural change that will be required.

Requirements for our cultural and leadership development have been discussed in detail with the North West Coast AHSN and we have asked for the support in the following areas to be developed with them:

- **Accelerating System Leadership**
    - Discussion and agreement of a jointly developed, system-wide memorandum of understanding, which clearly articulates the overall purpose, outcomes and desired behaviours of the local health system in respect of Vanguard.
    - Identification of necessary new rules of engagement to support new models of care and to unblock traditional barriers to innovative thinking.
    - Provision of individual executive coaching to support delivery of the programme as required and agreed.

- **Creating Capable Teams**
    - Provision of Team Level support in the form of a Change Leadership Development Programme.
    - Facilitation of team culture, creating new approaches and capability to embrace change, and support for new innovators within teams at a local level.

In respect of workforce strategy and planning we have identified the following support needs which the AHSN is looking to provide support to:

- **Creating a Sustainable Workforce**
    - Develop a Fylde Coast Workforce Strategy for the local system including health, social care and 3rd/voluntary sector, which addresses the changes required to support new models of care.
    - Develop an interface with individual organisational plans and other programmes of work to ensure system wide impacts are recognised and quantified.

7 Outcomes and Evaluation

7.1 Outcomes

The Fylde Coast expects to deliver the following outcomes, through a broad spectrum of improvements delivered with a structured and co-ordinated approach to condition management that will demonstrate a material improvement to patient outcomes. The cumulative effect of this is to achieve the following outcomes:

Effectiveness	Outcome	Measure
Disease progression is slowed or reversed through proactive case finding and management Individuals experience improved mental health and wellbeing through early support and diagnosis and the promotion of social prescribing Advice and signposting to local services and community support are made available to all people in contact with community services to support healthy lifestyles and independence	Number of years of life lived with disability shortened and/or mitigated Reductions in hospital utilization The health and independence of frail older people and those with LTC is maintained or improved through proactive identification, assessment and care	Reduction in years of potential life lost Reduced A&E Attendance Reduced Avoidable NEA Reduced readmission NEA Percentage of patients whose mental wellbeing improves following interventions (using validated scoring tools)
Patient Experience	**Outcome**	**Measure**
Patient and Carer experience is maximised through personalisation of treatment and care delivered in a way that increases well-being Health related quality of life for people with long term conditions improves through care which is holistic and joined up Uncoordinated interventions is stopped and number of hand-offs is reduced Patients are empowered to manage their own condition more effectively through self-care/self-management and shared decision making supported through Care Navigators and the development of Directory of Services for Voluntary and third sector services	Patients and their Carers, have an overall excellent and equitable experience of care and support Patients and carers experience effective joined-up working and co-ordinated care and feel involved in the planning of their care Patients have access to information in an appropriate way, when they need it Patients and their carers feel supported to manage in the community and maintain their independence and wellbeing, reducing social isolation	Percentage of patients and their Carers who are in contact with services and report that they are treated with respect and dignity by all staff involved in their care Participation in all relevant national patient experience surveys, with action plans for improvement Patient and Carer Satisfaction Survey Percentage of patients and Carers who: • report that they felt those involved with their care worked as a team (including communication, sharing information and coordinating care) • report that they know who the first point of contact or lead professional was for all aspects of their care • agree they have been actively involved in the planning of their care and can access their own plans/records • feel informed and involved in decisions about their care Percentage of patients and their carers who report they were told about other services that were available, including voluntary sector services, LA services , housing providers and local community support or activities

Safety	Outcome	Measure
Avoidance of exposure to potential health care acquired infections through more care in the community and a reduction in admissions to hospital	Reduction in HCAI against baseline Reduction of C difficile cases per quarter	Infection control quarterly report including assurance of systems and measures for Infection Prevention and Control
Proactive Medication Reviews through dedicated Pharmacist input	Medicines management is optimised and medication adherence is improved	Incidence of medication errors causing serious harm
Shared electronic record system will reduce duplication and allow clinicians and social care to access and record clinical information and systems at the point of care delivery	Effective information sharing and IT systems are in place and valued by staff across all local provider organisations	Staff survey to report that they collaborate with each
The risk of falls will be reduced and provision made to minimise them through adaptations to patients' homes	Reduction in repeat falls Maintaining confidence after a fall	Percentage of individuals aged 60 and over that have experienced a fall that experience another fall which results in injury within six months Measurement of confidence and level of fear for an individual after a fall in people aged 65 and over
Accessible & responsive care	Outcome	Measure
The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	High patient and carer satisfaction with services	Evidence of patient engagement design workshops, patient attendee numbers and feedback given. Friends and Family scores for service Results from patient audits and satisfaction surveys
Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Patients and their Carers, have an overall excellent and equitable experience of care and support	Written evidence of choice offered within patients medical record Results of equality impact assessment undertaken during the design and further development of services
Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.	Patients are offered timely treatment in accordance with their condition and level of urgency	Service response times (e.g. referral to treatment..)

7.2 Evaluation

Work began to develop our evaluation approach in the early 2015 with support from two consultancies under the NHSE Accelerate Programme. This has provided a foundation which we will develop further with support provided by our local AHSN. The areas we have outlined with them are as follows:

- **Developing our Evaluation Framework and KPI's**
  - Scope and design an evaluation framework for the Vanguard programme as a whole, incorporating Enhanced Primary Care and Extensive Care Services.
  - Work with all partners to determine appropriate and relevant Key Performance Indicators, which interface with core data sets already in production where possible.
  - Identify additional measures and methods of collection for each element.

- **Evaluating the impact of Vanguard on Health and Care Outcomes for Fylde Coast Local Population**
  - Delivery of an academically led research programme to provide evidence of impact on outcomes for the local population in line with the scope agreed in our evaluation framework.
  - To commence with baseline data analysis followed by a longitudinal study addressing each of the agreed outcomes.

- **Evaluating Approach to Implementation**
  - Delivery of a research based programme to review effectiveness of programme delivery. Qualitative interviews with all partners and review of implementation plans and delivery against these to inform effectiveness of programme management and implementation arrangements.
  - Provide an evaluation of the approaches available to organisational forms and their associated benefits and dis-benefits to effective service delivery.

- **Understanding Capacity and Activity Flows in the new Care System**
  - Use of data modelling tool(s) to identify activity, capacity and workforce implications of implementing the proposed new models of care.
  - Evaluating the impact of these changes and building these into the assumptions within the Vanguard for redesign and realignment of financial and workforce resources providing the ability to inform future commissioning intentions.

8 Communications & Engagement

Communication and engagement is a fundamental component of the successful implementation of New Models of Care on the Fylde Coast as it is an ambitious programme of change that will radically transform patient pathways. Our communication and engagement strategy will be coordinated by the Programme Team with support from communications and engagement teams in all 6 partner organisations. We will ensure that communications and engagement is threaded throughout every layer of the implementation, ensuring overall cohesion across the programme.

The programme will require extensive engagement with a range of stakeholders from all partner organisations to ensure both the right design of new services and enable true integration between multi-disciplinary teams. This will be undertaken throughout the entirety of the programme to ensure learning and feedback is continually feed into the implementation of the new care models.

Equally, the programme will require a specific patient engagement plan to ensure the patient is at the centre of changes to services and that their views and perspective is embedded throughout the changes that new care models will bring. This will include a series of tailored events throughout the three-year period and will build upon existing work that has already been undertaken such as our simulation events for Extensive Care Services.

We have requested that our local AHSN provide us with some support in building resilient communities. Our intention is that we will devise an approach to social marketing, which targets the objectives of our new models of care and works with local communities to build their resilience.

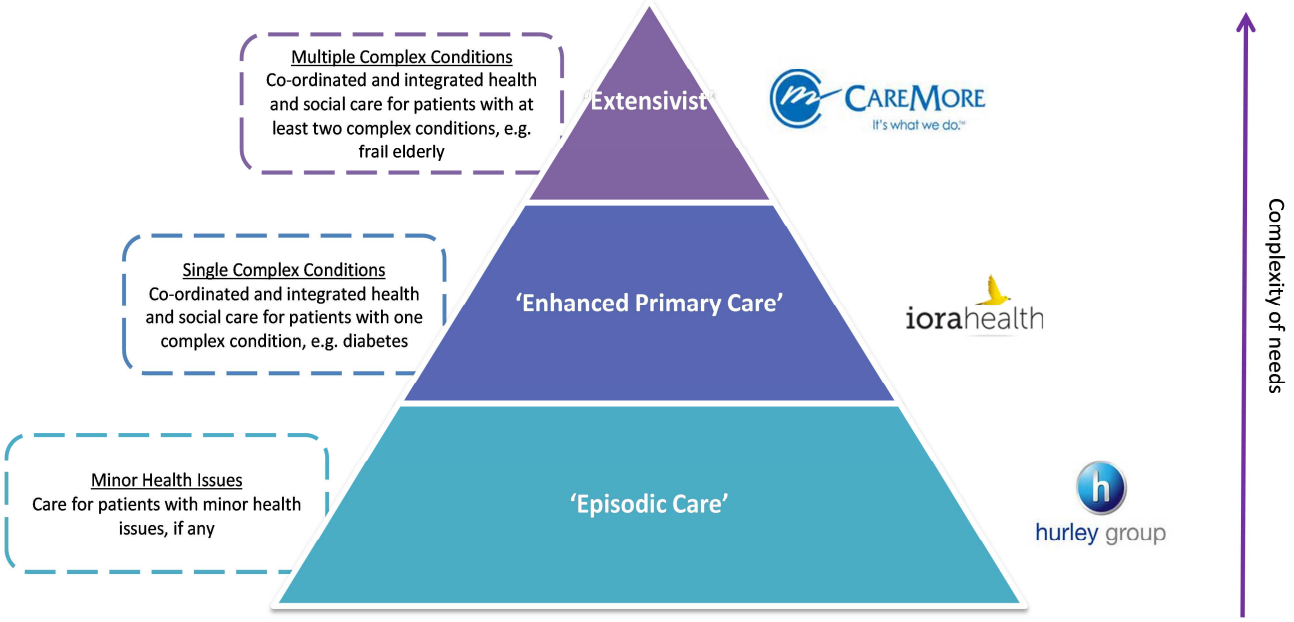
The programme will further develop a tailored communication plan for the rollout of both Enhanced Primary Care and Extensive Care Services across the Fylde Coast footprint. This will encompass all partner organisations and be a targeted communication at multi-organisational levels. This will include national branding where appropriate and create both new mediums of communication and use existing channels. This will facilitate identification and agreement of key messages and behaviours, which the programme seeks to influence and develop a programme of local interventions and activities.

Appendix 1 - International Evidence Base

The Fylde Coast is reflective of nearly all health systems in that a substantial proportion of the healthcare budget is accounted for by relatively few patients, many of whom have multiple long-term conditions (LTCs), are elderly/frail or have serious lifestyle issues. The proportion of these populations is increasing expenditure, putting pressure on budgets and requiring health and social care professionals to consider radically different approaches to delivering effective care.

Partners across the Fylde Coast recognise that continuing to deliver more care in its current form will not make the required step change improvements in variation and quality that the local population deserves. Stakeholders and sponsors have established agreement through the Fylde Coast Commissioning Advisory Board to design and implement a range of patient centric models. This is based on solid evidence from other global health economies, provided by the Oliver Wyman analysis, showing new models of care that could drive improved outcomes and quality through predictive, integrated services.

Patient-centric models that could be implemented in England were reviewed and there were some notable models in America, that were identified by Oliver Wyman. Of particular note was that CareMore that had demonstrated significant benefits of reduced admissions and 20% reduction in cost by implementing Extensivist led, multifunctional teams wrapped around patients with multiple long term conditions. The Oliver Wyman analysis also identified that this opportunity was possible on the Fylde Coast after looking at the co-morbidities in the population and examining the current pattern of expenditure.



The three proactive models of primary care reviewed in Oliver Wyman's analysis are Extensivist, Enhanced Primary Care, and Episodic Care, shown above. Oliver Wyman shared experience and outcomes from models from America and Europe, and undertook an analysis of how these could be applied in the Fylde Coast.

The Fylde Coast CCGs and Blackpool Teaching Hospitals Foundation Trust worked together to examine the possible opportunities with Oliver Wyman. This resulted in the document *'Delivering Proactive Primary Care across the Fylde Coast and Lancashire in 2014/15'* which describes the analysis undertaken and the identification of a new primary care orientated care models.

This analysis suggested that the financial impact of these models will be in the range of between £23m and £29m across the Fylde Coast for the NHS, based on the expected reduction in secondary care.

CCG	Extensivist	EPC	Total
Blackpool	£3m to £4m	£10m to £12m	£13m - £16m
Fylde & Wyre	£2m to £3m	£8m to £10m	£10m - £13m
Fylde Coast LHE Total	**£5m to £7m**	**£18m to £22m**	**£23m - £29m**

Since this initial review, work has continued to develop the approach which most appropriately meets the needs of our population and the UK health and social care system. Partners are confident that the primary care orientated models, Extensive Care (name for Extensivist adopted locally) and Enhanced Primary Care, when effectively implemented, have the potential to have material impacts on quality, outcomes and patient experience and facilitate a less resource intensive need for unplanned care.

Extensive Care: initially modelled on top 3% of population, the work of our Clinical Design Group has further refined the model to 6 specific long term conditions and excluded costs we do not believe can be influenced by new ways of working (e.g. cancer related care) and determined the most appropriate risk stratification. Our care model, resulting activity and financial analysis is detailed in the sections below but our conclusions can be summarised as follows:

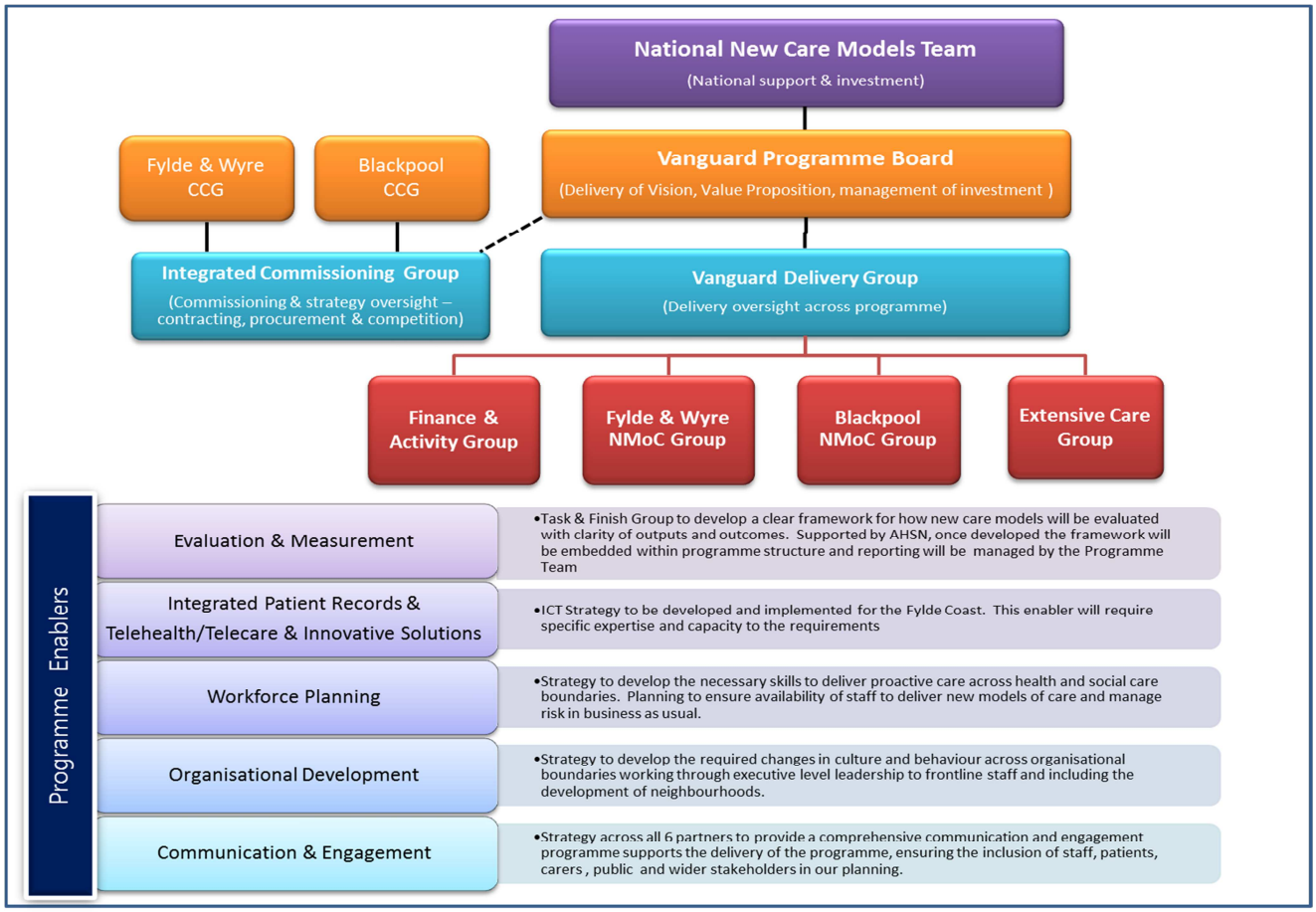
- Refinement of the model and the appropriate clinical presentation has reduced the cohort from 3% to approximately 1.6% of registered populations.
- The proportions of health resource usage for this cohort which is deemed to be influenced by new ways of working has reduced from c. 50% to 11.42%.
- Costs of a locality service have increase marginally from initial assessments but overall investment required remains consistent at £7.2m.
- In spite of the reduction in cohort and associated health expenditure, initial assumptions that the service will breakeven against reductions in secondary care activity have been tested and supported by our Clinical Reference Group.

Enhanced Primary Care: initially modelled on the 12% of registered populations below Extensive Care, the breadth of the cohort has increased to 36% and our Clinical Design Groups consider this to represent people who will benefit across a continuum of need.

- Our cohort has increased substantially from 12% to 36% of the registered populations.
- The proportions of health resource usage for this cohort which is deemed to be influenced by new ways of working has increased to 52.54%
- Investment estimates were not developed in our early work so it is not possible to make a comparison but savings estimates for our most ambitious scenario are similar to those originally forecast.
- The increase in the cohort indicates the requirement for a phased implementation.

Our current financial modelling suggests that Fylde Coast should expect a reduction of up to £31.5m in secondary care expenditure. Further analysis and details about the assumptions and associated risks are provided in the finance section. Overall our conclusion is that through clinically led, locally developed new models of care a similar level of savings can be delivered in the UK as experienced internationally, albeit that these assumptions still require testing through implementation, evaluation and clinical research.

Appendix 2 - Programme Structure & Governance



Our ***Vanguard Programme Board*** is comprised of executive level membership across all 6 partner organisations and will also include representatives from public health and patient/carer representation. Programme Board operates with delegated authority from all organisation and is the body responsible for the success of the programme, delivery of our Value Proposition and management of investment received from the Transformation Fund.

Vanguard Delivery Group brings together workstream leads in order to ensure that progress is being made as planned and risks and issues are managed across the entirety of the programme. The group provides assurance and reporting to Programme Board, escalating issues as necessary.

Our ***Integrated Commissioning Group*** brings together commissioners across health and social care. Together they will develop the commissioning approach, including areas such are contractual frameworks, procurement and competition.

