

# Blackpool Council

27 October 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, 5 November 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 LAST MEETING HELD ON 17 SEPTEMBER 2015** (Pages 1 - 10)

To agree the minutes of the last meeting held on 17 September 2015 as a true and correct record.

#### **3 PUBLIC SPEAKING** (Pages 11 - 14)

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

#### **4 EXECUTIVE AND CABINET MEMBER DECISIONS** (Pages 15 - 20)

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

**5 FORWARD PLAN** (Pages 21 - 28)

The Committee to consider the content of the Council's Forward Plan, November 2015 – February 2016, relating to the portfolios of the Cabinet Secretary.

**6 CHILDREN'S SERVICES IMPROVEMENT REPORT** (Pages 29 - 44)

To allow effective 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.

**7 BLACKPOOL CHILDREN'S SAFEGUARDING BOARD ANNUAL REPORT** (Pages 45 - 82)

To allow effective scrutiny of Children's Safeguarding through receipt of the Blackpool Safeguarding Children Board Annual Report, which provides evidence of the activity of the Board during 2014/2015.

**8 PROMOTING THE USE OF VOLUNTEERS** (Pages 83 - 92)

To set out how the Council works with volunteers in order to help build a sustainable community that recognises and values to contributions of citizens as volunteers right across the town to allow scrutiny of the subject.

**9 BLACKPOOL TEACHING HOSPITALS TRUST - FINANCIAL DEFICIT AND IMPACT UPON QUALITY OF CARE** (Pages 93 - 96)

The Committee is asked to consider the Trust update on meeting its budget saving targets.

**10 ADULT SERVICES OVERVIEW REPORT** (Pages 97 - 104)

To allow effective Scrutiny of the work undertaken by Adult Services on a day to day basis.

**11 THEMATIC DISCUSSION: DEMENTIA CARE** (Pages 105 - 110)

To inform the Scrutiny Committee of dementia work and activity undertaken within the local area to allow a thematic discussion to take place on the topic.

**12 SCRUTINY WORKPLAN** (Pages 111 - 128)

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

**13 DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting as Thursday, 12<sup>th</sup> November 2015 commencing at 6pm in the Council Chamber.

**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](mailto:sharon.davis@blackpool.gov.uk)

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# Public Document Pack Agenda Item 2

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

## **Present:**

Councillor Benson (in the Chair)

Councillors

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

## **In Attendance:**

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

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

Mrs Delyth Curtis, Director of People

Dr Arif Rajpura, Director of Public Health

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

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

Ms Philippa Holmes, Team Manager, Duty and Assessment Team

Ms Emma Savage, Public Health Registrar

Mr Joe Robinson, Communications Officer

Mrs Sharon Davis, Scrutiny Manager

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

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

DS James Edmunds, Lancashire Constabulary

## **1 DECLARATIONS OF INTEREST**

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

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

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

## **3 PUBLIC SPEAKING**

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

## **4 FORWARD PLAN**

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

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

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

## **5 EXECUTIVE DECISIONS**

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

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

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

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

## **6 APPOINTMENT OF CO-OPTEE**

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

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

The Committee agreed:

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

## **7 BLACKPOOL CLINICAL COMMISSIONING GROUP: NEW MODELS OF CARE**

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

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

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

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

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

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

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

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

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The Committee agreed:

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

**8 PUBLIC HEALTH ANNUAL REPORT**

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

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

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

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

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

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

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

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



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

The Committee agreed:

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

## **9 CHILDREN'S AND ADULTS COMPLAINTS ANNUAL REPORTS**

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

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

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

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

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

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

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

The Committee agreed:

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

**10 ADULT SERVICES OVERVIEW REPORT**

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

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

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

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

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

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

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performance.

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

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

The Committee agreed:

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

## **11 CHILDREN'S SERVICES IMPROVEMENT REPORT**

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

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

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

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

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

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

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

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

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

The Committee agreed:

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

**12 THEMATIC DISCUSSION: CHILD SEXUAL EXPLOITATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Committee agreed:

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

**13 SCRUTINY WORKPLAN**

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

The Committee agreed:

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

**14 DATE AND TIME OF NEXT MEETING**

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

**Chairman**

(The meeting ended at 8.24 pm)

Any queries regarding these minutes, please contact:

Sharon Davis,

Tel: 01253 477213

E-mail: sharon.davis@blackpool.gov.uk

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	5 November 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 29<sup>th</sup> 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.