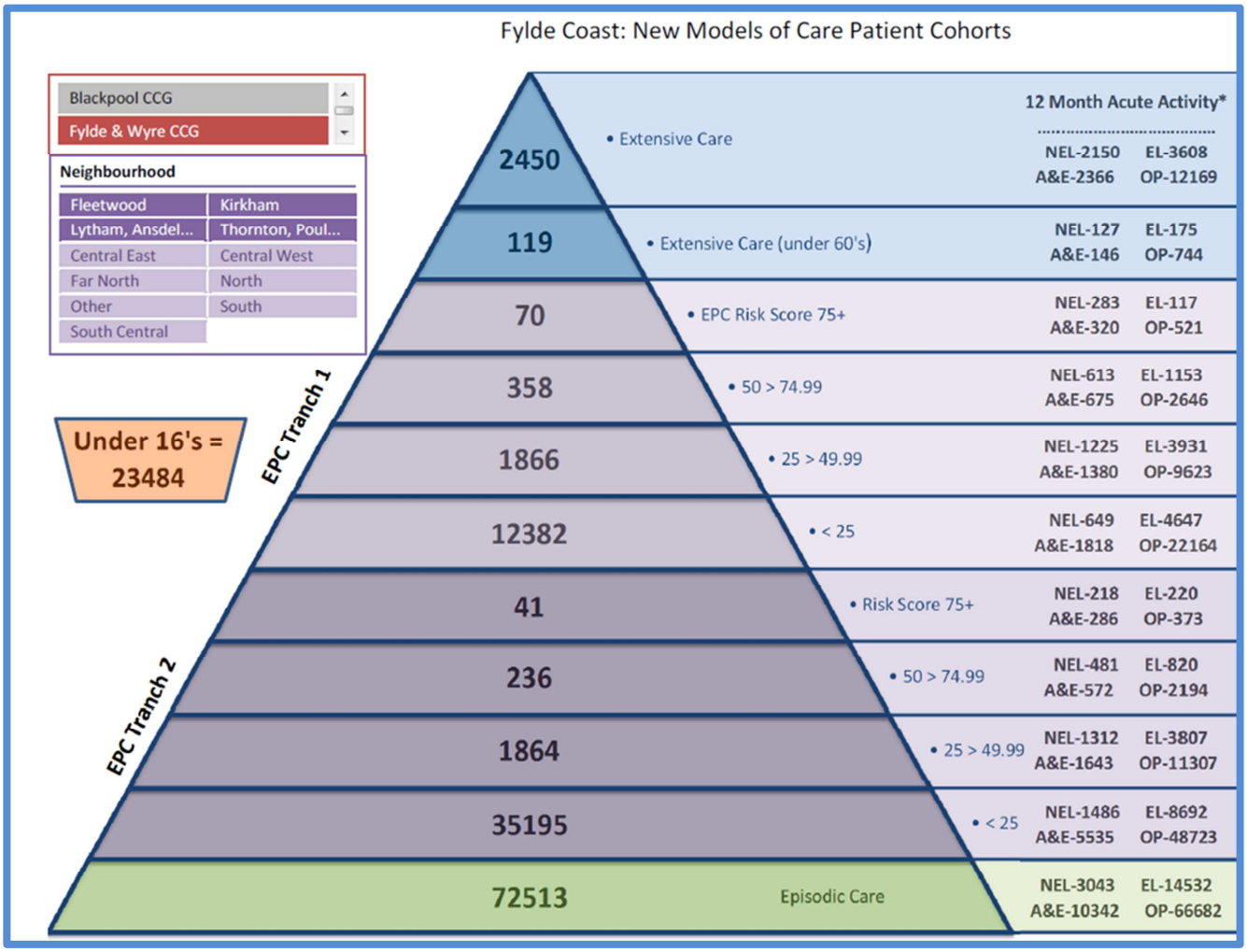
Our ***Finance and Activity Group*** has thus far developed the financial assumptions and investment requirement. Going forward, this group will begin to look at the whole system economics. This group will be instrumental in analysing business intelligence and evaluation metrics.

Our ***New Models of Care Groups*** and ***Extensive Care Group*** are the forums through which our clinical models are planned and implemented. Substructures exist below these groups to design clinical models and consider other aspects of the work required.

Programme Enablers take a range of forums, some aspects are delivered via task and finish groups, others are ongoing workstreams. All will support the work to design and deliver both Enhanced Primary Care and Extensive Care Services.

Appendix 3 – Patient Cohorts

The diagram below is an example of how risk stratification is being used to analyse needs across the continuum of care in both Extensive Care and Enhanced Primary Care.



This page is intentionally left blank

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting	17 September 2015

PUBLIC HEALTH ANNUAL REPORT 2014

1.0 Purpose of the report:

1.1 To consider the presentation on the Public Health Annual Report 2014.

2.0 Recommendations:

2.1 To receive and scrutinise the presentation on the Public Health Annual Report 2014 identifying any topics for further consideration.

2.2 To consider endorsing the recommendations.

3.0 Reasons for recommendations:

3.1 To ensure constructive and robust scrutiny of the public health annual report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? No

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is "improve health and well-being especially for the most disadvantaged".

5.0 Background Information

5.1 The purpose of the Public Health Annual Report is to present the Director of Public Health's independent assessment of local health needs, determinants and concerns.

5.2 The Director of Public Health has a statutory duty to write an annual report on the health of the local population.

5.3 This year the report focuses on health inequalities and provides Blackpool's response to the recommendations made in "Due North: Report of the Inquiry on Health Equity for the North."

"Due North: Report of the Inquiry on Health Equity for the North."

5.3.1 There is a clear 'North-South divide' in England when it comes to health. Since 1965, there have been 1.5 million excess premature deaths in the North compared to the rest of the country due to poorer health.

5.3.2 An independent inquiry into these health differences was called for at the North of England Fairness Commission hosted in Blackpool in February 2014. An inquiry was subsequently commissioned by Public Health England and chaired by Professor Margaret Whitehead from the University of Liverpool. The final report of this inquiry entitled "Due North: Report of the Inquiry on Health Equity for the North" made a series of recommendations for policies and actions that can be taken locally and nationally to address these social inequalities in health.

5.3.3 This year's Public Health Annual Report summarises the findings of "Due North", provides the Blackpool context and highlights the recommendations made for local action in the report. We take a look at the picture in Blackpool, what is being done in Blackpool currently and at what could be done in the future to improve the health of everyone in Blackpool for each of the recommendations made by the inquiry panel.

5.3.4 Due North made the following four recommendations each containing a number of suggested actions:

- Tackle poverty and economic inequality within the North and between the North and the rest of England
- Promote healthy development in early childhood
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- Strengthen the role of the health sector in promoting health equity

5.3.5 There is one single recommendation arising from the Public Health Annual Report namely that the recommendations for local action set out in the Due North report are implemented without delay.

5.3.6 Dr Rajpura, Director of Public Health will be in attendance at the meeting to give a presentation on the Annual Report, which is available at the following link http://blackpooljsna.org.uk/public-health-annual-reports/.

Does the information submitted include any exempt information? No

List of Appendices:
None

Members may wish to consider the Due North report which can be found:
http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf

6.0 Legal considerations:

6.1 The local authority has a duty to publish the annual report of the Director of Public Health (section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act).

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

This page is intentionally left blank

Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officers:	Delyth Curtis, Director of People, Karen Smith, Deputy Director of People
Date of Meeting:	17 September 2015

CUSTOMER RELATIONS TEAM ANNUAL REPORTS ON ADULT SERVICES AND CHILDREN'S SERVICES 2014/2015

1.0 Purpose of the report:

1.1 To present the Annual Reports of the Customer Relations Team relating to Adult Services and Children's Services. The reports attached as appendices include details of complaints, comments and compliments received during 2014/2015, as well as Member of Parliament and Councillor enquiries, Local Government Ombudsman contacts, and Freedom of Information Requests.

2.0 Recommendation:

2.1 The Scrutiny Committee is asked to scrutinise the content of the Annual Reports, identifying any issues for further scrutiny.

3.0 Reasons for recommendation:

3.1 It is a requirement for local authorities to make publically available details of social care complaints received each year. To also ensure full consideration is given to any complaints by Members in order to identify any areas for further scrutiny.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? ~~No~~

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Tackle child poverty, raise aspirations and improve educational achievement

- Safeguard and protect the most vulnerable
- Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

5.1 Included as appendices to this report are the annual reports for 2014/2015 of the Customer Relations Team relating to Adult Services and Children's Services. These documents contain details of complaints, comments and compliments received during 2014/2015, as well as Member of Parliament and Councillor enquiries, Local Government Ombudsman contacts, and Freedom of Information Requests.

5.2 The number of contacts dealt with during the course of 2014/15 by each Department, together with comparatives from the previous year, can be summarised as follows:

	Adult Services		**Children's Services**	
	2014/2015	**2013/2014**	**2014/2015**	**2013/2014**
Complaints	91	108	125	90
- of which upheld	19	23	8	15
- of which partially upheld	26	32	17	25
- responded within timescales	53%	51%	65%	49%
Compliments	367	350	17	25
Comments	24	43	13	10
MP enquiries	52	37	57	49
Councillor enquiries	14	27	8	15

5.3 For Adult Services, the number of complaints, as well as those which were upheld or partially upheld has fallen since the previous year, and the level of responses within timescales has increased slightly. The number of compliments has again increased, with a total of 367 recorded.

5.4 For Children's Services, while the number of complaints has increased by more than a third in the year, the number of those upheld either in whole or partially has reduced from 40 to only 25. Response times to complaints have improved significantly.

5.5 The main themes of complaints across both Departments continue to be "quality of service" and "staff attitude/treatment of customer". There have been continued efforts to strengthen the lessons learnt processes in order to avoid repeated complaints about the same issues. Timescales for responding to complaints are set at

the outset depending on the complexity of the subject matter; the focus on setting realistic expectations for response times appears to be bearing fruit, with a higher level of timescales being met than in previous years.

5.4 In order to further improve the customer experience, the Departments have committed to the following next steps:

- Continue to identify lessons to be learnt from complaints by sharing good practice across services, and by using governance structures to monitor that actions have been taken.
- Further improve the setting of realistic expectations of timescales for responding to complaints in order that complainants receive our response when we tell them they will.
- Heads of Service are exploring ways to address the reasons for complaints in specific themes, notably "quality of service" and "staff attitude/treatment of customer" in order to ensure that users of our services have a positive experience in this regard.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 9a: Customer Relations Team Feedback Report 2014/2015 – Adult Services
Appendix 9b: Customer Relations Team Feedback Report 2014/2015 – Children's Services

6.0 Legal considerations:

6.1 Local authorities are required to make publically available an annual report containing details of complaints received relating to social care.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 The reports have been considered at the Adult Services Governance Committee and the Children's Services Senior Management Teams, and discussed with the Cabinet Secretary and relevant Cabinet Members.

13.0 Background papers:

13.1 None.

Customer Relations Team

Adult Services Annual Report

April 2014- March 2015

Blackpool Council

Customer Relations Team – Adult Services Annual Report

Contents

Customer Relations Team – Adult Services Annual Report

1. Annual Overview

Adult Services received 91 complaints over the year – a decrease of 17 on last year's annual figures. However, the complexity of complaint elements has increased. Of the 91 complaints received 19 were upheld in their entirety with a further 26 partially upheld. Therefore, overall 45 complaints were upheld in some element (49.45%). To put this into perspective the number of adults receiving a service was 4,707 and Blackpool's population of adults (18+) was 112,370 (population figures as at as at mid-year 2013).

Forty-eight of the 91 complaints were dealt with inside the allocated timescale (52.75%), which is defined as 15 working days or within the allocated timescale dependent on complexity. This is an improvement on the two previous years reporting of timescales being achieved: 51% for 2013/14 and 43% for 2012/13. All complaints were responded to within the statutory timescale of six months.

Three hundred and sixty seven compliments were received this year, broadly similar to the two previous years figures: 350 during 2013/2014 and 375 in 2012/2013. It must be acknowledged that specific criteria for accepting compliments has been applied and therefore these are genuine statements of thanks for duties carried out, above and beyond the expected level of service.

Over the year, Adult Services has received 52 MP enquiries (an increase of 15 from last year) and 14 Councillor Enquiries (a reduction of 13 on the previous year) and were spread evenly over the year.

This report will provide further breakdowns of these highlights with potential explanations for some of the statistics.

Customer Relations Team – Adult Services Annual Report

2. Adult Services Customer Feedback

The following table shows the total numbers of Complaints, Compliments, Comments, MP/Councillor Enquiries and Local Government Ombudsman (LGO) cases for the year.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Adult Social Care	69	61	49	69	**248**
Care & Support	70	50	65	45	**230**
Business Support & Resources	2	5	3	9	**19**
Commissioning	25	19	20	16	**80**
Total	166	135	137	139	**577**
Comparison Totals for 2013/14	**143**	**182**	**121**	**140**	**586**
Comparison Totals for 2012/13	**95**	**128**	**184**	**197**	**604**

The table highlights that front line services are in receipt of the highest level of enquiries, which is to be expected due to the nature of their business. Feedback can be extremely valuable, as it enables the department to monitor services and to seek to improve services where necessary.

The breakdown of this feedback can be seen in the following sections of the report.

Customer Relations Team – Adult Services Annual Report

3. Complaints

Statutory legislation dictates that all complaints should be addressed and concluded within a 6 month timeframe. Adult Services feel all complaints should be addressed quickly and efficiently. Therefore, in the first instance, 15 workings days has been allocated for a response to be completed. Where complex cases are concerned it is sometimes more appropriate to allocate a longer timeframe for a response. Each case is individual and is viewed on its own merits. The allocated timescale is always communicated to the complainant so that they know when they can expect a response.

Adult Services endeavours to make the complaints process accessible so that complainants feel able to feedback their concerns. A definition of a complaint can be found in Appendix A.

The breakdown of the complaints by service area for the year is shown in the following table:
**U – Upheld; PU – Partially Upheld*

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Adult Social Care	9 (1U & 2PU)	9 (1U & 4PU)	12 (1U & 1PU)	13 (1U & 3PU)	**43**
Care & Support	1 (1U)	1 (1PU)	1 (0U & 0PU)	2 (1PU)	**5**
Business Support & Resources	N/A	N/A	1 (0U & 0PU)	1 (1PU)	**2**
Commissioning	9 (3U & 2 PU)	8 (6PU)	12 (5U & 3PU)	12 (6U & 2PU)	**41**
Total	**19** **(5U & 4 PU)**	**18** **(1U & 11PU)**	**26** **(6U & 4PU)**	**28** **(7U & 7PU)**	**91** **(19U & 26PU)**
Comparison Totals for 2013/14	21 2U & 4PU	31 7U & 11PU	23 6U & 8PU	33 8U & 9PU	108 23U & 32PU
Comparison Totals for 2012/13	28 1U & 0PU	28 7U & 8PU	23 8U & 5PU	27 0U & 1PU	106 16U & 14PU

*[*Also included in the 91 complaints - 6 withdrawn; 36 not upheld and 4 outstanding]*

Once again, as expected there are higher levels of complaints received by front line services. However, it must be noted that Commissioning has seen a marked increase in their complaints which covers; external providers of both domiciliary care and residential care. Contract tenders have also been underway and possible uncertainty could have contributed to the rise in this department's complaints. Both provider areas can increase complaints dramatically if issues arise within homes or with service providers and the Department has robust processes in place for supporting and challenging providers in their handling of complaints. Care and emotional wellbeing are paramount and must be addressed quickly and with efficiency.

Further analysis of the complaints shows how many complaints were "upheld" or "partially upheld". A complaint will usually be upheld if it is evident that the Department could have done more to support the customer. Partially upheld can relate to a number of elements and can include not meeting timescale.

Customer Relations Team – Adult Services Annual Report

The table below shows the breakdown of “upheld” and ‘’partially upheld’’ complaints for the year by Service.

Over the year, it has been noted that complaints in general are becoming more involved with multiple aspects being listed as issues rather than in previous years where the tendency was one main issue. This has had an impact on timescales, investigation work, staff resources and outcomes. Any item being partially upheld must be accounted for. This is evidenced by the above figures.

A few of the general reasons for complaints being upheld over the year are shown below:-

- Lack of action, impacting on expected level of service delivery and has been acknowledged by the service. (This theme was introduced in Q3 to evidence perceptions of complainants who felt we had not delivered either in part or in a timely fashion, on intended actions.)
- Errors in service delivery, such as failing to follow correct policies and procedures, resulting in safeguarding or HR procedures being pursued.
- Staff attitude/behaviours have continued to be sited by complainants and in some cases this has been accepted and subsequent actions implemented.
- Expectations of clients regarding care agencies’ delivery of service and packages of care not being met – perceived or actual.
- Issues with residential care homes service delivery which have been addressed via contractual agreement and expected standards of service.
- Delays or confusion around assessments and financial information and contributions.
- A complaint may have been upheld, due to a number of minor or varied issues, which have overall resulted in a poor experience for the service user and/or their families.

Customer Relations Team – Adult Services Annual Report

4. Compliments

Compliments are extremely important and help to highlight the areas we are improving in or maintaining levels of high quality service. They act as a morale booster for staff and are evidence that every detail within service delivery matters**.** Good practice is commended and discussed at senior level to ensure it is implemented across the board where possible.

The table below demonstrates the levels of compliments received by Adult Services split by Service.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Adult Social Care	27	31	13	40	**111**
Care & Support	68	48	64	42	**222**
Business Support & Resources	1	5	2	7	**15**
Commissioning	11	6	2	0	**19**
Total	**107**	**90**	**81**	**89**	**367**
Comparison Totals for 2013/14	87	116	73	74	350
Comparison Totals for 2012/13	39	65	136	135	375

The level of compliments has slightly increased this year, and the number of compliments was more than three times the number of complaints received. It is noted that the front line services, particularly within the Care and Support Division, are consistently in receipt of high numbers of compliments. There have been specific criteria applied to compliments again this year – receiving thanks for simple completion of duty is not enough to be recorded. Staff are expected to complete duties to the expected level as standard practice. However, where extra thanks have been supplied for performance above and beyond normal, then it has been recorded as a genuine compliment. Examples of some of these compliments can be seen in Appendix B.

5. Comments

Comments are equally important as complaints and help to shape and improve the quality of service. If necessary, Adult Services will respond to comments based upon the same timescale as complaints. However, each comment will be judged individually as to whether a detailed response is necessary or not. Work on the comment will continue whether the customer is aware of this work or when it is inappropriate to share the outcome of the comment with the customer. This year the number of comments has decreased significantly compared to the previous two years.

The following table shows the levels of comments received by service area:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Adult Social Care	6	1	2	1	**10**
Care & Support	0	1	0	0	**1**
Business Support & Resources	1	0	0	0	**1**
Commissioning	5	4	2	1	**12**
Total	**12**	**6**	**4**	**2**	**24**
Comparison Totals for 2013/14	***16***	***12***	***5***	***10***	***43***
Comparison Totals for 2012/13	***13***	***15***	***7***	***8***	***43***

6. Timescales

It is good practice to keep the complainant informed of progress at all times. Therefore, if for any reason, Adult Services is unable to meet the allocated timescale for response – a telephone call/holding letter or email - contact should be made advising of the delay together with a new expected date of response and apology for inconvenience caused. It is usual to contact the complainant via their original form of contact to the Council or via their indicated preferred method for reply.