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	5 November 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 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.

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<b>DECISION / OUTCOME</b>	<b>DESCRIPTION</b>	<b>NUMBER</b>	<b>DATE</b>	<b>CABINET MEMBER</b>
<p><b><u>Blackpool Challenge Board</u></b>                      The terms of reference of the Challenge Board are agreed as follows:</p> <ol style="list-style-type: none"> <li>1. To support leaders, teachers, parents and carers, children and young people and wider agencies to build on current successes to achieve national targets and become a world class centre for education</li> <li>2. To lead a change management programme through a co-ordinated partnership approach focused on a number of targets:                             <ul style="list-style-type: none"> <li>• Ensure that every child is attending at least a good school</li> <li>• Improve pupil outcomes in reading, writing, maths, science and technology</li> <li>• Improve behaviour, engagement and attendance in all schools and settings</li> <li>• Improve parent and carer engagement with schools and settings</li> <li>• Improve employability and employment prospects of all children and young people</li> <li>• Provide school staff in Blackpool schools with the support and training that they need to meet the vision</li> </ul> </li> <li>3. To hold all board members, the local authority and other bodies to account for bringing about lasting improvements in the standards of education being given to children at Blackpool schools</li> <li>4. To be collectively responsible for the delivery of the School Improvement Plan and Challenge Plan</li> </ol> <p>That performance to be reported into the Resilient Communities Scrutiny Committee.</p>	<p>To agree the Terms of Reference and reporting arrangements for the Blackpool Challenge Board.</p>	<p>PH52/2015</p>	<p>10.09.15</p>	<p>Cllr Jones</p>

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	5 November 2015

## FORWARD PLAN

### 1.0 Purpose of the report:

1.1 The Committee to consider the content of the Council's Forward Plan, November 2015 – February 2016, relating to the portfolios 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
- Councillor Collett

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 5a – Summary of items contained within Forward Plan  
November 2015 – February 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.

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## **EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS**

**(NOVEMBER 2015 to FEBRUARY 2016)**

**\* Denotes New Item**

<b>Page Nº</b>	<b>Anticipated Date of Decision</b>	<b>Matter for Decision</b>	<b>Decision Reference</b>	<b>Decision Taker</b>	<b>Relevant Cabinet Member</b>
3	November 2015	Fairer Contributions Policy	12/2015	Executive	CLlr Cain
*14	December 2015	To consider the Implementation of a Milk Fluoridation scheme in Primary schools in Blackpool	23/2015	Executive	CLlr Collett

## **EXECUTIVE FORWARD PLAN - KEY DECISION:**

<b>Matter for Decision</b> <b>Ref N<sup>o</sup> 12/2015</b>	To consider and approve the revised charging policy for Adult Social Care services. Blackpool's Fairer Contributions Policy has been revised and updated to reflect the requirements of the Care Act 2014. The new Adult Social Care Charging Policy will cover the charging arrangements for both residential and non-residential services.
<b>Decision making Individual or Body</b>	Executive
<b>Relevant Portfolio Holder</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date on which or period within which decision is to be made</b>	November 2015
<b>Who is to be consulted and how</b>	<ul style="list-style-type: none"><li>• Service users directly affected by the changes resulting from the implementation of the revised Policy.</li><li>• Local third sector organisations with a specific interest in adult social care.</li></ul> <p>Consultation will be conducted by post, through the website and through stakeholder events.</p>
<b>How representations are to be made and by what date</b>	Representations must be made in writing (either by letter, e-mail or the on-line survey) to the responsible officer. The dates of the consultation are subject to confirmation.
<b>Documents to be submitted to the decision maker for consideration</b>	Report The Adult Social Care Charging Policy The Equality Analysis A Report on the outcome of the Consultation Exercise
<b>Name and address of responsible officer</b>	Karen Smith Deputy Director of People (Adult Services) e-mail: karen.smith@blackpool.gov.uk Tel: (01253) 476803

**EXECUTIVE FORWARD PLAN - KEY DECISION:**

<b>Matter for Decision</b>  *Ref N <sup>o</sup> 23/2015	To consider the Implementation of a Milk Fluoridation scheme in Primary schools in Blackpool
<b>Decision making Individual or Body</b>	Executive
<b>Relevant Portfolio Holder</b>	Councillor Eddie Collett, Cabinet Member for Adult Safeguarding and Reducing Health Inequalities
<b>Date on which or period within which decision is to be made</b>	December 2015
<b>Who is to be consulted and how</b>	Universal Scheme will be available to all Primary aged school children and based on participation by choice consent by parents
<b>How representations are to be made and by what date</b>	Previous stakeholder engagement with school and parents and health and primary care dental practitioners
<b>Documents to be submitted to the decision maker for consideration</b>	Report to be submitted
<b>Name and address of responsible officer</b>	Dr Arif Rajpura Director of Public Health. e-mail arif.rajpura@blackpool.gov.uk Tel: (01253) 476361

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Delyth Curtis, Director of People
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain/Councillor John Jones
<b>Date of Meeting</b>	5 November 2015

## CHILDREN'S SERVICES IMPROVEMENT REPORT

### 1.0 Purpose of the report:

- 1.1 To allow effective 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 continues.
  - To continue to meet statutory monitoring, challenge and support obligations
  - 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 Key Stage 3 and Key Stage 4.

### 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 and have assurance that Blackpool is continuing to meet its statutory obligations for future inspection requirements. 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 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:

Services are subject to national and statutory frameworks.

#### **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 Blackpool Challenge Board- Autumn 2015 Summary**

The Blackpool Challenge Board is currently finalising its four year improvement plan. This has been iteratively developed with Leaders across Blackpool. The focus areas for the Board over the next 12 months are transition, data and evidence, teaching and learning and behaviour, attendance and inclusion. The Improvement Plan will be submitted for Scrutiny upon completion.

Individual School Governing bodies and Trusts have been asked to sign up to a Blackpool Challenge pledge with specific priorities and targets linked to their school development plans. These are currently being refined and in the case of secondary schools, link to external funding philanthropy from the Right to Succeed Programme and additional funding from the Schools Forum.

##### **5.1.1 Transition:**

All Secondary schools have been provided with improved YR7 baseline data from the Management Information Team to help with early assessment and target setting. Currently the Challenge Board has approved a pilot bid focused on South Shore and local feeder primaries in order to target Year 5 children at risk of Exclusion.

Transition Project work and collaboration between schools has been developed with the following Schools.

- Montgomery and Unity with Westcliff
- St Marys with St Cuthberts and Christ the King
- Highfield and Broughton with Roseacre, St Nicholas and Hawes Side

Projects will focus on Year 7 curriculum redesign, Assessment, Marking, Book

Scrutiny and Presentation, Teaching and Learning practices.

It has also been agreed that the move from Year 6 to Year 7 will be addressed through resilient learners/learning environments which shall be linked through the Head Start Project in the medium term.

#### 5.1.2 **Data and Evidence Sub Group**

Over the past few years Blackpool secondary schools have provided a range of GCSE data to the local authority using different methodologies which have had varying degrees of validity and reliability. The process of predicting at an individual student basis has led to a significant variance between the predictions made and actual outcomes. To address these issues and allow summative assessment to be used as a means of leveraging further opportunities for learning, the Blackpool Challenge Data & Evidence Sub Group have agreed the following:

At GCSE/BTEC:

1. In a given subject students will complete all the examination papers and associated controlled assessments/coursework, from a single examination season. Where an element is not taken a mark of zero will be given.
2. The papers and associated controlled assessments/coursework will be marked using the examination board's mark scheme or evaluation criteria/assessment objectives as appropriate.
3. Teacher's marking will be internally moderated and where possible and appropriate externally moderated.
4. A final mark will be determined using the examination board's methodology and converted into a GCSE grade using the grade boundaries published by the examination board for the specific examination season.

The following key performance measures will be submitted to the Blackpool Challenge Board in January and April for Year 11 students and September for Year 10 Students.

- Progress 8
- Attainment 8
- %A\*-CEM
- 5%+A\*-CEM
- %A\*-CEM
- %EM (Pass)
- % E-Bacc

This will allow for reduced variation and robust challenge by Board Members with regard to academic progress.

#### 5.1.3 **Teaching and Learning Sub Group**

Two weekly Meetings/Telephone conferences have been arranged to speed up action at school level.

Priority has been given to:

- An audit of professional development linked to identified priorities.
- Quality Assurance of Continual Professional Development (staff training) to ensure that CPD is having an impact upon learning.
- The selection and standardised Quality Assurance Model between the LA, Teaching School and Trusts.

#### 5.1.4 **Behaviour Attendance and Inclusion Sub Group**

A new Inclusion Board chaired by Cllr John Jones has recently been agreed and established. The Inclusion Board has a specific remit to reduce the number of permanent exclusions from mainstream secondary schools and children entering elective home education; oversight of pupil movement between schools as well as raising attendance figures.