It is recommended within the Customer Feedback Procedures, that the following timescales are met:-

- Complaints – 15 Working Days
- Councillor/MP Enquiries - 5 Days
- LGO – 5 Working Days as indicated by LGO
- Comments – 15 Working Days

The table below shows the percentage breakdown of timescales **successfully met** for complaints by service areas over the year:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End % Totals
Adult Social Care	44.44% 4/9	55.56% 5/9	58.33% 7/12	61.54% 8/13	**55.81%** **24/43**
Care & Support	100% 1/1	100% 1/1	100% 1/1	100% 2/2	**100%** **5/5**
Business Support & Resources	N/A	N/A	100% 1/1	100% 1/1	**100%** **2/2**
Commissioning	66.67% 6/9	37.5% 3/8	41.67% 5/12	25% 3/12	**41.46%** **17/41**
Total	**57.89%** **11/19**	**50%** **9/18**	**53.85%** **14/26**	**50%** **14/28**	**52.75%** **48/91**
Comparison Totals for 2013/14	*38%* *8/21*	*45%* *14/31*	*39%* *9/23*	*73%* *24/33*	*51%* *55/108*
Comparison Totals for 2012/13	*36%*	*46%*	*43%*	*48%*	*43%*

General reasons for timescales not being met can be as follows:-

- Key members of staff unavailable to respond due to sickness or leave.
- Complex investigation work required for the case, which may include multi-agency communication, which may in turn prolong the response timescale.
- With increasing workloads on restricted resources, it is not possible to prioritise complaint responding/ investigation within some service areas.
- Unexpected outcomes from complaints, resulting in extraneous pieces of work having to be undertaken and implemented causing time and resource constraints across the department.
- Departmental work on specific issues which have arisen unexpectedly hinders the complaint process having an impact on time and resources thereby having a knock on effect on meeting timescale.
- Services not allowing adequate time for Director to thoroughly review the investigation work undertaken. Any further work required is already out of timescale.
- Multiple complaints regarding the same matter from different family members which delays the investigation process.
- Senior officers unavailable to sign off final response.
- Balancing of priorities, such as safeguarding of vulnerable adults, which is always the higher priority and can result in a delay in complaint work being completed.

Customer Relations Team – Adult Services Annual Report

7. Complaint Themes

There are a set off 12 standard themes used by Adult Services to record complaints against, which have been thoroughly interrogated and reviewed by the Council's Scrutiny Committee during 2012/2013.

These themes help Adult Services to identify trends and patterns quickly and aid in the recognition of action required. To aid unity in recording and balancing the number of complaints, the main overarching or most appropriate theme is used for recording purposes.

The following table shows the breakdown of the annual complaints by theme.

Themes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals	Upheld [U] or Partially Upheld [PU]
Assessment Undertaken	1	0	2	1	**4**	2PU
Bully/Racist Incident	0	0	0	0	**0**	0
Safeguarding	0	0	7	4	**11**	4U
Confidentiality	0	0	0	0	**0**	0
Financial/Funding	0	1	2	2	**5**	2U 2PU
Lack of Communication	1	0	0	2	**3**	1PU
Policies & Procedures	0	2	0	0	**2**	1PU
Quality of Service	9	8	5	9	**31**	7U 8PU
Staff Attitude/Treatment of Customer	5	5	8	7	**25**	5U 8PU
Request for Service	2	0	1	0	**3**	1U
Lack of Action	1	2	1	3	**7**	4PU
Total	**19**	**18**	**26**	**28**	**91**	**19U 26PU***
Comparison Totals for 2013/14	*21*	*31*	*23*	*33*	*108*	*23 upheld & 32 partially*
Comparison Totals for 2012/13	*28*	*28*	*23*	*27*	*106*	*39*

*[*Also included in the 91 complaints - 6 withdrawn; 36 not upheld and 4 outstanding]*

The theme of "Quality of Service" is the highest theme for received complaints. It must be noted less than one quarter of complaints in this category were substantiated outright. Perceptions of quality of service are very real to service users and must be listened to in order to make necessary improvements to services. Expectations of service users must be addressed clearly and from the outset of contacts, followed by very definite checking of understanding in order that the expectations can be managed and attained wherever possible.

Secondly, is the theme of "Staff Attitude/Treatment of Customer". Again, service users' expectations of the service and role of Adult Service staff must be made clear together with open and clear discussion of the service user's own case. Alleviation of any misunderstanding needs to be improved upon. Of the 25 complaints made, only 5 were upheld as a whole.

The ''Safeguarding'' theme was used in Q3 when 'complaints' received were in actual fact raising safeguarding issues. The complaint process is superseded by the Safeguarding process. Once all issues and concerns have been addressed, the safeguarding lead advises the Customer Relations Team if any concerns not of a safeguarding

nature are still outstanding after the safeguarding process has been completed. If necessary the complaint process will then pick up these remaining items. However, in the majority of cases, everything is encompassed within the safeguarding process to ensure a full picture is apparent and relevant work and remedy is underway. Of the 11 cases raised, only 4 were substantiated.

"Lack of Communication"; a high theme in previous years, has continued to fall and has only had 6 complaints over this reporting year with only 1 partially upheld case. This is a direct result of listening, learning and responding to valid concerns raise by service users and their families.

Each Head of Service has been asked to review and report back through Governance Committee on actions they intend to take to reduce these areas of complaints in future.

8. Lessons Learnt

As part of statutory regulations, the Council must identify lessons learnt and learn from its complaints, thereby improving service delivery. Equally recognised are the complaint themes mentioned above which will feed into the lessons learnt. It is recognised that the key areas for improvement are Quality of Service and Staff Attitude. In order to move forward, we must continue to improve in these areas and implement positive changes that will be of benefit to all service users and the Council. Where there are areas of repeat and similar complaint issues, these must be reviewed and avenues found to move forward and improve thereby achieving better service delivery. Where possible, lessons learnt are shared with complainants via the response letter in order to evidence that their concerns have been taken seriously and appropriate improvements have been implemented. These improvements could continue to take the form of a number of actions:

- Further training for individual staff
- Periods of close monitoring or supervision
- Team training
- Amendments to policies and procedures
- Cultural changes led by Senior Managers
- Review of contracts with third parties

Lessons learnt can be positive as well as negative and are just as important. Good practice needs to be shared and encouraged across the Directorate as a whole.

The Customer Relations Team is responsible for recording the lessons learnt as supplied by the relevant Service Managers who are at the heart of the investigation work and can ensure meaningful changes are understood and implemented. We have, as a Directorate recorded 12 items as lessons learnt over the last year, examples of these can be found in Appendix C. It must be noted, not all complaint cases produce lessons learnt but review of each case is insisted upon by the Director of the Service to consider if there is anything to be learnt.

9. Local Government Ombudsman (LGO)

Customer Relations Team – Adult Services Annual Report

The LGO is the Governing Body that reviews and investigates complaints against Councils where appropriate, usually where cases have followed procedures and the complainant feels their issues have not been addressed or resolved to their satisfaction. Under the Adult complaints process, the LGO can be contacted after a response to a complaint has been received from the Council.

However, some complainants prefer to contact the LGO in the first instance. The LGO will determine whether this is a premature complaint which must be directed back to the Council to respond to in the first instance or if they will commence an investigation based on the information provided by the complainant.

Over the year, 29 contacts have been made by the LGO which relate to 15 named cases for this reporting year. It must be noted that LGO complaints can be lengthy and complex in as much as service users are not satisfied with the efforts made by the Council in the first instance. Therefore, review of work already undertaken must be made along with further questions being asked by the LGO which can include requests for copy documents and chronologies.

All but three enquiries have originated from Adult Social Care complaints with the remaining three from Commissioning. Some of these cases covered both areas but were allocated using the majority of elements as appropriate. It is to be expected that the LGO cases develop from the front line service areas which receive the highest levels of complaints.

Of these 29 cases, there are 8 outcomes to date:

- Two were outside of LGO jurisdiction
- Two showing fault by the Council
- Four not upheld

Customer Relations Team – Adult Services Annual Report

10. Members of Parliament (MP) & Councillor Enquiries

Blackpool Council's Chief Executive maintains that all MP and Councillor Enquiries must be actioned and resolved within 5 working days. MP and Councillor Enquiries can be categorised as:

- requests for background information,
- reasons for decisions,
- requests for service or
- requests to review of outcomes

The following table shows the annual breakdown of MP Enquiries received by Adult Services:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Adult Social Care	14	11	11	9	**45**
Care & Support	1	0	0	1	**2**
Business Support & Resources	0	0	0	1	**1**
Commissioning	0	0	2	2	**4**
Total	**15**	**11**	**13**	**13**	**52**
Comparison Totals for 2013/14	*9*	*13*	*6*	*9*	*37*
Comparison Totals for 2012/13	*9*	*15*	*9*	*8*	*41*

Adult Social Care received 86% of the total enquiries.

The following table shows the annual breakdown of Councillor Enquires received by Adult Services:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Adult Social Care	2	3	5	3	**13**
Care & Support	0	0	0	0	**0**
Business Support & Resources	0	0	0	0	**0**
Commissioning	0	1	0	0	**1**
Total	**2**	**4**	**5**	**3**	**14**
Comparison Totals for 2013/14	*7*	*7*	*4*	*9*	*27*
Comparison Totals for 2012/13	*5*	*6*	*8*	*19*	*38*

The majority of these Councillor Enquiries are for Adult Social Care (93%). Again it is important to note that these enquiries were received by front line services.

11. Freedom of Information Requests

The timescale for responding to FOI request is 20 working days as set out by the Information Commissioner Office and in accordance with the Data Protection Act.

There are a number of circumstances where the request may be exempted in part or as a whole: included in the list are:

- Time taken to collate the response would be in excess of 18 hours (needs to be evidenced)
- Individuals could potentially be identified
- Information not held in a retrievable format or not collected at all
- Future publication is intended – date to be provided
- On-going investigations may be affected by the divulging of the requested information

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Adult Social Care	5 80% met timescale	15 40% met timescale	9 55% met timescale	24 88% met timescale	**53** **66% met timescale**
Care & Support	Nil	Nil	Nil	Nil	**Nil**
Business Support & Resources	2 0% met timescale	14 50 % met timescale	3 67 % met timescale	5 100% met timescale	**24** **55% met timescale**
Commissioning	15 60% met timescale	14 64% met timescale	10 100% met timescale	2 50% met timescale	**41** **69% met timescale**
Total	**22** **59% met timescale** **no exemptions**	**43** **52% met timescale** **1 exemption**	**22** **77% met timescale** **no exemptions**	**31** **87% met timescale** **no exemptions**	**118** **69% met timescale** **1 exemption**

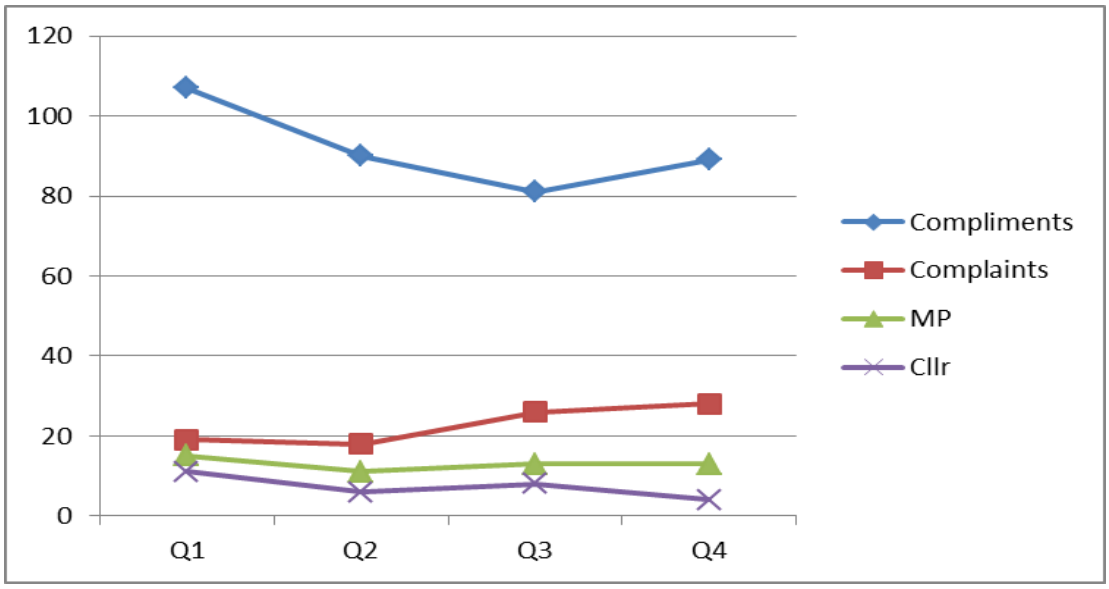
12. Staff Training

The Customer Relations Team is available to provide staff training on complaint handling to each department and will tailor the training to meet the needs of the service. Useful and practical staff guidance is currently being updated and will be available electronically in due course.

13. Conclusion

Overall, the number of complaints has reduced compared to the previous 2 years. Heads of Service are looking closely at the reasons behind the slight upturn in complaints in the last 6 months of the year.

To conclude, for the year 2014/15 the level of complaints has increased in the last 2 quarters of the year. Both MP and Councillor Enquiries have been fairly constant; compliments dipped in the winter months, slightly increasing in numbers at the beginning of 2015.



Recommendations for Adults Services, based in the information available are:-

- All service areas to continue to work with the Customer Relations Team to recognise and action "Lessons Learnt" from their complaints or compliments. Heads of Service to produce lessons learnt alongside responses to complaints.
- Achievable timescales need to be implemented, with focus on ensuring complaints are responded to within these extended timescales where possible. Action has been taken to streamline the approvals process which should impact on timescales.
- Heads of Service to continue to review why trends are occurring in some themes, with particular focus on the high numbers of complaints is specific themes and reporting back through the Governance Committee.

Customer Relations Team – Adult Services Annual Report

Appendix A - Definitions

The term "complaint" is defined in the Department of Health "Learning from Complaints" guidance as follows:

> **"**an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's provision, which requires a response**"**

The Government updated Adult Social Care complaint procedures on 1st April 2009 as part of the Listening, Learning and Improving agenda, 'Making Experiences Count' and Blackpool Council adheres to these changes. The definition of a complaint did not change. The Government has given Councils the power to decide whether Adult Social Care 'complaint' correspondence is actually a comment or a complaint. All issues are treated individually and on their own merit, receiving the same standard of service.

Customer Relations Team – Adult Services Annual Report

Appendix B - A selection of compliments for Adult Services

Adult Social Care:

I am a severely disabled adult aged 38 and in a power wheelchair, I live in the Blackpool area and receive a care package from your department via direct payment each month. I was recently re-assessed by CR, this lady is a credit to your team, clearly dedicated to her work and so understanding and helpful. I just want to say a huge thank you for your amazing support to me and my family, the work you do is beyond words and so appreciated. p.s keep up the good work and thank you so much.
I feel you both listened to my complaints sympathetically and, where any remedial action could be taken, action was promised.
There should be more people like you! Thank you for everything
The recovery team have really helped me over the last couple of years. i have had some really good advice from both social workers and support workers. They have also introduced me to activities and events that have really helped my key worker and support worker have always been there for me. I really appreciate all the help I have been given. So thanks to all of you.
Carers Service passed on gratitude for the Mental Health and Well-being clinics. Carers Service also passed on the thanks from one of the carers who attends the sessions. He had informed Carers Service that he felt lost and did not know where to turn to. But having come to the clinics he now recognises that there is support for him and knows where to turn. He said he had been provided with a lot of information and support and felt much more confident in dealing with his situation and is positively looking to the future.
I will miss you. I will not forget you, thank you for all the support over the last year. You were like a friend and someone I could talk to.
Thank you for all your hard work in working with me, thank you, you have helped me so much.
During my husband's final few weeks we had the good fortune to be referred to DH. her attention and help was invaluable. She was readily available at all times and willing to listen to me, take on board what I needed and provided no end of help advice and loving care and comfort. A true professional and a credit to your social services. thank you also for the help from others in your department.
Thank you ever so much for helping me. I don't know what I would do without you. I will miss you so much when you go. My family thinks you have been wonderful. I hope my new social worker will be as good, as you.
I receive respite care since my wife suffered a stroke and is now semi paralysed. I think the present system is spot on because when I get low and run down I can immediately make the necessary arrangements via MM SCPU who is a joy to deal with. Social Services can be a little slow when it comes to the annual assessment, but I can live with that as I realise how busy they are and there's always someone worse off than me. Thank you.
Received a voice mail from a service user, thanking JF, Support Worker with the Recovery Team for her help in sorting out a new fire for her. S/U really appreciates everything JF has done.
Thanks for helping H reach inner peace with herself. It has changed her for the better and she is eternally grateful. Thanks all her support over the last year - you were a good friend - I will never forget you.
Thanks for arranging a great experience for me in adult services and for spending so much time explaining the process and procedures.
Her father is at the end of life and daughter stated she couldn't have spoken to a more patient and kind person.
Very impressed with the professional way in which LO and LG had undertaken all care tasks to Mr M she informed myself that she had witnessed them conducted themselves in a professional and courteous manner at all times.

We would like to thank you and your team for the excellent service you have provided in organising the care for my mother. We have had "face to face" dealings with three people who have all been very helpful, knowledgeable & efficient, the same applies to all the people we have spoken to when we have telephoned with our various requests for information, V has been particularly informative & tenacious in her quest to " get things done ". Please pass this note on to all the relevant departments. Thank you all,
Your help and support has been a massive help to me over the last 6 months.
Call from a lady regarding a piece of work that Holly and Mel did. They organised a key safe for the lady and her husband. The lady called to speak to Holly and Mel to express her thanks but could not get through.
Regarding my mother - Both of the best interest assessors that have dealt with this matter have been both professional but also understanding and very supportive and I feel it's very important to write to you to let you know that they have done an excellent job, made a difficult situation a little easier and are a credit to your team. Their support has been very much appreciated.
I feel Social Services, Carers Trust and Alzheimer's Society offer a marvellous range of services, of which my Nan refuses to take part in. This leaves me having to care for her. The advice, counselling and training offered to me has been excellent.

Care and Support:

With special wishes to all the lovely people at Keats. Thank you for everything you do for Jim with best wishes.
Extremely friendly and helpful staff, made life a lot easier
I would just like to thank everyone who has helped me these last 6 weeks all have been very kind and helpful and I am very grateful.
I wanted to write to thank the staff at Homecare for the outstanding care and support they provided to my uncle all through his illness and at the end of his life. He had been a private man and managed to live unsupported un the death of his wife a few weeks ago. The staff came in initially as emergency support then continuing to become his palliative carers. All the care staff who supported him were kind, thoughtful and put his needs first. They helped the family and my uncle approach the end of his life with all the dignity all 89 year old veterans deserve. Thank you to all those who cared for him for your fantastic support.
Bill was terminally ill but looked forward to the visit from the carers. They all could not do enough for him especially C and M whom he loved to have a joke with. I found their help invaluable.
Would like to say that M was fantastic, did an amazing job and very professional a credit to your service
Thanks to all your team you do an excellent job under very difficult circumstances
I would like to thank the enablement team who have looked after me for the last 7 weeks. The support and encouragement they gave me has seen me through a very difficult time in my life and I feel I couldn't have done it without them.
I feel all the carers have been wonderful and friendly. I feel as though I am losing all my friends now the service has finished.
I have no hesitation in praising the carer services provided to and for me during the recent past. Everything and everyone engaged in the provision of the care has been to the higher standard.
Very good place. People were nice. Food is excellent.
I am writing to thank you and your team for the kind and prompt care you gave me over the last six weeks, it really helped me tremendously and I think it's such a good scheme to allow people to recover in their own environment, all the girls were nice and considerate to my needs. Thanking you from my heart, to all

the team.
Special Thanks for thoughts and time and effort to make it a special day. Whilst life has move don I will miss you all. Warm wishes
Thank you all so very much for making me feel so welcome. I really appreciate how much you have helped me throughout my time here with you and how much you have taught me. Thank you so much again.
Thank you to staff for kindness and patience.
Team have been caring and helpful. Thank you very much - keep up the excellent work.
Great service - given me my confidence back - staff were amazing.