The Challenge Board has agreed to reduction targets for permanent exclusions to the Pupil Referral Unit as well as a Behavioural Transition pilot focused on South Shore Academy and a Local South Shore Cluster of Primary Schools. This will seek to target Year 5 pupils at high risk of Exclusion when they reach Secondary School. It will also encourage joint curriculum design, student targeting and familiarisation with South Shore as a secondary school.

#### 5.1.5 **Highfield**

Following the unannounced Ofsted inspection of Highfield Humanities College in October 2014, triggered by safeguarding concerns, the school was graded Inadequate (Special Measures) and became subject to intervention. It is important to note here that The Secretary of State's preferred mechanism for intervention is Academisation with a Sponsor.

Significant resource has been committed during the last academic year to slow decline within the school which includes LA support to governors, school leaders and staff, Curriculum Consultants, Interim Leaders from Education London, school to school support from Preston Teaching School Alliance and the appointment of a new Head Teacher. However whilst there are signs of progress in KS3, SEND and a number of subject departments the overall attainment of Year 11 children declined

significantly in the summer 2015 examinations . This has since resulted in an Warning Notice being served on the governing body by the Local Authority which outlines the areas for immediate improvement. Also during the Summer the Secretary of State wrote to the governing body, requiring Governors to work with the Regional School Commissioner in order to select an Academy Sponsor at the earliest opportunity. The Regional Schools Commissioner gave governors two choices of Sponsor the Fylde Coast Academy Trust and Tauheedal Education Trust.

The governing body chose the Blackburn-based not-for-profit organisation, Tauheedul Education Trust (TET), thanks to its outstanding track record of sustaining and improving schools.

TET currently sponsors 10 schools, has three in the pre-opening phase and works with many more through its training and support program in the North West. Many of its schools are situated in deprived areas and all that have been inspected so far are rated as “outstanding” by Ofsted. The Trust supports different types of schools, in both faith and non-faith community settings, and has a strong track record in developing great school leaders. All schools that TET works with share a commitment to a child centred vision and focus on values, educational excellence and service to local communities which aligns with Highfield’s School values.

## 5.2 **Blackpool Council Children’s Centres OfSTED**

In July it was announced that the Department for Education would be consulting on the future of children’s centres. The consultation was to include a discussion on the accountability framework needed to best demonstrate their effect and outcomes. In light of this, the DfE have agreed with Ofsted to pause the children's centre inspection cycle, pending the outcome of the consultation. They do not think it is appropriate to continue to inspect under a framework that may be subject to change.

This means that any children's centre inspections due in the 2015 to 2016 academic year under sections 2, 3 and 4 of the Children's Centre (Inspections) Regulations 2010 will not now take place until after the conclusion of the consultation.

In Blackpool there were 4 children’s centres due to be inspected in this period which will now be paused including Thames, Talbot & Brunswick, Revoe and Mereside.

Children's Centres are expected to continue their work as usual during this time, including collecting and monitoring of data in preparation for inspection. Ofsted will continue inspection of early years provision on the site of children's centres as part of the new Common Inspection Framework, and will also continue to respond swiftly to any complaints or safeguarding concerns in children's centres.

5.3 **The Autumn Ofsted Conversation** took place in October with the Regional Team. Areas of strength highlighted in their feedback included the focus on primary school performance, and reading skills and phonics in early years foundation stage, relationships with Academies and Scrutiny by the Local Authority and Blackpool Challenge Board with regard to outcomes and engagement with the business community to raise aspiration and promote careers. Areas need to continue to improve include KS4 (GCSE) results, middle leadership accountability in schools, outcomes for Looked After Children and links with Post 16 performance.

5.4 **Child Protection Activity – Safeguarding Quality & Review**

5.4.1 **Performance**

The number of Initial Child Protection Conferences (ICPC) per 10,000 of population continues to remain high and rose throughout June (176.7) and July (188.1). This remains significantly higher than the England average (56.8) and our Statistical Neighbours (83.3), and is the highest figure since 2012 when we started to report on this information.

The number of children subject to Child Protection Plans for the month of July 2015 was 357. The high number of initial conferences and the continuing high number of children on child protection plans continues to place pressure on council services and external partners who work in the safeguarding children arena.