Business Support and Resources:

Just a note to thank you and your team for the work completed. I appreciate that everybody had to go the extra mile and put in additional hours
Thanks for getting back to me and for being so co-operative throughout this matter.
A…. has been working closely with us to make the best use of the continuing care which has been granted for my husband. I have been so impressed by her enthusiasm and positive support, she is friendly but professional in her approach and is a great ambassador for the Blackpool Council
Thank you for completing the final audit of my late mothers account promptly. May I thank you and your team for all your help in the past and wish you well for the future.
Social Care Direct Payments have helped so much to help us cope, simply couldn't manage without them and the PAs and care firm we use. The social care team have been truly amazing, so helpful and understanding, well done!

Commissioning:

I would like to convey to you a big thank you on behalf of all the Staff at Pennystone Court who took part in the Let's Respect Training, we all really enjoyed and gained an awful lot from the training and the delivery of the course. Structuring the course aimed at the levels and styles of the individual learners involved really works and brought the best out in everyone. The Certificate Presentation yesterday was a lovely acknowledgment of our work that we carry out on a daily basis and most of the time goes un-noticed, so thank you for the public recognition.
Thank you for the information, all the staff who attended the forum remarked on how much they enjoyed it. If you have any other dates for further forums for non-carers please keep us to date.
Well satisfied with help given by I care, who have very charming and efficient staff.
Dancing with Dementia Thank you for inviting the staff and residents to yesterday's event. They all thoroughly enjoyed themselves and said the day was perfect. We have already seen some photos and video footage of our residents that the staff took and it looks like they were having a fabulous time. There are some lovely photographic memories for the residents and their relatives. We look forward to seeing the pics you took too.
Dancing with Dementia Firstly congratulations on a super event yesterday. I popped in and did some networking but unfortunately didn't manage to see you both, although I doubt we could have talked much!! There was so much buzz in the place.
All of us at Jah-jireh just loved it because the residents were included, our residents so enjoyed themselves and we are very grateful to Blackpool council for spending some money on those that matter.
Thank you very much for the invite; The residents and staff who attended along with myself thoroughly enjoyed the event and hope there will be similar events in the future.
Just wanted to say a big thank you for the lovely afternoon mum and I had at the Blackpool Tower dancing

event yesterday. Mum had a fantastic time and the volunteers were wonderful with her and myself. We have some lovely video footage that we keep looking at to remind her of the dancing she did and this gives her immense pleasure The only thing is that everyone I've spoken to who attended wants it to become an annual event (no pressure)!
May I just say a big thank you for all the kind support and guidance provided by the Contracts Team. It has been a difficult task at times but we are thankful to Alison and Tina for steering the home into the right path
I wanted to thank you for the excellent training you provided to the BCH team last Friday. I have received some very positive feedback from all the attendees who felt the training was both useful and informative, they were also impressed with the quality of content and found the session interactive and thought provoking.
H…. is a kind, cheerful young lady. Makes me laugh and makes me feel comfortable.
P…. the training you delivered was excellent
Appreciated. S….made the visit feel professional and relaxed. Thank you S…. for continued support - your team are welcome at the Merwood any time.
It is a special experience when the trainer is both enthusiastic and informative about the subject being taught.

Appendix C - A sample of lessons learnt:

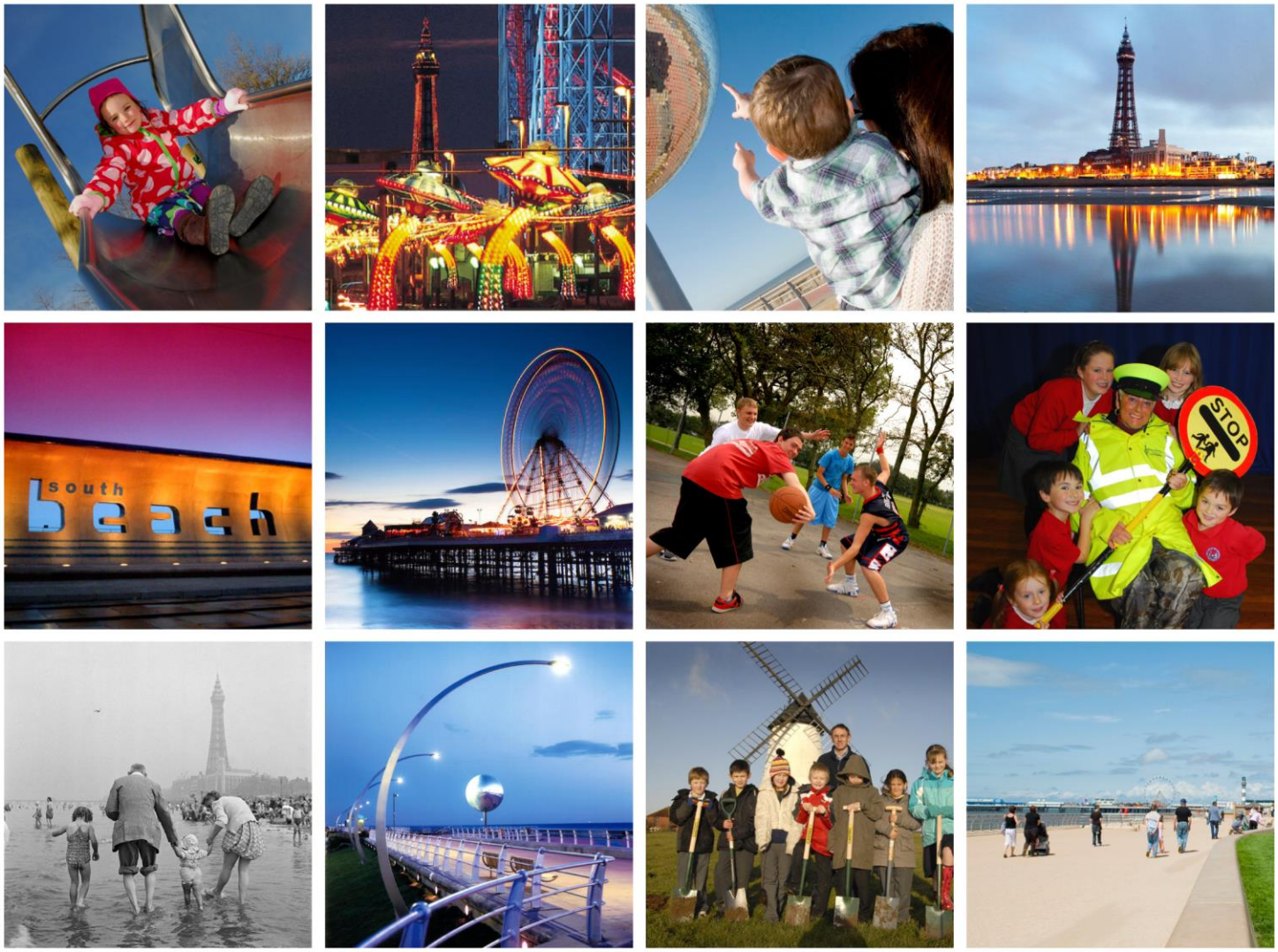
- Better and earlier communication between services (Council and Health) to share information on the improvement of service users so that service users can be kept informed as early as possible.
- It will now be the requirement for all Social Workers to provide an assessment following the visit regardless of whether or not needs can be met by Adult Social Care.
- Manager has requested that all calls that cannot be put through to the named Social Worker, be recorded, and a copy sent to the workers supervisor to ensure a call is returned.
- An anomaly in the computer system was discovered which affected the implementation of the contribution from January 2014. We are now working on this computer error to stop this occurring again for other service users.
- Reminders made re carers assessment must be offered at all times if there is an identifiable carer, including handing out of all up to date fact sheets to service users and record all information in case notes.
- Staff (mobile) did not stay with a vulnerable service user throughout the call out – due to work pressures; Manager to be aware of extra pressures and pertinent instructions provided to ensure vulnerable service users are not placed at risk.
- Agency care visits taking place early and at weekends, when not scheduled. Carers visiting on cancelled days and setting alarms off. Incorrect visit timings by Provider due to errors in new computer system. Matter raised and addressed with Provider by Contracts Team. Contract review to monitor.
- Unhappy with the service at care agency. Clear discussion between all parties undertaken and new processes re timing of visits implemented.
- Poor communication/breakdown in communication; Lesson to learn - staff need to ensure they introduce themselves and are clear with the purpose of their calls to members of the public and service users family
- Better communication required when changing services – this needs to include communication with the service users family – before any changes are made to services a holistic review of the service users' needs and requirements should be carried out.
- The transition policy needs continued work and when completed will then be implemented to all staff across Adult and Childcare Services. Staff within Adult Social Care and in particular the Community Learning Disability Service need to work actively with Childcare Services to ensure gaps in support do not occur.
- Any voids that occur in supported tenancies need to be considered promptly to ensure houses do not become accepted as single tenancy, thus enhancing the difficulties in change for both the existing tenants, new prospective tenants and staff involved in running the house.

Customer Relations Team

Children's Services Annual Report

April 2014 - March 2015

Blackpool Council



Contents

1. Annual Overview

This report covers the period 1 April 2014 to 31 March 2015 inclusive and provides information on customer feedback recorded by the Customer Relations Team, both from direct customer contact and/or via a third party.

Children's Services received 125 complaints over the year, seeing only quarter 4 drop below 30 complaints. Of the 125 complaints received: 7.2% were upheld and 15.2% partially upheld – 22.4% in total.

To add context to this information it is key to recognise that over the same period, it is estimated that 4064 children had an allocated worker during 2014/15. Blackpool has a population figure of 29030 aged 0-17 years.

Over the year Children's Services has received 57 MP Enquiries and 8 Councillor Enquiries with the peak being in Quarter 3 for MP Enquiries and the 8 Councillor Enquires being spread across Quarters 2, 3 & 4.

Almost sixty five percent of the annual complaints have been dealt with within the allocated timescale, which compares well with the 49% achieved in 2013/14. However, the statistic confirms how the numbers of complaints across the year impact on resources, staffing and timescales. The standard timeframe for complaint response is 15 working days. However, in complex cases, this timescale will be extended to meet the needs of the complaint on an individual basis whilst ensuring a quality reply.

It is encouraging to see that young people are aware of the complaint process and are using the mechanism to raise their complaints without any detrimental effect on the services they are receiving. There have been 8 complaints and 1 MP Enquiry lodged from young people over the year; of these 1 was upheld and 2 were partially upheld – 37.5% in total. These figures are included within the overall totals and accounts for 6.4% of the total complaints received.

In terms of theme categories, 3 quality of service; 1 request for service; 3 staff conduct/ treatment of customer; 1 policies and procedures and 1MP Enquiry. Of the 7 complaints, one was upheld and two were partially upheld.

Compliments have been reviewed and only those which describe 'above and beyond' service delivery are now accepted. This has reduced the number as a whole from 146 to 39 but is an accurate measure of staff 'going the extra mile' to make a real difference. However, it must be noted that levels of compliments received are lower than other areas due to the very difficult and emotive arena of work undertaken.

This report will provide further breakdowns of these highlights with potential explanations for some of the statistics.

2. Children's Services Customer Feedback

The following table shows the total numbers of Complaints, Compliments, Comments, MP/Councillor Enquiries and LGO cases for the year.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Children's Social Care	48	44	41	47	**180**
Early Help for Children	5	9	2	4	**20**
Education	10	16	18	8	**52**
TOTALS	**63**	**69**	**61**	**59**	**252**
Comparison Totals 2012/2013	43	50	87	66	246
Comparison Totals 2013/2014	105	100	70	80	355

The table highlights a decrease (29%) in customer feedback from Children's Services customers in comparison to 2013/2014 with the major factor in this being a significant reduction in compliments received. The breakdown of this feedback can be seen in the following sections of the report.

3. Complaints

Statutory legislation dictates that all complaints should be addressed and concluded within a 6 month timeframe. Children's Services feel all complaints should be addressed quickly and efficiently. Therefore, in the first instance, 15 workings days has been allocated for a response to be completed. Where complex cases are concerned it is sometimes more appropriate to allocate a longer timeframe for a response. Each case is individual and is viewed on its own merits.

Children's Services endeavours to make the complaints process accessible so that complainants feel able to feed back their concerns.

Stage 2 Complaints: Not all complaints can progress to the stage 2 process. However, wherever possible, when requests are made to move to stage 2, meetings are held to try to resolve matters further. Sometimes, clear communication and discussion explaining why the Council cannot provide the complainant's desired resolution can help to improve relationships and find a way forward.

There have been 4 requests to move to stage 2 of the statutory complaints process. Further and appropriate actions were undertaken: each case being individual with particular needs and subsequently no cases progressed to stage 2 of the statutory complaints process.

The breakdown of the complaints by service area for the year is shown in the following table:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Children's Social Care	27	31	27	23	**108**
Early Help for Children	3	2	1	1	**7**
Education	1	3	4	2	**10**
TOTALS	**31**	**36**	**32**	**26**	**125**
Comparison Totals 2012/2013	**20**	**20**	**29**	**21**	**90**
Comparison Totals 2013/2014	**35**	**35**	**29**	**35**	**134**

As expected there are higher levels of complaints received by front line services and the level of complaints remained constant for each division over the year as a whole. Whilst the complaints total has dropped by 9 (6.7%) this reporting year, the complexity levels have increased. Children's Social Care dealt with 86.4% of the total complaints received.

Further analysis of the complaints shows how many complaints where "Upheld" or "Partially upheld".

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Children's Social Care	3U & 4PU	2U & 6PU	1U & 6PU	2U & 1PU	8U & 17PU
Early Help for Children	NIL	NIL	1U	NIL	1U
Education	NIL	NIL	2PU	NIL	2 PU
TOTALS	**3U & 4PU [31]**	**2U & 6PU [36]**	**2U & 8PU [32]**	**2U & 1PU [26]**	**9U & 19PU [125]**
Comparison Totals 2012/2013	**1 U & 2 PU 20**	**3 U & 2 PU 20**	**3 U & 2 PU 29**	**1 U & 1 PU 21**	**8 U & 7 PU 90**
Comparison Totals 2013/2014	**6 U & 3 PU 35**	**0 U & 8 PU 35**	**4 U & 5 PU 29**	**3 U & 8 PU 35**	**15U & 25PU 134**

Key: U = Upheld; PU = Partially Upheld

It is encouraging to see the levels of "upheld" or "partially upheld" complaints reducing when compared to 2013/14. A contributing factor to this is that all services have worked hard to improve communications with complainants. The Head of Service for Children's Social Care meets regularly with the Customer Relations Team to discuss and lead actions in a consistent manner in order to reduce escalation of complaints. Being a front line service Children's Social Care receives the most complaints; this service has to take decisions for the benefit of children, which some families find difficult to accept.

Complainants are continuing to raise more issues within the complaint contacts and each item is reviewed and responded to. This explains the number of items upheld, not upheld or partially upheld in the yearly totals above. It is encouraging to see that complainants are using the process to fully air their dissatisfaction and move forward in a positive manner. Whilst there has been a slight decrease in complaints received this year, the overall outcomes have improved too with fewer items upheld or partially upheld.

The main reasons for complaints being upheld over the year are shown below:-

- Communication
- Conflicting information re LAC reviews, invites and minutes
- Perceived actions/lack of actions of social workers and attitudes
- Legal issues including Court parameters
- Delivery of support, action plans and safeguarding
- Confidentiality
- Perceptions of support, roles and responsibilities
- Forward planning/Lack of action in general
- Financial queries and requests for support
- Impact of service delivery in times of change
- Delays in assessments and clarity around understanding of difficult decisions and processes.

Some complaints are upheld in relation to a number of issues, many will have a combination of upheld and partially upheld findings within one complaint.

In relation to Young People making complaints, extra care is exercised to ensure they feel fully supported and their voice is heard and understood. This involves:

- More user friendly and age appropriate feedback forms:
    - under the age of 12
    - and over 12s
    - free post address explained with clear, easy to read instructions for getting the complaint to us
- Offer of Advocate to support and ensure the information is clearly communicated in both directions
- Recommendation to Investigating Officer to make verbal contact and meet with young person rather than formal response in the first instance
- Formal written response in age appropriate language at the end of the investigation together with further meeting to discuss the findings

4. Compliments

Compliments are extremely important and help to highlight the areas we are improving in or maintaining levels of high quality service. They act as a morale booster for staff and are evidence that every detail within service delivery matters**.** Good practice needs to be shared across the Directorate as and when appropriate.

The table below demonstrates the levels of compliments received by Children's Services split by Service.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Children's Social Care	3	1	0	6	**10**
Early Help for Children	1	7	1	2	**11**
Education	5	7	5	1	**18**
TOTALS	**9**	**15**	**6**	**9**	**39**
Comparison Totals 2012/2013	**0**	**48**	**15**	**32**	**95**
Comparison Totals 2013/2014	**50**	**46**	**23**	**27**	**146**

This reporting year has seen a significant decrease in recorded compliments. This is partially due to a streamlining of 'what is a compliment' which has been circulated to all Senior Managers and their teams. This outlines what will and won't be accepted and reinforces what should be regarded as only genuine heartfelt compliments and thanks being received.

5. Comments

Comments are equally important as complaints and help to shape and improve the quality of service. If necessary, Children's Services will respond to comments and compliments based upon the same timescale as complaints. However, each comment will be judged individually as to whether a detailed response is necessary or not. The service user will not always be aware of the work being carried out behind the scenes regarding the comments made.

The following table shows the levels of comments received by service area:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals
Children's Social Care	4	5	0	2	**11**
Early Help for Children	1	0	0	0	**1**
Education	0	0	0	1	**1**
TOTALS	**5**	**5**	**0**	**3**	**13**
Comparison Totals 2012/2013	**5**	**1**	**4**	**2**	**12**
Comparison Totals 2013/2014	**3**	**2**	**2**	**3**	**10**

6. Timescales

It is good practice to keep the complainant informed of progress at all times. Therefore, if for any reason, Children's Services is unable to meet the allocated timescale for response – a telephone call/holding letter or email contact should be made advising of the delay together with a new expected date of response and apology for inconvenience caused.

It is recommended within the Customer Feedback Procedures, that the following timescales are met:-

- Complaints – 15 Working Days
- Councillor/MP Enquiries & LGO – 5 Working Days
- Comments – 15 Working Days

General reasons for timescales not being met can be as follows:-

- Key members of staff unavailable to respond due to sickness or leave.
- Complex investigation work required for the case, which may include multi-agency communication.
- Senior officers unavailable to sign off final response.
- Whilst the amount of complaints received has decreased, the number of elements and complexity levels has risen. This has impacted on the amount of work and attention to detail required by Managers of all levels to ensure quality responses together with proactive outcomes. Time and resource constraints have hampered the completion of thorough investigation work and therefore ultimately the meeting of allocated timescales.
- Further consideration must be given by Heads of Service at the very start of complaints, as to whether the standard allocated timescale is reasonable and achievable given their resource issues and potential unexpected priority of safeguarding of vulnerable children and Court cases.
- Some front line Managers are more involved in the process than others and require extra time due to the volume of complaints allocated to their various service areas.
- Response not produced early enough for Senior Management to review responses thoroughly and request further information before due date.

It must be noted, that the issuing of a 'holding' letter does not extend the timescale from a reporting aspect. If the initial response date is not met, the complaint is counted as out of timescale.

The table below shows the percentage breakdown of timescales **successfully met** for complaints by service areas over the year:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End % Totals
Children's Social Care	18/27 66.67%	21/31 67.74%	15/27 55.56%	16/23 69.57%	**70/108** **64.81%**
Early Help for Children	2/3 66.67%	1/2 50%	1/1 100%	0/1 0%	**4/7** **57.14%**
Education	1/1 100%	3/3 100%	1/4 25%	2/2 100%	**7/10** **70%**
TOTALS	**21/31** **67.74%**	**25/36** **69.44%**	**17/32** **53.13%**	**18/26** **69.23%**	**81/125** **64.8%**
Comparison Totals 2012/2013	**75%**	**70%**	**48%**	**48%**	**60.25%**
Comparison Totals 2013/2014	**11/35** **31%**	**16/35** **46%**	**16/29** **55%**	**22/35** **63%**	**65/134** **49%**

It is encouraging to note that meeting of timescales has significantly improved since 2013/14.

7. Complaint Theme

These themes help Children's Services to identify trends and patterns quickly and aids in the recognition of action required. For unity in recording and balancing the number of complaints, the main overarching or most appropriate theme is used for recording purposes. The following table shows the breakdown of the annual complaints by theme.

Themes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End Totals	Upheld [U] or Partially Upheld [PU]
Assessment Undertaken	2	1	NIL	NIL	**3**	NIL
Bully/Racist Incident	NIL	1	NIL	NIL	**1**	1PU
Safeguarding	NIL	NIL	NIL	NIL	**NIL**	NIL
Confidentiality	2	NIL	1	1	**4**	1U 1PU
Council Cuts	NIL	NIL	NIL	NIL	**NIL**	NIL
Custody of Child	2	NIL	NIL	NIL	**2**	NIL
Financial/Funding	1	NIL	NIL	NIL	**1**	1U
Lack of Action	2	11	4	4	**21**	2U 1PU
Lack of Communication	5	NIL	3	3	**11**	1U 3PU
Policies & Procedures (1 from Young Person)	1	NIL	NIL	NIL	**1**	1PU
Quality of Service (3 from Young People)	7	14	8	3	**32**	3U 10PU
Staff Attitude/ Treatment of Customer (3 from Young People)	8	5	12	13	**38**	1U 2PU
Request for Service (1 from Young Person)	1	4	4	2	**11**	NIL
TOTALS	**31 [3U 4PU]**	**36 [2U 6PU]**	**32 [2U 8PU]**	**26 [2U 1PU]**	**125**	**9U 19PU**
Comparison 2012/2013	**20**	**20**	**29**	**21**	**90**	**15**
Comparison 2013/2014	**35**	**35**	**29**	**35**	**134**	**15U&25PU**

Key: U = Upheld; PU = Partially Upheld

The 4 top themes are shown in red, with a clear lead theme of "Staff Attitude/Treatment of Customer". This is a concern for the service as this has been a common trend over the year. However, only 1 complaint was upheld in its entirety in this theme with a further 2 partially upheld. (This equates to 10.7% of the total complaints substantiated in whole or in part.)

Note must be made that perceptions of service users can only be 'changed' when open and clear communication is present and checking of understanding has been undertaken. Building of relationships from all parties is highly important to carry out joint and positive working.

This leads into and works alongside the second and fourth highest themes of 'Quality of Service' and Lack of Communication', respectively, for received complaints.

Quality of Service had 32 complaints over the year with 3 upheld and 10 being partially upheld. This equates to 46.42% of the overall total of upheld or partially upheld complaints for the year. This tends to be the 'umbrella' theme used when the complainant has many issues resulting in what the complainant perceives as poor quality service or experience. Partially upheld can also relate to those areas where we could have perhaps reached a better outcome earlier.

Lack of Action was introduced as a theme this reporting year. Complainants were presenting with issues they felt the Council had not taken follow up action on. Of the 21 complaints made, 2 were upheld and 1 partially upheld; equating to 10.71% of the complaints upheld in in some format.

Lack of Communication had 11 complaints resulting in 1 upheld and 3 partially upheld complaints making 14.28% of the total complaints upheld.

Childrens Services is a highly emotive area and extra consideration must be given to the position of the family ensuring all communication, explanations and procedures are clearly recorded and relayed to service users and their families as a whole. Clear expectations of all parties are essential and need to be transparent in order to help move relationships forward positively without mis-communication.

The remainder of the complaints fell consistently amongst the remaining themes.

In order to ensure no identification is possible I can confirm that of the 8 complaints made by Young People: 1 was upheld and 2 were partially upheld. One MP Enquiry was also received on behalf of a Young Person.

For Information - School complaints are not handled by the Customer Relations Team or Children's Services as per Government Legislation. Each School's Governing Body is ultimately responsible for School complaints, (after Head Teachers) and 'sponsored' academies are answerable to their Sponsors.

8. Lessons Learnt

The Council feels it must identify lessons learnt and learn from its complaints, thereby improving service delivery. Improvements this year have taken the form of a number of actions:

- Further training for staff
- Periods of close monitoring or supervision
- Cultural changes led by Senior Managers
- Review of contracts with third parties

Lessons learnt can be positive as well as negative and are just as important.

The Customer Relations Team has been working hard with all service areas to ensure lessons learnt are recorded and follow-up action is then taken to make improvements where necessary. Since this work has begun there has been an increase in the number of lessons learnt which is hoped will improve performance and reduce duplicate complaints in future.

As a further positive action, lessons learnt will be monitored and discussed at the Childrens Services Management Team meetings in order that practice can be improved across the Departments as appropriate.

All departments have accepted the need to improve dialogue with service users and their families. Good practice of other areas has been adopted. Below are examples of lessons learnt which have been communicated via the formal response letters:

- Head of Service has reminded all Social Workers of the need to have their identification with them and to introduce themselves, explain the reason for the visit, the need to enter the property as they cannot discuss confidential information on the doorstep and to ensure the parent/family do not feel intimidated or anxious by the intervention.
- All staff reminded of the complaint process and ensure they adhere to the statutory process and advise the Customer Relations Team accordingly. Delay can cause further complaints and escalate a situation unnecessarily.
- Young People's pack within Care Homes– improved after it was identified that certain details and information was missing. Policy and procedures updated and provided in writing within the initial welcome pack.
- Better communication required with advance notice of plans for Foster Carer, Social Worker and relative regarding contact arrangements. IRO to be utilised and ensure feedback in advance of LAC reviews. Additional meetings to be implemented as required.
- Ensure contact with Young People is improved and full explanations provided so Young People are fully consulted and know about decisions and the reasoning behind them. Full information to be provided on Corporate Parenting, Children in Care Council and how to participate in making things better for Young People. All Young People must be responded to quickly and if the allocated Social Worker is not contactable, telephone calls must be passed to the Duty Social worker or Head of Service to respond to

directly. Explanations of Court and Guardian responsibilities to be explained so Young People have the opportunity to tell the Judge during Care Proceedings anything they feel is needed. Feedback after such proceedings is necessary and all staff have been reminded of the importance of this for the Young Person.

- Minutes of LAC reviews must be sent out within appropriate timescales to relevant parties. IROs must be mindful of their tracking of recommendations and the need to disperse minutes in a timely fashion.
- Referrals must be referred to appropriate services and feedback supplied to relevant parties. It has been reinforced that outcomes and feedback is essential clear communication of decisions must be made within a timely fashion ensuring correct threshold is in place.
- The system for prioritising educational psychology time and communication to parents has been updated in recognition of issues brought to our attention. Bid placed to try and increase the number of spaces in Specific schools to reflect need of children in Blackpool. Steps taken to utilise physical space within a specific school in place.
- Contact arrangements not made clear and more involvement with families is now in place to address this.
- All course work delivered by the Family learning service to the Children's Centres will be handed over personally to the Centre Co-ordinator and a signed receipt provided.
- Complaint and details not passed to the Customer Relation Team resulting in frustration for the complainant. Training provided to ensure process sis understood and in place.

9. Local Government Ombudsman (LGO)

The LGO is the Governing Body that reviews and investigates complaints against Councils where appropriate; usually where cases have followed procedures and the complainant feels their issues have not been addressed or resolved to their satisfaction. Under the Children's statutory complaints process, the LGO can be contacted after stage 2 and stage 3 processes have been carried out.

However, some complainants prefer to contact the LGO in the first instance. The LGO will determine whether this is a premature complaint which must be directed back to the Council to respond to in the first instance or if they will commence an investigation based on the information provided by the complainant.

For this reporting period there has been 10 LGO enquiries lodged for Children's Services; all falling under Children's Social Care from 5 different complainants. Outcomes to date:

- 1 - Premature complaint – to be dealt with via the complaint process in the first instance.
- 1 - Information supplied and no further action deemed necessary
- All other outcomes awaited

10. Members of Parliament (MP) & Councillor Enquiries

Blackpool Council's policy is that all MP and Councillor Enquiries must be actioned and resolved within 5 working days. MP and Councillor Enquiries are not complaints – but can be categorised as:

- requests for background information,
- reasons for decisions,
- requests for service or
- requests for review of outcomes

The following table shows the annual breakdown of MP Enquiries received by Children's Services:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Children's Social Care	8	4	10	11	**33**
Early Help for Children	0	0	0	1	**1**
Education	4	6	9	4	**23**
TOTALS	**12**	**10**	**19**	**16**	**57**
Comparison Totals 2012/2013	**16**	**5**	**3**	**4**	**28**
Comparison Totals 2013/2014	**10**	**14**	**15**	**10**	**49**

Quarter 3 shows a peak in the number of MP enquiries received. Overall Children Social Care accounted for 57.89% of the total MP Enquiries received in the year. Education was next with 40.35% of the yearly enquiries. For the second successive year there has been an increase in MP enquiries raised with the Council as complainants have become more aware of this facility. Some complainants do remain unhappy with their complaint response, and then exercise their prerogative to make referral to their MP in the hope that their MP will be able to provide an alternative response. This year we have received 1 MP on behalf of a Young Person and it is encouraging to see this process being used.

The following table shows the annual breakdown of Councillor Enquires received by Children's Services:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Children's Social Care	NIL	2	3	3	**8**
Early Help for Children	NIL	NIL	NIL	NIL	NIL
Education	NIL	NIL	NIL	NIL	NIL
Total	NIL	**2**	**3**	**3**	**8**
Comparison Totals 2012/2013	**2**	**6**	**6**	**7**	**21**
Comparison Totals 2013/2014	**7**	**4**	**1**	**3**	**15**

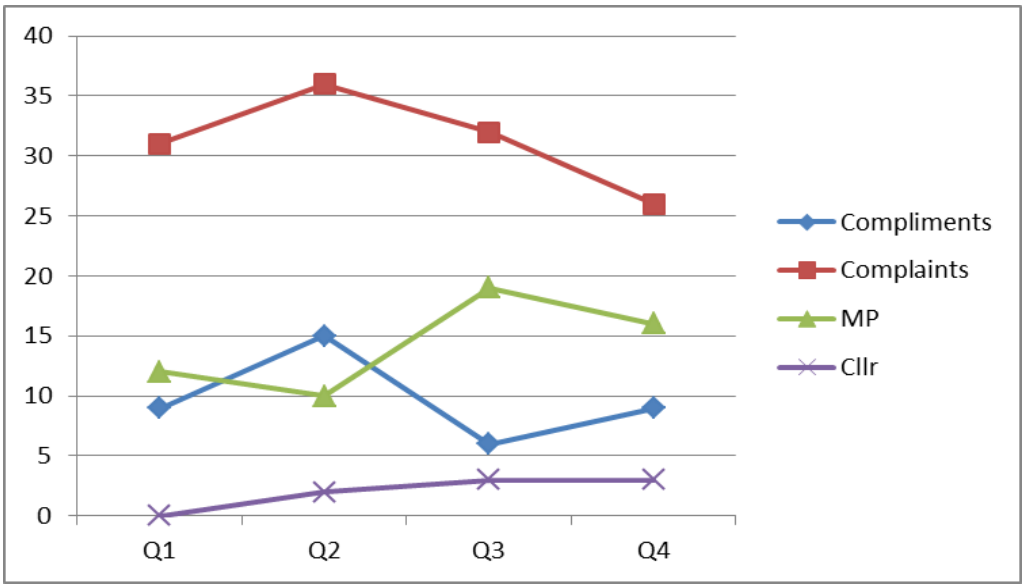
Children's Social Care dealt with all 8 of the Councillor Enquiries.

11. Staff Training

There have been a number of structural changes within Children's Services with new members of staff starting in post. All have been made aware that Customer Relations Team offers training on a variety of subjects such as letter writing, policy and procedures. The Customer Relations Team provide training tailored to the needs of the service as and when requested.

12. Conclusion

To conclude, as engagement with, and confidence in Children's Services to address issues increases, for the year 2014/15 the levels of complaints has marginally decreased but complexity has increased. More emphasis has been placed on ensuring service users can access the complaints process and recognition of limited capacity and time constraints is evidenced by timescales being missed or extended. Compliment figures have also decreased over the year but we are now more stringent in accepting genuine thanks.



Recommendations for Children's Services, based on the information available are:-

- All service areas to continue to work with the Customer Relations Team to recognise "Lessons Learnt" from their complaints or compliments.
- Improvements in meeting timescales need to continue, with focus on ensuring complaints are responded to within timescales where possible.
- Minimise the number of holding letters issued which can further fuel the expectations of reply responses.
- Further work to be undertaken to establish why trends are occurring in some themes, with particular focus on the high numbers of complaints referring to "Staff Attitude/Treatment of Customer", ''Quality of Service'' , ''Lack of Action'' and "Lack of Communication".

This page is intentionally left blank

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	17th September 2015

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To inform Scrutiny Committee of the work undertaken by Adult Services on a day to day basis to allow effective scrutiny to take place.

2.0 Recommendation:

2.1 For Members of the Scrutiny Committee to consider the contents of this report and identify any further information and actions required, where relevant.

3.0 Reasons for recommendation:

3.1 For Members of Scrutiny Committee to be fully informed as to the day to day work of the Adult Services Directorate to allow effective scrutiny of services.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

Not applicable.

4.0 Council Priority:

4.1 The relevant Council Priority is "Safeguard and Protect the most Vulnerable"

5.0 Background Information

5.1 Adult Social Care

5.1.1 Since the last report to the Committee the Government has announced a delay in the implementation of the element of the Care Act dealing with Care Accounts. This is now scheduled to happen in April 2020, as opposed to April 2016.

5.1.2 Work is planned for September to analyse the changes in demand for assessments from both carers and service users. Early indications from the first two months of this year showed a significant increase, but the timeframe for analysis needs to be extended to better understand any emerging trends.

5.1.3 The Social Inclusion Day Services have now been operational since 1 February 2015, initially consisting of 5 support workers who were subject to TUPE conditions as they moved from Richmond Fellowship employment to council contracts.
The initial work undertaken involved supporting service users who had been using the Cornerstones service and assisting them to find alternative activities within the community and encouraging social activity groups to continue but be user led. During the first two months of this service, work was undertaken to ensure individuals who were not in mainstream mental health services did not feel abandoned by Cornerstones staff but were empowered to continue their recovery journey. All the groups which were running have now became service user led. They continue to be well attended and of benefit to the attendees. Following consultation the service user led groups have now renamed themselves as Blackpool Inspirations

5.1.4 In April 2015 following the completion of this work a new Social Inclusion Service was developed, this new model was discussed with the former Richmond Fellowship staff and, following consultation involving Blackpool Council HR and union representation, all Richmond Fellowship staff agreed to changes in terms and conditions and moved on to Blackpool Council contracts.

5.1.5 A qualified Social Work post has since been advertised and recruited to and the two existing support work staff, already employed by Blackpool Council, have now joined the Social Inclusion Team. The team now consists of one qualified Social worker, and seven support workers, (six whole time equivalent).

5.1.6 The team have been open to new referrals for the past three months and currently have 60 individuals who they are working with, who have care coordination within secondary mental health services from both health and social care staff. The work undertaken consists of improving social interaction, accessing community resources, enhancing education and employment opportunities, activities of daily living including budgeting, shopping, encouraging physical health checks, improving social skills, accessing appropriate accommodation and setting of daily living routines.

5.1.7 There remains capacity within the service for more referrals to be accepted and early feedback from both staff and service users is the positive effect this service is having on people's lives.

5.1.8 To date Blackpool Council have not received any complaints following the service changes.

5.2 **Safeguarding**

Overview of the position with Deprivation of Liberty applications and Safeguarding cases

5.2.1 Deprivation of Liberty applications

The rate of 'applications' for Deprivation of Liberty authorisations continues to rise. The average rate of applications in 2014/2015 was 36.4 applications per month. Since April 2015 the average rate has risen to 63 per month. This rise in numbers is due in part to previous newly authorised applications now being scheduled for review. In addition to the work involved in new applications each of these reviews will also require a full re-assessment.

A small number of newly trained Best Interests Assessors are being trained to complement the in- house Social Workers and external independent assessors who are carrying out this work.

5.2.2 Safeguarding cases – activity

Quarter 1 figures show that 145 new safeguarding alerts were received during April, May and June. New and existing cases provide a rolling total which shows that in Q1 a total of 147 cases were closed and 90 were recorded as ongoing. Of those new alerts:

- 19 were deemed to be not appropriate for referral into the safeguarding process but dealt with by other more appropriate work.
- 64 were deemed to be Incident only
- 61 proceeded into further enquiry
- 1 case was recorded as ongoing

A high number of 'Incident only' cases were raised by Lancashire Care Foundation Trust (LCFT) related to the new Harbour facility. There is an agreement that where appropriate these cases will be currently logged in this way pending work in partnership with LCFT to resolve the number of alerts raised.

Of the total 147 alerts that were closed during the period:

- 23 were deemed to be not appropriate for referral into the safeguarding process but dealt with by other more appropriate work.
- 68 were deemed to be Incident only
- 56 proceeded into further enquiry

Of the 56 that were progressed into further enquiry:

- 4 were ceased on the service user's request
- 1 was ceased due to change of circumstances and further investigation not required
- 21 were Not Substantiated
- 9 were Inconclusive
- 13 were Partly Substantiated
- 8 were Substantiated

Similarly to the recent audit on cases deemed to be inconclusive or not substantiated, further in-house audit will be carried out by the Head of Safeguarding to explore 'Incident only' decisions (see below).

5.2.3 Audits

The Resilient Communities' Scrutiny Committee has requested analysis of safeguarding cases that were identified in the year-end Report as 'Ceased at the service user's request', 'Inconclusive' or 'Not Substantiated'.

A 20% sample of those cases have now been randomly selected in terms of age gender and location and considered in greater depth by the Head of Adult Social Care, the Initial Contact team manager, the Designated Safeguarding Manager for Adults and the Head of Safeguarding.

5.2.4 Cases ceased at the service user's request (12 cases)

The Association of Directors of Adult Social Services (ADASS) 'Making Safeguarding Personal' approach provides the guidance that the individual who has capacity to make choices - and who is involved in a safeguarding case - is given the choice to direct the process and to approve the resolution to a safeguarding incident.

The Care Act 2014 further requires that the opinion of those individuals must be respected. The Mental Capacity Act 2015 also states that choices made by people

with capacity should not be overridden even where professionals and others think that a choice is unwise.

The majority of these cases relate to adults being supported by mental health services and in analysing the cases where the outcome 'ceased at individual's request' had been recorded, it was clear from the detail that practitioners had properly upheld the choices of those individuals.

However, where the individual had decided to continue to live with some elements of risk there was evidence across the sample of other action having been taken - such as Police intervention with the person who may have caused the harm or enhanced levels of support to empower the individual.

5.2.5 'Inconclusive' (26 cases) and 'Not Substantiated' (36 cases)

Where cases had been recorded in this way it became evident that the cases sampled had been ceased at different stages in the safeguarding process.

Allegations of the harm to the individual gathered at the alert stage were deemed to be of sufficient significance to be referred further into the safeguarding process. The stages at which the outcome decisions were made then varied on a case-by-case basis depending on further information gathered or other alternative actions taken to support the individual. The safeguarding process allows for this variation.

Where cases from the sample that were deemed 'Not Substantiated' were ceased at the strategy meeting stage, it is recorded that in the majority of cases that there was agreement amongst those involved that there were no further lines of enquiry to pursue. This is similar where decisions were made that cases were 'Inconclusive'.