In July 2015, 91.0% of ICPC's were held within 15 working days of the start of the section 47 enquiry. This means that nine cases were not held within statutory timescale during the month of July. However, as a service it performs significantly higher than the England average (69.3%) and Statistical Neighbours (74.6%).

Since the 1<sup>st</sup> April 2015 100% of review child protection conferences have been held within timescale, which is excellent when considering the high throughput of work.

An audit is currently being undertaken with regard to the % of children who became subject to a child protection plan for a 2nd or subsequent time. In May 2015 performance was 17.2%. In June there was an increase to 22.4% and then a slight decrease in July to 20.4%. Whilst this remains higher than Statistical Neighbours (12.6%) and England (15.8%) previous performance had remained fairly constant at between 17.2% and 18.4% since 2012 until the increase in June 2015 which is of concern.

#### 5.4.2 Data

The Safeguarding Service are working with the Management Information Service to collate more detailed information from the service quality assurance form, in order to demonstrate improvement in social work and partner agency practice. This data will include information such as partner agency attendance at core groups and conferences, utilisation of the child protection conference work book and inclusion of parents.

#### 5.4.3 Key Developments

Within the service there are a number of new service developments taking place:

- CP-IS – This project has been in development since April 2015. CP-IS will allow data to be shared between the NHS and Blackpool Council Children’s Services in relation to children who attend emergency care settings who are either ‘looked after’ by the local authority or subject to child protection plans. It is anticipated that the project will ‘go live’ before the end of 2015, if not earlier.
- A new consultation document for children who are the subject of child protection plans is being devised by a small working group within Children’s Social Care.
- The Safeguarding Service is also in the process of reviewing the Pan-Lancashire Safeguarding Procedures in relation to ‘People who Pose a Risk’ to ensure that they take into account recent case law.
- The new Adult & Children Safeguarding Board went live on the 5<sup>th</sup> October. Website <http://www.blackpoolsafeguarding.org.uk/>
- All BSCB and BSAB training can now be booked on-line. Training; <http://www.blackpoolsafeguarding.org.uk/training>
- The BSCB are currently looking for lay members to join the Strategic Safeguarding Board. Closing Date - 23<sup>rd</sup> October 2015  
Lay members; <http://www.blackpoolsafeguarding.org.uk/safeguarding-childrens/lay-members-wanted>
- *The Revised Prevent Duty Guidance ‘Guidance for Specified Authorities in England & Wales on the duty in Counter Terrorism & Security Act 2015 to have due regard to the need to prevent people from being drawn into Terrorism’ (March/July 2015)*

The guidance details the responsibilities of all agencies in relation to the 'Counter Terrorism and Security Act 2015'. In response to this the Blackpool Safeguarding Children's Board is rolling out Prevent and Wrap 3 Training for all Schools in Blackpool from October to December 2015. A multi-agency programme of activity will also commence later in the year.

#### 5.4.4 Safeguarding, Quality and Review

##### **Performance**

The number of children who are 'looked after' per 10,000 of population also continues to be high, throughout June (151.3) and July (152.7). Again this is significantly higher than the England average (60.0) and Statistical Neighbours (89.9). This presents a significant challenge for the Council, Children's Services and partner agencies, in meeting the needs of this highly vulnerable group in times of financial austerity.

The 2014/15 aggregate figure of LAC Review in timescale for the year was 97.9% and performance so far this year is consistent with this performance, slightly exceeding the 2015/16 target of 98% at 98.9%. 100% was attained for April and July with 98.9% for June and 98.7% for May which again is excellent performance from the Independent Reviewing Officers.

The 2015/16, % of LAC Reviews where the young person was consulted prior to the review has a mean average of 97.4% which has significantly increased since the 2013/14 figure of 75.4%. Mean monthly figures for April to May 2015 are below this average at 94.8%. Instances not meeting this standard have generally stood at between 1 and 3 cases a month in 2015 and usually reflect exceptional circumstances pertaining to the child that precludes the IRO contact. This figure is kept under constant scrutiny by the Service Manager for this area.

The % of young people with a LAC review who were consulted on Date, Time, Venue, Agenda, Participants of Review Meeting for 2014/15 was 90.7% as compared with 71.22% for 2013/14 and 58.42% for 2012/13 demonstrating significant team progression in the area of children's participation. Consolidating on this improvement remains a priority for 2016/17.

The % of LAC Reviews where the young person participated for 2014/15 was 95.6% as compared with 86.9% for 2013/14 and 90.9% for 2012/13, with continuous development and improvement demonstrated.



### **Key Developments/Activity**

The JustUz Group continues to grow and develop. There have been a number of activities which have taken place in the past month and more planned.

- The Mini Festival took place on the 4<sup>th</sup> September 2015, with over 100 children, carers and professionals in attendance.
- A residential weekend at Borwick Hall took place from the 18<sup>th</sup>-20<sup>th</sup> September 2015.
- Care Leavers week commences on the 21<sup>st</sup> October. A number of activities are planned across the town. This includes a 'taster' day at UCLAN, Care Leavers Road Show and a Pasta/Pizza Night.
- The Just Uz Website will be officially launched on the 27<sup>th</sup> October 2015. This will be the first time Blackpool has had a dedicated website for our looked after children.
- A Corporate Parent Conference is being arranged for December to create a care partnership offer for our children and young people

### **5.5 Business Support and Resources**

At its meeting of 17th September 2015, the Scrutiny Committee received the Annual Customer Relations Feedback Reports for Children's Services and for Adult Services. A question was raised regarding how the services encourage feedback from service users, and the following paragraphs therefore set out examples of the measures that are taken in order to ensure that people who use our services and their families know how to let us have their views.

The Council's website contains a page dedicated to Social Services Complaints. This incorporates details of how to make a complaint, and provides access to the online complaint facility, feedback forms to download, and contact details, as well recent feedback reports. The forms are reproduced in more straightforward styles for adolescents and also for the younger child. The significant majority of complaints are received into the team via e mail or the online form, either directly from complainants or by referral from social care staff.

As well as publicly available information on how to complain, children are given feedback forms in the pack they received when they first become looked after, and social care staff will signpost people to the Customer Relations Team if they wish to give feedback. Anyone under the age of 18 who makes a complaint is asked if they want to access a Children's Advocate to help them to put their views across. The Looked After Children Engagement Officer actively supports and encourages young people to feed their concerns through to the Council, by any means that they feel comfortable with, whether this is by e-mail, using the standard forms, or by phone.

## 5.6 Children's social care

- Contact and referral – the Front Door

Referral rates to social care services continue to fall – in March 2014 (on a rolling year) 3610 and in July 2015, 2381. Repeat referral rates remain at a constant level and are comparable with the England average which suggests that decision making and planning remains appropriate. However, there has been a recent spike in activity in late September early October and the reasons for this are currently being examined. Contact levels continue to be very high and conversion to referral remains very low. This indicates that agencies may be making referrals at the wrong level and cases should be being managed in early help processes. The front door review and action plan has now been presented to the BSCB (Blackpool Safeguarding Children Board). The MASH (Multi Agency Safeguarding hub) and Getting it Right Steering group have now been combined and they have been given a mandate by the BSCB to review the threshold document and training to ensure multi agency understanding of appropriate intervention at all levels of need. Staffing within the MASH and Duty teams has also been reviewed and additional resource put into the MASH team to support improved feedback and support to other agencies where cases do not need social care intervention and support. There has been some sickness in the duty teams which has resulted in high caseloads but this is now stabilizing.

- Child Protection activity

The number of section 47s (child protection enquiries) remains high with an increase in both actual numbers and the rate per 10,000. The reasons for this are subject to multi agency audit. Numbers of children subject to a child protection plan has reduced (363 in May 2015 October 2015, 342). However, the number on a temporary plan (i.e. moved in from another area) has increased (doubled in recent months) this is unusual and an audit has been requested. There has also been an increase in the numbers of children who are subject to a second plan (from 22 in June to 31 in July). Audit activity is also underway to review those cases where children have been subject to a plan for 18 months plus.

- Our children ( formally known as looked after children)

Numbers although reducing remain high (currently 447) this is still significantly higher than our statistical neighbours. Although numbers are stable this disguises a high level of activity with an average of 18 children becoming and ceasing to be

looked after each month. Accessing appropriate placements remains a significant challenge. Although numbers placed 20 miles from home has decreased ( from 10.7% in March 2015 to 9.7% ), and number in foster care increased, we have a small group of young people for whom finding a placement which will meet their needs is extremely difficult. This group have very high level need, often significant mental health and behavioral needs and there are very few (and sometimes no providers) who are willing to offer placements. When placements can be found they are extremely high cost and often of poor quality. We are therefore reviewing commissioning arrangements and looking at a full range of options to deliver these placements in a more cost effective and high quality way. Our in house services continue to perform well, Argosy Avenue has been re inspected by Ofsted and we are hopeful that we have maintained a rating of good.