Decisions of this nature may be taken based on the evidence available to the meeting or the fact that there is no further evidence and the safeguarding lead has chosen to reach that conclusion.

This may be, for example, as a result of the allegation having been malicious, where further information about the case had informed the decision or where the individuals who were involved in the alleged incident lacked mental capacity which is sometimes the case between residents in residential or nursing care settings and where alleged harm is unwitnessed it cannot be taken further.

Although in the large majority of cases within the sample, the decisions made were taken collectively between the agencies and individuals involved, some evidence did emerge that in a small number of cases decisions had been taken without full consultation and /or the full involvement of the person at risk. The Care Act 2014 (enacted in April 2015) requires a more holistic approach and it is anticipated that analysis in 2015/2016 will reveal changes in practice towards greater inclusivity.

Where cases were 'Inconclusive' or 'Not Substantiated' at the end stage following a completed investigation (known as the Reporting Meeting stage) the findings were made based on an evaluation of all the available evidence and on the balance of probabilities. Where those findings are agreed in a multi-agency or multi-disciplinary approach they can be considered to be reliable and it is inevitably the case that not all allegations can be upheld on the balance or probabilities.

There is evidence from the sample however that in some cases more appropriate courses of action could have been taken at the alert stage rather than a referral into the safeguarding process. For example wider quality of care issues or the need for a reassessment of an individual's care rather than specific acts of harm do not need a formal safeguarding approach. These are more likely to be the cases that are later deemed to be 'Inconclusive' or 'Not substantiated'.

In response to this - and since April 2015 - a safeguarding threshold framework has been incorporated into the Safeguarding Adult Board Multi Agency Policy to support professional thinking. In addition a post-alert checklist has been developed for Social Workers to structure the thinking about the appropriate pathway for the concern. Further audits will be conducted throughout 2015/2016 to monitor progress.

5.3 **Impact of National Minimum Wage Announcement**

Increases to the National Minimum Wage from October 2015, place additional cost pressures on the providers of social care services and test the new duties under the Care Act that are designed to ensure that Councils take account of the viability of the rates they pay for care in relation to the services they commission. Work is underway with providers to understand the impact of these measures and the potential offsets top costs provided by changes to National Insurance and Corporation Tax measures.

5.4 **Regulated Services**

5.4.1 Quality and performance monitoring meetings continue to be routine business for the Contracts and Commissioning Team.

The following 3 homes continue to be suspended:

Contract Name Type	Suspension Start	Update
Belgravia	26/6/15	CQC have received representations against the Notice of Proposal to cancel registration.

Hope House	09/01/15	CQC report requires improvement around recruitment and notifications. Contracts are continuing to meet with the provider for updates on the agreed action plan.
Orchard Lodge	17/02/15	CQC have received representations against the Notice of Proposal to cancel registration. The care home has recently been taken over by new owners who have renamed the home Hollins Bank.

5.4.2 **CQC inspections during the period**

6 inspection have taken place since the last meeting of the Committee and the outcomes are as follows:

1 good
1 requires improvement - (this is one of the homes currently on suspension)
1 inadequate - (this is one of the homes currently on suspension)
3 awaiting outcome

5.4.3 **Care home sales**

There are currently two care homes up for sale. The Contracts Team is currently working with Adult Social Care to ensure all residents are reviewed and the movement of residents once properties are sold runs as smoothly as possible.

Does the information submitted include any exempt information? No

List of Appendices:

None

6.0 Legal considerations:

6.1 Some of the areas of current and future work will require consideration of legal issues, options and potential impacts.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 Some of the areas of current and future work will require consideration of financial issues, options and potential impacts.

10.0 Risk management considerations:

10.1 There are some risks in the current system. These are being addressed by current or planned work.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None attached.

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Delyth Curtis, Director of People
Date of Meeting	17 September 2015

CHILDREN'S SERVICES IMPROVEMENT REPORT

1.0 Purpose of the report:

1.1 To inform scrutiny of the work undertaken by Children's Services on a day to day basis and to update on the progress and implementation of developments within the area.

2.0 Recommendations:

2.1 To note the contents of the report and to ensure that current work continues to meet statutory obligations and that work to prepare for external inspections continue.

2.2 To work with schools to support improvement and preparation for external scrutiny and support the work of the Blackpool Challenge Board in order to improve the progress and attainment of Blackpool Children especially at KS3 and KS4.

2.3 To establish a Scrutiny Review Panel to consider school attainment in 2015 in detail.

3.0 Reasons for recommendations:

3.1 For Members of the Scrutiny Committee to be fully informed as to the day to day work of the Children's Services Directorate.

Blackpool is continuing to meet its statutory obligations and self-evaluation has indicated that some areas for future inspection still need work on them. The Local Authority retains a statutory responsibility to monitor all schools in order to support improvement and raise the attainment and progress for all children in the Local Authority Area.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is;

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Create safer communities and reduce crime and anti-social behaviour

5.0 Reports

5.1 **2014 Children and Families Act (Special Educational Needs (SEN) and Disability)**

5.1.1 Written and verbal reports were made to the former Education Scrutiny Panel in June 2014 to update on progress on the implementation of the Act (September 2014). It was agreed that a further report would be provided twelve months following this. The current work continues to meet statutory obligations and preparation for external inspections continues also. Self-evaluation has indicated that some areas of inspection need strengthening.

5.1.2 The 2014 Children and Families Act was implemented in September 2014 (the youth offending aspects from April 2015). There were significant changes for Special Educational Needs and disability, as outlined below with Blackpool progress noted against the headings. Work streams had met since 2012, including parents, care, health, colleges, schools and others. The work outlined below is a summary of the key aspects of the initiatives taken.

- **The approach to identifying Special Educational Needs (SEN) was changed from service led to person centred;** Significant training across health, education and care has occurred. The Department for Education (DFE) area advisor and parent groups have noted how person centred the approach is now within Blackpool.
- **Statements of SEN have been replaced by Education, Health and Care (EHC) Plans;** the service has maintained a 100% record for completing these on time and moderation by the DFE has highlighted how they meet the spirit of the Code. Councils have to convert all existing Statements of SEN to EHC Plans within the next three years. DFE monitoring has highlighted that Blackpool is one of the few authorities, regionally, to be on track to do this within the timescales.

- **Approaches have to be outcome focussed and aspiration driven;** this has been a key ethos change away from the needs driven approaches used previously.
- **Increase to a 0-25 age range;** The Act covers to the age of 25, whilst previously it was to the end of schooling. Post school covers when the young person is in education and/or training. Outcomes in terms of being in employment or an alternative are important. Work has occurred with colleges and post 16 providers to ensure that provision meets need and a specific post 16 SEN Officer appointed.
- **Personal budgets;** if there is an EHC Plan the young person post 16, or parent, can have access to a personal budget for aspects of this. Blackpool had a significant take up of personal budgets in regard to care provision for disabled Children and Young People (CYP) and this has been built upon.
- **Co-production;** All strategic and personal plans have to be coproduced with parents or post 16 young people. Blackpool has been praised by parents and charities for this. There have been some significant events that have input into the co-production process and stakeholder engagement occurs in all work streams and strategic groups.
- **Local Offer;** There is a duty on the local authority to host an offer of all provision available within the area for Children and Young People with SEND and their families. This is available via a web site within the Family Information Service. Other communication routes including deaf text and the use of leaflets/ meetings are also utilised. Initially all legal aspects were put onto the Offer site, and this was monitored by the DFE. A national charity highlighted Blackpool's Local Offer as one of four national examples of good practice.
- **Joint Commissioning;** this has to occur between the Clinical Commissioning Group (CCG) and Local Authority. A Strategic Board has been set up to establish intentions and delivery.
- **Mediation;** if there is a dispute about aspects of an EHC Plan the Local Authority has to commission independent mediation.
- **Early stages of support;** Work is ongoing to ensure that needs are identified at as early a stage as possible and statistics indicate that this is the case. However there are corresponding increases in needs amongst early years (due for instance to more babies surviving traumatic births) and Blackpool is a net importer of need. Work has occurred with early year's providers, schools and colleges to improve their identification processes and provision. A reasonable expectations document, outlining the type of provision to be expected from school provisions, has also been developed.

5.1.3 Blackpool is one of 13 local authorities nationally to be engaged in a pilot to extend the remit of tribunal (a legal process led by a judge) to rule on care and health aspects of an EHC Plan as well as education ones, if there is a disagreement that cannot be resolved. Blackpool has a tradition of low numbers of cases needing to go to tribunal.

OFSTED and the CQC (for health) have been charged with inspecting local areas in relation to SEND. The criteria is yet to be published, but will occur in the near future. Once it does a desk top exercise will occur to self-assess Blackpool. The inspection will cover a local area, including health, the council (adult and children services) and providers (schools, colleges, early year's settings, care providers for example). The first inspections nationally will be likely from May 2016. Members will also be interviewed as part of the process.

5.2 **Progress and Attainment of Blackpool Children following the SATs and Summer GCSE Examinations in 2015**

5.2.1 The Authority continues to meet statutory monitoring, challenge and support obligations and work with schools to support improvement and preparation for external inspections and support the work of the Blackpool Challenge Board in order to improve the progress and attainment of Blackpool Children especially at KS3 and KS4. The Local Authority retains a statutory responsibility to monitor all schools in order to support improvement and raise the attainment and progress for all children in the Local Authority Area.

5.2.2 The new Ofsted Framework for Inspection was released on 15 June. The new Framework will be used to inspect maintained schools and academies (including Early Years), further education and skills providers from September onwards. Four judgements of Outstanding, Good, Requires Improvement and Inadequate remain the same. There will be a new short inspection that will be used for existing Good schools lasting for one day. The following areas will be judged:

- Effectiveness of Leadership and Management;
- Quality of teaching, learning and assessment;
- Personal development, behaviour and welfare;
- Outcomes for children and learners.
- Effectiveness of Safeguarding (new judgment)

The progress of pupils will remain a key driver in determining each judgment.

5.2.3 In response the School Improvement service is currently realigning school categories to better support key developments outlined by Ofsted, particularly around outcomes for children, pupil progress, schools moving to Outstanding, and the effectiveness of whole school safeguarding. This will require a restructure and a refocus of activity within existing teams.

5.2.4 School Inspections (March – July 2015)

- Montgomery: 10.4.15. HMI Monitoring visit stated effective progress
- Boundary Primary: 21.4.15. Moved from Good to Requires Improvement. HMI Monitoring visit on 11.6.15 stated Effective Progress.

- Hawes Side Academy: 7.5.15. Moved from Requires Improvement to Good.
- South Shore Academy: 18.5.15. Remained Special Measures
- Devonshire Academy: 20.5.15. Moved from Good to Requires Improvement.
- Park Special School: 27.5.15. Remained Outstanding
- Unity: 4.6.15. Moved from Satisfactory to Requires Improvement
- Highfield – third monitoring visit by HMI - making reasonable progress out of a category
- Langdale – Section 5 inspection deemed Good

5.2.5 **Primary KS2 Performance 2015;** Performance of pupils at Key Stage 2 in Blackpool primary schools has continued to improve again in 2015 and is above the national average in all headline measures relating to progress. Attainment and the three progress measures each show year-on-year improvement since 2012.

The percentage of pupils attaining at least Level 4 in reading, writing and mathematics shows a 1.2% improvement on the 2014 Blackpool figure and is 0.2% closer to the national average than in 2014 but, at 78.6%, remains 1.4% below the provisional national average for 2015 (published 27 August 2015). National ranking for attainment is 89/150 in 2015 compared with 88/150 in 2014.

The other national headline measures record the proportion of pupils making expected progress (two levels) between Key Stage 1 and Key Stage 2 in each of reading, writing and mathematics. Blackpool schools performed at a level above the provisional national averages in all three elements of reading, writing and mathematics, exceeding them by 0.9% (91.9% cf 91.0%) in reading, by 2.1% (96.1% cf 94.0%) in writing and by 1.4% (91.4% cf 90%) in maths. Blackpool's ranking nationally has fluctuated but since 2012 has improved from 108/150 to 72/150 in reading progress, from 56/150 to 5/150 in writing and from 116/150 to 49. Such improvement in the progress measures reflects the efforts by all concerned. Eleven schools showed year-on-year improvement in the important progress measures.

In 2014 there were two Blackpool primary schools (Revoe and St Cuthbert's) which fell below the Department for Education (DfE) Floor Standard (ie less than 65% of pupils attaining Level 4+ in reading, writing and mathematics and less than the national median for progress in each area). In 2015 both these schools have improved and are no longer 'below floor' but unfortunately Boundary Primary School is currently below floor.

5.2.6 **GCSE Results 2015;** Secondary schools, during 2014-15, significantly improved recording and reporting of pupil assessment with four data collection points established during the year. This data has been provided to the Challenge Board. St Mary's actual performance was significantly better than its assessment of KS4 attainment and progress. All other secondary schools continue to be over confident

with their assessment methodologies especially during the May report. March data reporting proved to the most reliable indicator across schools. Accuracy of assessment data will continue to be reviewed by the Challenge Board as a priority.

Blackpool performance has dipped this year. The % 5+A*-C inc. English and Maths GCSE measure is down from 44% to 41.8%. However, both St Mary's and Montgomery have improved on 2014 performance and are above the national average for England. (2014 national average used for comparison pending publication of 2015 figures). Most high schools however continue to be below last year's national average of 53.4% and, overall from 2012, there has been a four year declining trend. First results in 2015 show four high schools at or below the government floor threshold measure of 40% 5+A*-C inc. English and Maths. Similarly, the attainment of five good GCSEs (%5 +A*-C) in any subject is down from 53.2% to 50.3% and is also part of a four year declining trend. However, St Mary's, St George's and Montgomery have all seen improvement. The proportion of students in each Blackpool school making at least three levels of progress in English and Maths continues to be lower than the 2014 national average in the majority of cases. (Montgomery and St Mary's are above 2014 national average for progress in English but no schools exceeded the national average for progress in Maths).

Investigations are underway to clarify the impact of changes in grade boundaries for the IGCSE English exam which has affected three schools in Blackpool. The effect on Highfield, which had a large cohort of IGCSE students, has been a major drop in the percentage attaining a grade A* to C in English.

The impact of Blackpool's Secondary Maths Strategy is starting to show some progress and the three levels of progress in maths has improved slightly this year in some schools across Blackpool. However, Blackpool schools remain below the published national average for 2014 of 65.5% and Maths attainment overall has gone down to 54.5% A*-C in comparison to the 2014 national figure of 67.7% A*-C. The proportion of children achieving two good GCSEs in Science has improved by 4.6% to 39%. However this also remains below national average for 2014 at 49.3%. This remains a target area for further improvement as Science is a limiting factor for 5A*-C GCSEs and the English Baccalaureate.

Educational Diversity has noted significant improvement in the number of children attaining a qualification. Of significant concern is the 4% of children across the town who did not achieve the equivalent of 1 A*-G however the Connexions services is working closely with this high risk group of young people to ensure they have appropriate education, training and employment.

Following this summer's GCSE results The Blackpool Challenge Board will be focusing on strategies to secure the future progress and attainment of Blackpool children at Key Stage 3 and Key Stage 4. Detailed information on prior attainment on entry has

been provided to each high school in order to encourage early planning and identification of the needs of individuals and groups of students in Year 7.

5.3 **Childrens' Services Improvement**

Nurseries

5.3.1 The decision has now been made to close the nurseries on Grange Park and Talbot and Brunswick. The primary reason for the closure is that both nurseries are running at a loss and are running under capacity. The Local Authority is subsidising costs and the statutory responsibility is to ensure that there are sufficient places provided across the town. There is sufficient provision within the market to meet need, the Council needs to find 83 places in the vicinity of Grange Park.

- Within a one mile radius of Grange Park there are 61 available places.
- Within a two mile radius of Grange Park there are 141 available places.

5.3.2 The Council needs to find 98 places in the vicinity of Talbot and Brunswick.

- Within a one mile radius of Talbot and Brunswick there are 24 available places.
- Within a two mile radius of Talbot and Brunswick there are 221 available places.

5.3.3 As of Friday 4 September 2015, 32 out of 49 children at Grange and 34 out of 61 at Talbot and Brunswick had found alternative provision.

5.3.4 No request for transport has been received as yet and we are not aware of any child that requires a place that has not been able to find one.

5.3.5 The centre staff are working with the Family Information Service to support the outstanding families to find alternative provision. Where they are unable to contact by phone they are looking to visit week beginning 31 August 2015. In addition to this a number of families are waiting for provision to reopen in September before they can secure the place for their child.

5.3.6 Twenty six staff have been granted voluntary redundancy and there have been no compulsory redundancies.

5.3.7 The Trade Union, parents and staff were briefed regarding the imminent decision on Friday 21st August and all parents were provided with a letter with the details of how to access support for on-going provision. MPs were sent a copy of the decision paper and the prepared press release.

5.4 **Social Care**

5.4.1 **Dashboard**

The service is planning to move from performance reporting to more proactive performance management. Key to this is supporting team and service managers to develop a team and service level dashboard which allows them a real time understanding of performance e.g. they have alerts which tells them an event is due rather than reporting when it is out of timescale. Moving to this way of working also requires managers to have the time and capacity to understand the story of the data and therefore there will be a number of performance workshops held with the teams.

5.4.2 **Contact and referral – "the front door"**

There has been a slight improvement in re-referral rates which suggests cases are being dealt with more appropriately on first contact. The independent front door review (which was undertaken in July 2015) found decision making to be effective once cases had come through to social care but challenges in consistency and understanding across agencies in relation to early help and challenges in relation to MASH functioning were evident. Staff are in the process of re-structuring front door services to place additional resource into the MASH and Duty and Assessment teams to strengthen the support available to other agencies to enable them to support families in early help. This will be in place by October. This will also support additional resource into the Awaken Team which focusses on Child Sexual Exploitation (CSE).

5.4.3 **Child protection activity**

Closer alignment of early help and social care teams in addition to strengthened front door arrangements will see a reduction in the number of section 47 assessments by catching issues earlier and when protection plans are required a second plan should be less likely due to more robust post plan support. The service is also developing an alert monitoring system for assessment timeliness to support a graded approach to assessments (not all families require a 45 day assessment) which should support better decision making and case throughput.

Duration on plan is problematic and suggests that there is drift in the system. This is further evidenced by the number and duration of children subject to section 20 and placement with parents. A more robust approach to care and parallel planning is required. In order to deliver this a number of thematic audits are planned to look at placement with parents which starts on the 1 September and section 20 (on the 25 September) and move children on where possible. This should see a reduction in Looked After Children (LAC) numbers and therefore caseloads and improve outcomes and permanence planning for young people. A revised in service audit programme is also planned to take a more robust approach to challenging case progress. This will include a number of automatic trigger points for audit e.g.

duration on a child protection plan of 18 months will result in an automatic legal planning meeting. Finally the placement panel will review all high need and high cost placements to ensure children are having their needs met and the department is getting best value.

5.4.4 **Allocation and review rates**

Rates remain high which is positive. However it is the quality of activity which is really significant -for example if a case is allocated but the social worker does not have the capacity to engage with the family the outcomes are less likely to be positive. Therefore the effort needs to focus on the reviews highlighted above to reduce numbers and complexity of cases in addition to prioritising staff recruitment and development to stabilise the workforce in order to then develop them to move from compliant to confident practice. There is also a focus on improving parallel and contingency planning for children. The legal planning meeting is key in ensuring cases are tracked and progress continues. Changes to the way unborn and pre-birth assessments are undertaken -moving directly to the locality teams to ensure consistent and timely planning with alerts to the relevant placement teams to support placement planning if needed have also been made.