We have also now strengthened the quality assurance of our in house provision by moving the monthly independent reviews (regulation 44s) from an external provider to our in house review service. This will mean a more robust approach and that members can once again be part of the review process. We are also looking at models that support young people to act as peer inspectors.

We continue to have high performance in measuring the health needs of our children (98.3% have had an annual health assessment). Our performance in education planning has been very poor, with only 44% of children having a personal education plan on the system in summer of this year. This figure is now over 50% and will rise significantly as plans have been completed but are yet to be uploaded onto the system. We have a target of 90% by the end of this term.

We are also planning to have a Christmas dinner for children who have left our care. At the recent social work conference Lemm Siskey (himself a care leaver and now Chancellor of the University of Manchester) talked of the loneliness of Christmas day as a care leaver. Prompted by this we will be having the first care leaver's dinner on Christmas Day this year and hope that this can be undertaken in the new drop in building.

- Nurseries

All children who required places have been able to secure alternative provision. This is 41 children in Grange Park and 59 in Talbot and Brunswick. There have been 4 requests for transport, 2 of which were withdrawn due to families finding closer places and 2 were approved. Work is continuing with Better Start to develop new services within the Surestarts. The Baby Steps Programme and Family Nurse

Partnership (enhanced) are now operating out of the Surestarts. Also, activity based programmes for local parents, run and devised by them, are due to commence. From early next year Safecare, VIG (parental attachment and PUP (Parents Under Pressure) will be delivered through the Centres and from mid-year Survivor Mums will start to run.

## 5.7 Youth Offending Team

Blackpool had, in 2009, the highest youth re-offending rate in the country. Data now available through the national re-offending project for 2014-15 shows that the rate of youth re-offending and the average number of further offences committed by young people in Blackpool are now below the national average. According to the latest historical data available, between 2009/10 and 2012/13 the Youth Offending Team reduced the number of reoffenders per year by 64% from 241 to 87 and the number of re-offences by 46% from 775 to 420.

The success of the YOT Partnership's prevention strategy to provide viable and effective alternatives to prosecution has resulted in the diversion of younger, less serious offenders into alternative provision. This has reduced 'First Time Entrants' to the youth justice system by 80% over the last 5 years. A partnership of the 3 YOTs in Lancashire has been more successful than other YOTs in the region in gaining external funding from the Police and Crime Commissioner for a Youth Justice Triage Service, with whom the YOT has worked closely to drive and sustain the improvement in performance.

The strategy has raised the age of the current YOT cohort, so that 82% are now aged 15-18. The needs of an older YOT cohort are now more complex and the risks they pose are greater so that:

- 56% are assessed as posing a 'high' or 'very high' risk of causing harm.
- 93% are receiving YOT interventions at the higher Scaled Approach levels of 'enhanced' or 'intensive', of a minimum of 3 contacts per week.
- 45% are assessed as a 'high' or 'very high' risk of suffering harm themselves.
- 80% have a special educational need.
- 75% have an emotional or mental health need.
- 50% of over 16s are NEET.

The vulnerability and challenges of this cohort have resulted in a higher than average number of Community Safety/Public Protection Incidents during YOT supervision, which must be reported to the Youth Justice Board. (1 victim of rape, 1 victim of

sexual offences, 3 suicide attempts, 1 rape offence and 1 manslaughter since January 2014). Critical Learning Reviews prepared by the YOT are presented at the Safeguarding Board Serious Case Review Sub-group and the YOT Partnership Management Board and the Lancashire Multi-Agency Public Protection Arrangements Strategic Management board to facilitate learning, improved safeguarding and public protection.

As chair of the YOT Partnership Management Board, the Chief Executive received a letter and visit from the Youth Justice Board (YJB) Head of Operations in January 2015 because of persistently poor performance in relation to re-offending rates and concerns about governance. Amongst other actions, it was agreed that Blackpool YOT would join the YJB's national reoffending project, supported by their regional team, to provide tools and data to monitor current re-offending rates.

On 22nd September 2015, the Chief Executive hosted a visit from the Chair of the YJB for England and Wales, Lord McNally, the YJB Head of Operations for England and Wales and our Head of Business Area for the North West to recognise the performance improvements achieved by the service; notably the reductions in First Time Entrants to the youth justice system, the use of custody, and the re-offending rate. This visit was preceded by a meeting between the YJB Head of Operations and Business Area with the Chief Executive, Director of Children's Services, Deputy Director of Children's Services and the Youth Offending Service Manager to review and sign off improvement actions agreed in January 2015; including the development of a YOT Partnership Management Board improvement plan engaging partners in governance and performance improvement.