5.4.5 **Children in our care**

The Local Authority currently has the lowest number of looked after children (now referred to as Our Children) since 2012. As at Friday 28 August there were 438 children and young people in our care. Numbers have been consistently falling in recent months. However, despite lower numbers there is a higher level of complexity in the work with an increase in care and court proceedings. The majority of our children are placed in foster care with 260 in in-house placements and 76 in external placements. Placements North West have undertaken an analysis in relation to foster placement sufficiency across the region which reveals that Blackpool should have sufficient placements across the in-house and Independent Fostering Agency (IFA) sector to meet need, however the service consistently struggles to get placements and therefore is reviewing its commissioning arrangements to ensure all available placements in the market are captured.

The Local Authority currently has 14 children where the decision has been made that they should be placed for adoption and 19 that have been placed. There continues to be focus on reducing timescales from reception into care to adoption order. However, because we have a number of children that were adopted by their foster carers and therefore have been in placement for a significant period of time prior to adoption our figures remain poor. If these children are excluded, the timescales will have reduced from 636 days in 2014/15 to 424 in 2015/16 which is two days below the target.

Although numbers of Our Children have reduced the Local Authority is still significantly higher than statistical neighbours therefore needs to take a multi-faceted approach to working with children and young people on the edge of or in care. This includes:-

- **Strengthening diversion from care**

Stronger links between the Families in Need team, duty and assessment and family group conferences should support an improved offer to divert from care. The Blackburn model of a wraparound respite model, where a residential unit is converted to offer emergency and short term respite with intensive family support to ensure teenagers who experience family breakdown are able to return home as soon as possible is also under consideration.

- **Improved placement choice and reunification**

Too many of our children are cared for in residential care outside of the area. Whilst this is sometimes an appropriate choice as safety needs require a child to be in a different area, it can be because we do not have an appropriate local or in-house placement for our children. We are therefore reviewing the need of children who have entered our care in the last quarter to identify unmet needs which will in turn shape the recruitment and commissioning programme. We are also considering bespoke family finding with an individual support package for children. In addition we are considering if our successful troubled families approach could be used to support reunification.

- **Better permanence planning**

We need to take a more refined approach to permanence planning. Especially ensuring we are aware of the needs of children as they change and develop and continuing to look at options to move on from our care which may have not been possible on reception to our care but are now apparent. In order to do this we need social workers and personal advisors to take a much more child centred approach to seeing looked after young people as children we care for and care about and crucially wanting the same for them as they would for their own children. This means they need to prioritise getting to know the whole child which in turn will enhance personal educational and health planning as the workers will have a better understanding of the needs of the children they work with. This is in part a cultural shift, but also requires caseloads to reduce (a number of actions are outlined above to achieve this). In addition to clearer expectations and more robust monitoring, all workers are aware they are required to book a Personal Education Plan meeting in early September to have plans in place by the end of the month and stat visits need to be 100%.

For a number of children a Special Guardianship Order is the best option for permanence and we have high numbers of children that we support who are subject to such an order (currently 198). Whilst we offer financial support where

appropriate we are planning to look at good practice examples in the region to improve our offer in this area. We are also planning to take a more proactive approach to the adoption support fund which is a national programme which funds therapeutic support for adopted children. The fund is currently underspent and to date Blackpool has only secured in the region of 12k for families. Other local authorities have secured single care packages in the region of 80k.

Despite best efforts there are times when placements break down. The consequences of a placement breakdown on children who have already often got attachment issues can be dire. Therefore we need to improve our performance in this area. The Looked After Children annual report states that we have only used the corporate Independent Reviewing Officer (IRO) five times to conduct a disruption meeting (i.e. post placement breakdown review) we have now put in place a requirement for all placement breakdowns to have a formal review and the results reported to management team. This will improve our understanding of the causes of breakdown and ensure we are able to offer better support pre crisis point either through in house support such as the use of Families in Need or by improved commissioning.

- **Stronger and more integrated leaving care pathways**

There are a number of very positive programmes in place which should improve support to our young people as they move on from our care, for example being part of positive transitions work, the development of traineeship and employability support and being part of the national care leavers development programme, New Belongings. However, presently too often support is fragmented. We are focusing more closely on the quality of pathway plans and considering options for closer working arrangements for those that work with our most vulnerable teenagers to support a less fragmented team around the child approach.

5.6 **Getting to Good**

5.6.1 Getting to good will require a deeper understanding and clustering of data. For example to understand those at risk of Child Sexual Exploitation (CSE) requires an overlaying of missing from home data and missing from education reports as well as identifying risky connections and behaviours which indicate possible abuse. To do this needs more integrated approaches which can drill down in key areas and develop joint improvement plans. Work is underway to improve the way we work with children missing from home which includes the linking of police, health and education data to develop more robust plans. If this is successful this approach can then be applied to other cross cutting areas - such as working with chronic neglect and may lead to a more effective cross agency approach. A cross service planning event has recently take place to consider a child's journey through services and develop an action plan for getting to good. A number of core challenges were identified – specifically:-

- Lack of access to mental health and behavioural support for some of our most vulnerable young people. This is especially apparent where there is significant self-harming behaviour.
- Lack of access to support for young people with sexually aggressive / harmful behaviour
- High numbers of Our Children (formally known as LAC) and insufficient placements of the correct type.

5.6.2 In order to support improved practice the plan is looking at a whole system approach to system change which learns from the approaches used in Better Start and Head Start. The plan will include possible approaches to the development of a vulnerable adolescent hub and will be in place by the end of September.

5.7 **YOT Redesign**

The Youth Justice Board required us to develop a plan by the end of August on the development of the Youth Offending Partnership across Blackpool. The plan has now been submitted in draft form and will be considered at the YOT Partnership Board in September. The plan moves away from a silo approach to service provision to young people who are offending towards a wider hub model for vulnerable adolescents. We are considering what lessons can be learnt from the development of similar models in other local authorities, for example the "No Wrong Door" approach which has been developed elsewhere.

5.8 **Childrens' Administration**

The service has been subject to a commissioning review which has now concluded for the majority of the service but is ongoing until mid-September for the senior and finance roles. The revised structure will see a closer alignment between the social work teams and the team administrators and is exploring the possibilities of joint activity across adult and children's services, for example in the administration of petty cash. As part of the review we are also moving towards a higher level of electronic systems use, for example to move away from paper based invoicing which will reduce admin requirements and improve quality assurance and audit. A transitional group has been established across administration, social work and early help teams. The first meeting is planned for mid-September.

5.9 **Emergency Duty Team**

Patterns of work in the service have significantly changed – for example there has been a 100% increase in mental health calls. This means that the structure and processes of the service need to be reviewed to ensure continued fitness for purpose. This will be undertaken in October 2015.

5.10 **Care Leavers Drop In Centre**

The final plans have now been agreed and work on the property on Clifton Street is due to commence.

Does the information submitted include any exempt information? Yes/No

6.0 Legal considerations:

6.1 The statutory obligations are monitored and continue to be met.

With regard to **School Performance**, compliance with the statutory obligations under the schools Standards and Framework Act and the 2014 Schools Causing Concern Guidance to Local Authorities should be observed.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 With regard to the **Children's and Families Act** and under the Equalities Act the needs of those with disabilities are met. Race/gender/free school meal data is kept to ensure no discrimination occurs

With regard to **School Performance**, the needs of individual pupil groups are routinely monitored.

9.0 Financial considerations:

9.1 With regard to the **Children's and Families Act**, the obligations are met within budget and the two new burdens grants from central government to all local authorities (covering the financial years 2014/5 and 2015/6).

For **Schools Performance**, obligations are met within S251 budget and the Delegated Schools Grant.

10.0 Risk management considerations:

10.1 If we fail to meet statutory obligations in terms of **Children's and Families Act**, the authority would be at risk from individuals taking legal action and/or central government / OFSTED taking action.

If we fail to meet statutory obligations or raise standards of attainment and progress for Blackpool Schools the Local Authority is at risk of negative Ofsted Commentary and Secretary of State powers of intervention.

11.0 Ethical considerations:

11.1 With regard to the **Children's and Families Act and Schools Performance,** the needs of a vulnerable group within the town continue to be met appropriately.

12.0 Internal/ External Consultation undertaken:

12.1 There is a duty under the **Children's and Families Act** to co-produce all policies with parents and children/ young people (CYP). Positive feedback has occurred from parent and charity groups to the DFE about parental engagement and engagement with children/ young people was seen as not being a major concern on a DFE monitoring visit. However, it has been highlighted by internal self-evaluation that engagement with CYP could be better and work is ongoing with the Chief Executives department to put in further structures to enable this to improve. It was also recognised that "hard to reach" parents views have not been obtained and a parent telephone survey is proposed.

There is a requirement under **the 2011 Education Act** to progress a School Led System. This is achieved through the work of the Challenge Board, School Federation and School Forum.

13.0 Background papers

None

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Del Curtis, Director of People
Date of Meeting	17th September 2015

THEMATIC DISCUSSION: CHILD SEXUAL EXPLOITATION

1.0 Purpose of the report:

1.1 To propose a process for thematic scrutiny of this area of practice.

2.0 Recommendations:

2.1 To discuss Child Sexual Exploitation in Blackpool and identify any further issues for further scrutiny.

2.2 To request minutes of the Local Safeguarding Children's Board in September to ensure a robust action plan is in place for the wider front door issues.

2.3 To consider the self-assessment and action plan.

3.0 Reasons for recommendations:

3.1 To ensure constructive and robust scrutiny of Child Sexual Exploitation.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? No

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable

5.0 Background Information

5.1 Child Sexual Exploitation continues to be a high profile issue for both the media and the Government following the situations in Rochdale, Rotherham and Oxford amongst others. When OFSTED inspected Blackpool services for children in need of help and protection, children looked after and care leavers and the effectiveness of the Local Safeguarding Board in July 2014, it commented that one of the strengths of the Local Authority was:

5.2 "Children and Young People who are at risk of being sexually exploited (Child Sexual Exploitation) are identified and receive a range of support appropriate to their individual needs".

5.3 Subsequently Blackpool was part of the 12 area project which involved a range of visits and meetings including separate meetings with the Leader and the Lead Member, the Chair of the Local Safeguarding Children Board (LSCB), the Chief Executive and Director of Children's Services (DCS). It included separate focus groups addressing the work of the specialist Awaken Team, Child Sexual Exploitation and children in residential care, the Blackpool economy and transience, disruption and patrolling of hotspots, and the work on Child Sexual Exploitation in and with schools. The summary feedback was:-

1. The political leadership agrees that there is a problem in Blackpool and indicates an appetite to address it.

2. The Child Sexual Exploitation specific strategy and planning has historically been police led and on a Lancashire wide footprint. Although the Awaken Team has been in place for ten years and there is evidence of very positive practice on the ground, Child Sexual Exploitation has relatively recently become an identifiable element of the Blackpool LCSB approach with a (police led) sub-group. There is more to be done to shape strategy and delivery.

3. In January 2015, internal recommendations were made to the corporate leadership team to commission work on the voice of the child, to develop the Multi Agency Safeguarding Hub to incorporate Child Sexual Exploitation referrals, to develop a Multi-Agency Sexual Exploitation (MASE) approach, to present timely updates to children's scrutiny, to review staff training across the borough including elected member training and to strengthen links across licensing, enforcement, and housing and legal services.

4. There is an expectation that professionals build practice in ways that reflect the views of the child. The longstanding Awaken Team has a clear child emphasis on the need to listen to the child. There was less clarity about wider mechanisms to secure the

voice of victims on practice. The work of the Children's Society has been visible in supporting victims to engage but this again is largely on a pan- Lancashire basis in conjunction with the police and less visible within the Blackpool programme.

5. The Awaken Team includes health, police, social care, education and a missing from home co-ordinator. Referrals are worked by the most appropriate member of the team and support is provided to mainstream staff where cases are held there. The role of team nurse role was valued - we were told that disclosures were often made in the health context.

6. The 2014 Ofsted report noted that "Those who may go missing and who also may be at risk of Child Sexual Exploitation are identified well, assisted by the location of the 'missing' coordinator in the Child Sexual Exploitation 'Awaken' team and well-established information-sharing practices. Monthly meetings between senior police officers and managers in the local authority maximise awareness of 'high risk' cases, issues, and the location of 'hot spots'. This supports strategic oversight of operational activity and ensures that the service is responsive to changing demands."

7. However when Lancashire police recently initiated a "Pan-Lancashire Partnership Assessment" aimed at building on core police data with intelligence from wider partnerships, it ran into difficulty in relation to the willingness of partners to share data, suggesting that there is still some way to go in this regard.

8. The assertive outreach approach to identifying children at risk is concentrated on the patrolling of hotspots described below. There is a programme of Child Sexual Exploitation training and awareness for professional staff. There was evidence of a positive culture of staff engagement in the council but also that Blackpool has an ongoing challenge in the recruitment and retention of social workers. This leading to a problem in sustaining experienced and confident staff.

9. Representatives of schools and the college in Blackpool reported good internal systems in schools to identify and address the needs of children at risk including non-teaching staff working with individual children. They described broader Personal Health and Social Education (PHSE) activity including theatre productions but also concluded there was limited time available. They spoke well of the external support services including the school improvement offer and the "WISH" team offering sexual health services, this was commissioned by Public Health. The chair of the LSCB, however, was keen to ensure that the Academies were more closely linked to the work of the board and had initiated a programme of "Twilight" discussions to take forward the discussion.

10. Blackpool has a very high proportion of Looked After Children (LAC) and a large

number of children are placed there by other authorities. It was reported that the practice of authorities placing children in the area was not always helpful both in notifying Blackpool of arrivals or in assessing risk prior to placement. There is a view that receiving authorities have insufficient room to escalate poor practice when it occurs. On the other hand, the management of Child Sexual Exploitation and its place in relation to children's homes appeared to be positive. The health service presented evidence that the children were well known to the service and engaged with health assessments and support.

11. The Ofsted report noted that "There are plans to undertake Child Sexual Exploitation awareness-raising work with local businesses, such as amusement arcades and taxi firms. However, given the long-established nature of this team, and the unique characteristics of Blackpool, it is surprising that this is not at a more advanced stage of development"

12. There is an appetite in Blackpool for a wider community campaign and engagement. There has been local support for the "say something if you see something" campaign and there is space for this to be a more fundamental strand of the strategy. The local view was that they would welcome a national campaign within which to operate.

13. The hotspots of Blackpool are heavily patrolled and there is a proactive approach to enforcing licensing requirements and addressing other offences. This is in part a response to need to manage the night economy of Blackpool, which on some nights means that there are large numbers of people using alcohol and drugs inappropriately. Within that, police and other staff are tasked to act in relation to specific suspects and children at risk in order to gain intelligence and disrupt Child Sexual Exploitation and other activity. This has included entering premises and taking action against specific businesses and individuals.

14. There is a selective licensing scheme which is systematically using the requirements placed on landlords to enter HMOs to inspect property and to speak to tenants. This work has dual objectives: first to address the poor housing conditions as part of a wider goal of attempting to change the dysfunctional housing market; and second there is a welfare goal of directing the residents towards support and employment. However, the work is also activity in which it is possible to identify both suspects and children at risk and it is therefore described as part of the intelligence gathering needed to protect children from Child Sexual Exploitation.

15. There is very positive engagement from health services in the management of Child Sexual Exploitation and support for victims. However, Ofsted indicate that "access to CAMHs is too variable to be confident that all children will receive the help

they need…….. As a result, the local authority is forced to source and fund independent packages of support for some young people."

16. As with many places there is a case for a comprehensive needs based Child Sexual Exploitation commissioning strategy crossing NHS and local government and the police addressing the spectrum from informal community based support "on their terms" and to a more therapeutic offer when appropriate.

17. There is clear acceptance of the challenge in Blackpool and some practice that is very positive. Areas for development appear to include:

- Collaborative self-assessment
- Blackpool specific refresh of governance, strategy and planning for Child Sexual Exploitation
- The next stage on:
    i. Listening to the child
    ii. Data and performance framework
    iii. Schools strategy and wider Community engagement
    iv. CCG / LA commissioning strategy

5.4 **Current activity**

The Local Safeguarding Children's Board (LSCB) sub group has a development plan which covers the areas identified. The plan and update is attached as Appendix 12a.

5.5 In addition, following an external audit of front door functioning in July 2015. A development and improvement plan for wider front door activity is in development. This is subject to scrutiny and monitoring at the September LSCB.

5.6 In August, Ofsted consulted on a new format for thematic multi agency inspections. The suggested approach is to give eight working days notice of inspection. During the eight days a multi-agency group will be required to audit in the region of five cases. The field work will begin with a multi-agency meeting and then the inspectors will review the functioning of the multi-agency front door and follow any themes from the audits. The inspection team will be 11 – 12 people from across all the inspection bodies, with Ofsted being the lead. The fieldwork will last a week and the feedback will be to the multi-agency group. There will not be a graded judgement but will have multi and single agency actions. It is proposed that the first six thematic inspections which take place

between September and March are on the theme of Child Sexual Exploitation. Therefore, Mr Ian Wheeler, improvement manager has been asked to be the lead for ensuring inspection readiness (working with the Service Manager, Duty and chair of the LSCB sub group). As part of this work Mr Wheeler will undertake a file audit of relevant cases week beginning 7th September 2015.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 12a: Child Sexual Exploitation Operational Plan

6.0 Legal considerations:

6.1 The paper is for thematic discussion only.

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

Child Sexual Exploitation Operational Action Plan

BLACKPOOL SAFEGUARDING CHILDREN BOARD

CSE Operational Action Plan

1. Leadership BSCB must provide clear leadership is in place that provides a long term vision and aim in relation to CSE.						
	Action	**Outcome**	**Lead**	**Timescales**	**Activity/Evidence**	**RAG**
1.1	Devise Local CSE Strategy to ensure it addresses the themes • Prevention • Safeguarding • Bringing Offenders to Justice • Public Confidence.	Joint Multi Agency responses are provided to Safeguard those children at risk of CSE, reduce risk and keep children and young people safe.	Blackpool CSE Priority Group - Chair	Dec 2014	•CSE Operational Group established and meets quarterly •Group reports directly to BSCB. Group also has links to Multi agency groups regarding Rape and Serious Sexual Assault (Aquamarine) and Prostitution (Azure) •This Action Plan is reflective of the Pan Lancs Action plan. CSE lead and BSCB Business Manager meet to ensure consistency of approach •Police DCI identified as BSCB lead for CSE •Membership of Group to include-: Children's Social Care Police Health Probation Education Public Health Youth Offending Team Licensing (Local Authority) •CSE Action Plan sits within Blackpool Safeguarding Children Board's action plan	Green Green Green Green Green

2. Prevent: Public Confidence and Awareness BSCB must engage with communities, to raise awareness and understanding of those at risk of CSE to prevent children and young people from becoming victims.						
	Action	**Anticipated Outcomes**	**Lead**	**Timescales**	**Current Position**	**RAG**
2.1	Ensure that a range of community engagement activities are delivered in identified localities to increase awareness and confidence within our diverse local communities.	Greater awareness in the wider community re CSE. Reduction in the risks of CSE to children and young people in diverse communities by increasing their awareness of risks and protective factors in relation to CSE. Increased knowledge and greater confidence amongst members of the public in reporting any concerns regarding CSE.	Awaken Pan Lancs CSE SG Pan Lancs CSE SG Awaken	Sept 2015	•CSE Awareness Week. (evidence to strategic group already provided) •Christmas Campaign by PCC's Office. •"Know the Signs" campaign. •Operation Spectra (operational order with Awaken) •Current Gap – Blackpool BME communities – requires development	Amber
2.2	Agree a multi-agency Media strategy which includes key messages and enables interactions with the media to be well informed and	A consistent and effective approach when dealing with the media.	Lancashire Police Corporate Comms	April 2015	•Multi Agency Communications Strategy in place. •CSE Awareness week co-ordinated messages via relevant communication bodies	Green

	constructive.					
2.3	Ensure that all education and training providers in Blackpool have specific arrangements in place to support children and young people, who may wish to talk to a member of staff about worries or concerns about CSE.	Raised CSE awareness of frontline child protection professionals within all educational and training settings. Appropriate recognition and respond to disclosures relating to or indicating CSE by professionals. Enhanced early identification and intervention with children and young people at risk of CSE. Greater protection for children and young people within educational and training communities.	CSE Ops Group	Sept 2015	•Specific CSE briefing for designated officers in schools and training providers to be developed. •See other training and development information in section 7 below •PSHE project delivered by the Specialist Support Team will support secondary schools in delivering high quality, evidence based lessons to students in year 7 and 9 regarding all issues relating to CSE. Lessons will be quality assured and training will be provided to teachers delivering these lessons. The PSHE lead in each school will be provided with additional professional development to enable their advisory role within the school •Flexible training opportunities are available to all schools and colleges across Blackpool on a wide range of issues that affect young people, including those related to CSE. •Youth workers are based in each secondary school who are skilled and experienced in identification and intervention re CSE, this is complemented by the work of the wish team that offer targeted group work and 1-1 interventions to YP at risk of CSE •A sexting framework has been developed and will be offered to all school to offer guidance on how to respond to incidents of youth produced sexual images NB EVIDENCED AS NON-COMPLIANT 16/12/14	Amber

3. Protect: Protecting, Supporting, Safeguarding Victims and Managing Risk. BSCB must be reassured that they identify and protect children and young people at risk of, or subject to sexual exploitation and to safeguard, support and prevent them from further harm.						
	Action	**Anticipated Outcome**	**Lead**	**Timescale**	**Current Position**	**RAG**
3.1	Ensure that Blackpool's Multi Agency CSE team has implemented an integrated process to provide multi-agency support for victims and their families throughout the process.	Successful prosecutions. Support to victims and their families minimises the trauma and anxiety experienced as a result of the criminal justice process Improved outcomes for children. Tailor-made service Reduction in High Risk cases Increase in earlier interventions	Awaken	Sept 2015	•ISVA •90%+ conviction rate for offences presented to the court •Awaken team has been embedded in Blackpool for 8 years – each referral receives a MA response. •Awaken provide support for victims through CJ process- full time social workers provide ongoing support whether case leads to prosecution or otherwise. •Full time Safeguarding Nurse on team to provide specialist health assessments for children and young people when there is an identified need and to signpost to other services within health. •Education worker provides information and support around risk taking behaviour. •Work under development with the Children's Society about providing support for young boys at risk of CSE. •Health practitioners in the Team advocate promoting a better health response to assist victim. They encourage the NHS to promote information sharing in an open and transparent way via meetings and feedback from best practice. Attend MASE to review cases and activity. •YOT to be integrated into MASH	Amber

					•Create a named Lead for CSE within YOT •YOT police officer acts as SPOC with Police for new disclosures by current YOT clients	
3.2	Develop and implement arrangements for talking with and listening to the experiences and perspectives of children and young people who have been at risk of or have suffered from CSE.	An increased understanding of what works for children and young people from listening to and being influence by their views. Improved response by CSE teams.	Children's Social Care to meet and discuss	April 2015	•Awaken Team undertaking consultation/feedback from children and young people receiving a service from Awaken – collated findings to be shared with BSCB for evaluation and assurance. •Awaken video (in which local young people talk about their experience of CSE and professional response) developed and now being updated (funded by BSCB) •YOT to refer all disclosures of CSE made during community supervision directly to Childrens Social Care Duty and Assessment, marked FAO Awaken team	Amber

4. Pursue: Identifying and bringing Offenders to Justice. BSCB must ensure that there are processes in place to identify and target perpetrators and potential perpetrators of CSE.						
	Action	**Anticipated Outcome**	**Lead**	**Timescales**	**Current Position**	**RAG**
4.1	Develop and implement multi agency processes for identification of perpetrators and potential perpetrators of CSE, including identification of 'hotspots' for their activity.	Earlier identification of perpetrators and potential perpetrators which reduces the risk to victims and those at risk of CSE • Targeting of identified hotspot areas by outreach workers. • Use of an ancillary orders by Police. • Increased awareness in the supervision of offenders. • Anti-Social behaviour, Crime and Policing Act 2014	Head of Public Protection Lancs. Police/ Awaken	April 2015	•Lancs Con provide CSE problem profile to be adapted to strengthen understanding of Blackpool picture. •Pan Lancs approach – local arrangement - AWAKEN CSE risk document produced at weekly MA meeting; provides information on both potential victims and offenders who are a cause for concern and is updated weekly. This leads to proactive action/activity to target offenders and safeguarding victims. •Fortnightly document produced by Lancs. Constabulary Sex Offenders Unit highlighting those offenders posing the greatest risk to minors in local community. •Issues identified arising from reviews of CSE cases-e.g. CPS decisions highlighted to relevant bodies for action regarding perpetrators. Contingency measures in place failing successful prosecution. •73 hotspots targeted during awareness week •11 notices (s2 and s49) issued •Known Registered sex offenders visited during awareness week •All agencies to be involved in CP strategy meetings in relation to sexual offences committed by young people	Amber

4.2	Engage with the hospitality and night time economy industry staff to raise awareness of CSE, perpetrators and victims.	Increased awareness within this workforce, which enhances opportunities to identify and target locations, hotspots, perpetrators and potential perpetrators.	Awaken CSE Priority Group Trading Standards	July 2015	•Operation Spectra (evidence available) •CSE leaflet produced by LA Licensing Officer and targeted activity undertaken in October 2013 with Blackpool licensed hotels. To be further developed – CSE group •CSE risk document and actions tasked to a) NHPT b) Impact team c) licensing •TTCG •CSE awareness week – patrols in situ especially around Coral Island and eating establishments; leaflets dropped and presentations sent to schools and youth groups •Care homes visited and advice given to staff and residents •"Buzz bus" initiative (CSE awareness bus placed in hotspot areas on Friday evenings)	Amber

5. Partnerships: co-location/co-working. BSCB must be informed of the partnership arrangements within its borders and the level of specialist commitment by partnership organisations.						
	Action	**Anticipated Outcome**	**Lead**	**Timescale**	**Current Position**	**RAG**
5.1	Monitor compliance with and use of the Pan Lancashire CSE Standard Operating Protocol.	Clear and agreed arrangements are in place to determine and direct joint working practice in Blackpool Continued improvement of responses and the multi-agency approach and tactics to CSE Safeguarding.	BSCB MA Audit Group CSE Priority Group	Sept 2015	Evaluation of compliance through CSE MA audit (2014) Case specific 'Lessons Learned' have been identified through case review and disseminated through practitioner briefings	Amber

6. Intelligence and Performance Monitoring. BSCB must be provided with key data from partner agencies to gain greater knowledge and understanding of CSE in the area.						
	Actions	**Anticipated Outcomes**	**Lead**	**Timescales**	**Current Position**	**RAG**
6.1	Ensure that the ACPO/CEOP National Agreed Problem Profile template is used consistently across Lancashire for the profiling of victims, offenders, gangs, gang-associated girls, high risk businesses, neighbourhoods and other relevant factors.	Board members have a fuller and more accurate picture of the scale of exploitation in the local area. Data informs strategic planning across agencies and supports effectiveness of services in relation to CSE.	Head of PP Lancs. Police	April 2015	•A CSE data set is agreed and presented twice yearly to the BSCB by Lancashire Constabulary •See 6.2 below	
6.2	Collate details of children who are missing and at risk of Child Sexual Exploitation.	Improved understanding of the risks and threats to ensure CSE victims are protected. A system of performance and quality assurance of the links between missing and CSE is provided to enable	Head of Public Protection Lancs. Police Head of Childrens Social Care	Dec 2014	•Pan Lancs MFH Protocol in place and operational •Return Interviews are completed by Social Worker •Intervention Meetings for regular Missing Children monitored through police supervision •Police MFH co-ordinator carries out daily scanning of missing persons to identify those potentially at risk of CSE. •Quarterly reports by police to BSCB PMEG. •Multi Agency 'Lessons Learned meetings' about significant cases.	

		the 3 LSCBs to determine and shape future activity.				
6.3	BSCB to monitor work of CSE team to reflect issues raised within cases.	Targeted and effective responses to local issues are provided as highlighted with the local CSE problem profile.	CSE Priority Group	April 2015	•Quarterly yearly agenda item at BSCB. •Quarterly reports from CSE priority group provided to BSCB •Multi agency case audits will provide BSCB with information to support its role in monitoring and evaluation. •Multi-agency 'Lessons Learned', through individual case review, provide scrutiny and learning in specific cases; lessons learned used to drive improvements in practice and better outcomes for children and families.	Amber
6.4	Ensure that local authorities and other commissioners include evidence of the prevalence of CSE, identification and needs of high risk groups, local gangs, their membership and associated victims in their Joint Strategic Needs Assessments		LSCB	April 2015	•MFH debriefs are all completed utilising the guidance for officers. We could do with looking at this tough to incorporate CSE specific question. •MFH return interviews all incorporate CSE specific question. •This is also covered as part of the CSE risk document. All regular MFH's who are identified as at risk of CSE and identified to having been with an unknown adult may cause a risk will be subject to a strategy discussion. •CSE risk assessments to be introduced.	

7. Learning and Development. BSCB must ensure that appropriate learning and development opportunities are in place for supervisors and front line staff regarding CSE.						
	Action	**Anticipated Outcomes**	**Lead**	**Timescales**	**Current Position**	**RAG**
7.1	BSCB to develop and deliver specific CSE multi-agency training.	Safeguarding of children and young people at risk of CSE. Across agencies, all relevant members of staff have a suitable level of skill and knowledge to identify and address the issue of child sexual exploitation.	BSCB Training Sub groups /BDM	April 2016	•Level 1 ELearning CSE awareness package available to staff across agencies – access through BSCB website and Lancs Council •Wide distribution of Know the signs literature. •Package being developed for delivery is schools about the dangers of "sexting" •Intermediate Training delivered by Awaken CSE team to front line professionals (28th November 13 and annually programmed) •Series of One hour briefing sessions for front line staff from all agencies agreed and under development	Amber
7.2	Ensure Multi Agency training is available to all frontline staff interfacing with children and young people.	Vulnerable children in the community are better protected from CSE because the workforce is more able to recognise and respond to CSE. Professionals are confident of our multi Agency CSE service delivery	BSCB Training Sub groups/ BDM	April 2016	Good uptake of intermediate CSE training Improved uptake of level 1 eLearning at January 2014 – being monitored by BSCB Training Sub-group Feedback from BSCB Training figures reflect Multi-Agency attendance CSE briefings (underdevelopment) will further support this action and improved professional awareness and confidence •PSHE project delivered by the Specialist Support Team will support secondary schools in delivering high quality, evidence based lessons to students in year 7 and 9 regarding all issues relating to CSE. Lessons will be quality assured and training will be provided to teachers	Amber

					delivering these lessons. The PSHE lead in each school will be provided with additional professional development to enable their advisory role within the school Flexible training opportunities are available to all schools and colleges across Blackpool on a wide range of issues that affect young people, including those related to CSE.	
7.3	Review and Improve E- Safety Awareness for Children and Young People	Raised awareness of risk and greater understanding amongst children and young people on self-protection, when using Social Media and IT.	Pan Lancs E Safety Group	April 2016	•Update to be sought from Sara Holland – BDM lead BSCB – link with Pan Lancs E Safety Group	Amber
7.4	Scope and review what CSE educational packages are being delivered in Secondary Schools	A consistent CSE message and approach is provided. Consistent and equitable delivery of Educational resource packages throughout Lancashire is ensured. Increased awareness and understanding of CSE is ensured	CSE Priority Group	April 2016	•Summary of work detailing CSE educational packages in Blackpool •Evaluation of packages to be undertaken by CSE priority group – assurance to be provided to CSE Strategic Group or action identified in response to any identified weaknesses/gaps.	Red

		Links to E safety 3.7				
7.5	Understand and promulgate best practice, learning, legislation and research to all agency supervisors and frontline staff.	Continual Professional Development of all front line staff. Enhanced quality of service and better outcomes for victims.	CSE Strategic sub group	April 2016	•Learning from all MA review and audits are shared by BSCB through website/Lessons Learned newsletters and in training – this includes any learning in relation to CSE from audit and review. •Dissemination of national reports and policy developments shared with members of BSCB strategic group who are in turn responsible for dissemination and use within their own agencies– CSE strategic group. •Know the Signs posters widely disseminated across partner agencies and available on BSCB Website •Staff within A and E received training on CSE. Tool being reviewed at present to ensure appropriate agency is then identified to assist YP.	Amber
7.6	Develop training for those charged with investigating offences. • ABE • Interviewing	Enhanced Professionalism of Investigations	Constabulary HQ PPU and CID Training	Dec 2015	•Training package written and due to be delivered early 2015 incorporating CSE within PPU as a whole.	Amber

Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 September 2015

SCRUTINY WORKPLAN

1.0 Purpose of the report:

1.1 The Committee to consider the Workplan, together with any suggestions that Members may wish to make for scrutiny review.

2.0 Recommendations:

2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.

2.2 To determine whether to establish the Pupil Referral Unit Scrutiny Panel.

2.3 To agree the scrutiny training schedule for Committee Members.

3.0 Reasons for recommendations:

3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 **Scrutiny Workplan**

5.1.1 The Scrutiny Committee Workplan is attached at Appendix 13 (a). The Workplan is a flexible document that sets out the work the Committee will undertake over the course of the year.

5.1.2 Committee Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

5.2 **Pupil Referral Unit Scrutiny Review Checklist**

5.2.1 Councillor Kath Benson has completed the scrutiny review checklist to suggest a review of the Pupil Referral Unit. The completed checklist is attached at Appendix 13 (b) for the Committee's consideration. If approved, membership of the Panel will be sought following the meeting.

5.2.2 The Committee is recommended to place an emphasis on the priorities and performance of the Council when considering requests for scrutiny reviews.

5.3 **Scrutiny Review Checklist**

5.3.1 The Scrutiny Review Checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

5.4 **Training Schedule**

A training schedule has been developed in order to assist Members of the Committee with their work. The first session regarding Childrens and Adults Services' Performance Indicators was held on 3 September 2015 and was attended by five of the nine Committee Members. Further training is scheduled as follows:

<u>Providing an Effective Challenge to Schools and School Improvement:</u> To be provided by Governor Services, this training session will focus on how to challenge school improvement.	5th October 2015 6pm Members Training Room
<u>Scrutiny Questioning and Challenge:</u> A training session provided by external trainers focussing on how to question, challenge and draw outcomes from debate.	30th November 5pm Members Training Room
<u>Care Act 2014</u> To receive an overview of the Care Act 2014 including	18th January 2016 6pm Members Training

what it means for the Council and public.	Room
Providing a focussed challenge to Health bodies: Based upon the guidance provided by the Department of Health to support Local Authorities to deliver effective health scrutiny.	Tbc April 2016

No

Does the information submitted include any exempt information?

List of Appendices:
Appendix 13 (a) Resilient Communities Scrutiny Committee Workplan
Appendix 13 (b) Pupil Referral Unity Scrutiny Review Checklist

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

This page is intentionally left blank

RESILIENT COMMUNITIES SCRUTINY COMMITTEE WORKPLAN 2015/2016	
2nd July 2015	Council Plan ADULTS - Adult Services Overview Report - Thematic Discussion: Quality and Residential Care CHILDREN - Children's Services Improvement Report HEALTH - Blackpool Teaching Hospitals Foundation Trust – Patient Experience - Healthwatch Roles, Responsibilities and Attributes of Scrutiny Members Protocol on Scrutiny Committee/Cabinet Member/Officer Relations Scrutiny Review Checklist Scrutiny Workplan
17th September 2015	CAF Complaints Annual Report ADULTS – Adult Services Overview Report CHILDREN – Children's Services Improvement Report - Thematic Discussion: Child Sexual Exploitation HEALTH - Blackpool Clinical Commissioning Group report - Vanguard - Public Health Annual Report Scrutiny Workplan
5th November 2015	ADULTS – Adult Services Overview Report - Thematic Discussion: Dementia Care CHILDREN – Children's Services Improvement Report - Blackpool Children's Safeguarding Board Annual Report HEALTH – Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC inspections THIRD SECTOR – Promoting the use of volunteers Scrutiny Workplan
10th December 2015	Council Plan – Performance Monitoring – Communities ADULTS – Adult Services Overview Report CHILDREN – Children's Services Improvement Report HEALTH - Blackpool Clinical Commissioning Group report - JSNA and Joint Health and Wellbeing Strategy - Thematic Discussion: Mental Health Scrutiny Workplan
4th February 2016	ADULTS – Adult Services Overview Report - Blackpool Adults' Safeguarding Board Annual Report CHILDREN - Children's Services Improvement Report - Thematic Discussion: Tbc HEALTH - Blackpool Teaching Hospitals Foundation Trust Report – Financial Standards and Quality of Care

	- Public Health report (details tbc) - Healthwatch Scrutiny Workplan
17th March 2016	Council Plan – Performance Monitoring – Communities ADULTS – Adult Services Overview Report - Thematic Discussion: tbc CHILDREN – Children's Services Improvement Report - Children and Young People's Partnership Annual Report HEALTH - Blackpool Clinical Commissioning Group report - Quality Accounts Scrutiny Workplan
12th May 2016	ADULTS - Adult Services Overview Report CHILDREN – Children's Services Improvement Report - Thematic Discussion: Tbc HEALTH - Blackpool Teaching Hospitals Foundation Trust Report - Quality Accounts THIRD SECTOR – Community Engagement Scrutiny Workplan
9th June 2016	Council Plan – Performance Monitoring - Communities

SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny: Pupil Referral Unit

The list is intended to assist the relevant scrutiny committee in deciding whether or not to approve a topic that has been suggested for scrutiny.

Whilst no minimum or maximum number of 'yes' answers are formally required, the relevant scrutiny committee is recommended to place higher priority on topics related to the performance and priorities of the Council.

Please expand on how the proposal will meet each criteria you have answered 'yes' to.

	Yes/No
The review will add value to the Council and/or its partners overall performance: *The review will consider the high level of admissions to the Pupil Referral Unit and the poor outcomes for Looked After Children.*	Yes
The review is in relation to one or more of the Council's priorities: *We will **raise aspiration** by:* ■ *Tackling child poverty, raising aspirations and improving educational achievement* ■ *Safeguarding and protecting the most vulnerable*	Yes
The Council or its partners are not performing well in this area: *Blackpool has one of the largest Pupil Referral Units in the country.*	Yes
It is an area where a number of complaints (or bad press) have been received: *Unknown.*	n/a
The issue is strategic and significant:	No
There is evidence of public interest in the topic:	No
The issue has potential impact for one or more sections of the community:	No
Service or policy changes are planned and scrutiny could have a positive input: *Unknown*	n/a
Adequate resources (both members and officers) are available to carry out the scrutiny: *It is proposed that this review is undertaken 'in a day' to ensure adequate resources are available.*	Yes

Please give any further details on the proposed review:

At the Resilient Communities Scrutiny Committee on 2nd July 2015, we discussed the high level of admissions to the Pupil Referral Unit and asked a number of questions. It was noted at the meeting that the number of Looked After Children in the Pupil Referral Unit was proportionately high and that the unit was one of the largest in the country. I believe that an in depth piece of work is required to consider:

- *Poor educational outcomes for Looked After Children at the Pupil Referral Unity and how these can be improved*
- *Why the number of children in the Pupil Referral Unit is so high*
- *What we are doing to prevent admission to the unit, to keep children in school (and what the Council can do)*

Completed by: **Councillor Kath Benson** **Date: 30 July 2015**