#### **5.8 Emergency Duty Team (Children and Adults)**

The current Emergency Duty Team provision in Blackpool has been put under considerable pressure recently due to an increase in the complexity of calls in respect of Safeguarding Children and Young People and a substantial increase in the volume of Mental Health calls, leading to Approved Mental Health Practitioner assessments.

An audit of cases over the first 4 months of this year has identified the following volume of calls, this has then been multiplied by 3 to give an approximate yearly figure:-

Child Care	1085	x3	3255
Mental Health	293	x3	879
Adult	608	x3	1824
Other	127	x3	381

The last time a full audit of cases took place was for the year March 2012 – end of February 2013, the figures at that time showed the following volume of calls:-

Child Care	3081
Mental Health	420
Adult	2174
Other	217

These figures show a huge increase in **Mental Health calls of just over 100%**, in other calls of 70%, in Child Care of 5%, with the only reduction in Adult calls of 15%. This considerable increase in Mental Health calls and associated AMHP assessments has in some part led to a recent decline in the number of AMHP call outs being attended to within timescales. There were 9 out of timescale within a 6 week period in July and August. This has not been an issue within the service prior to this period.

EDT will need to continue to meet the current demands placed upon it and will be shortly subject to a service review and redesign which shall look at all attributable factors and current staffing and skill mix.

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



<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	David Sanders, Independent Chairman of Blackpool Safeguarding Children Board
<b>Relevant Cabinet Member:</b>	Councillor John Jones
<b>Date of Meeting</b>	5 November 2015

## **BLACKPOOL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

### **1.0 Purpose of the report:**

- 1.1 To allow effective scrutiny of Children’s Safeguarding through receipt of the Blackpool Safeguarding Children Board Annual Report, which provides evidence of the activity of the Board during 2014/2015, details services provided to safeguard children in the locality and recommendations for the future work of the Board and its partners.

### **2.0 Recommendations:**

- 2.1 The Committee receives and notes the contents of the report.
- 2.2 That the information contained therein is used to inform future discussions and to hold relevant parties to account.

### **3.0 Reasons for recommendations:**

- 3.1 The statutory objective of Blackpool Safeguarding Children Board is to ensure a co-ordinated and effective approach to safeguarding and promoting the welfare of children in Blackpool. By ensuring that other relevant bodies are aware of its work this need is promoted.

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
- Deliver quality services through a professional, well-rewarded and motivated workforce

**5.0 Background Information**

5.1 Blackpool Safeguarding Children Board was established in 2006 and is a partnership body in which all the agencies that work to safeguard and promote the welfare of children in Blackpool are represented.

5.2 The period covered by the attached annual report encompasses the Ofsted inspection of July 2014 in which the Board itself received a grade of Requires Improvement. In the subsequent months a new Independent Chairman, David Sanders, was appointed and following the conclusion of the reporting period progress was deemed such that the ensuing Improvement Notice was lifted.

5.3 Blackpool Safeguarding Children Board has therefore resumed its full statutory responsibilities and is currently working toward a two year business plan addressing the major safeguarding themes of Child Sexual Exploitation, Neglect, Early Help and the 'Toxic Trio' (parental mental health, substance misuse and domestic abuse)

5.4 The Board's current activity is also characterised by a larger than typical number of serious case reviews, together with a sustained effort to better engage with our colleagues in schools.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix Blackpool Safeguarding Children Board Annual Report 2014/15

**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

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# BLACKPOOL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014–2015



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# INTRODUCTION

I am pleased to present the 2014/15 Annual Report of Blackpool Safeguarding Children Board (BSCB). It outlines the work of the Board during the year, assesses how effectively children are safeguarded within the area and outlines the challenges ahead for all agencies as we seek to work together to keep children safe from harm.

It has been a year of change for the BSCB, not least in the role of Independent Chair which I assumed in November 2014. My predecessor, Pauline Newman, led the Board through a difficult period following the 2012 Ofsted Inspection and I would like to take this opportunity to recognise her contribution to the progress that has been made. In the eight months that I have been in post I have been impressed by the energy and commitment of Board members; their obvious willingness to challenge each other to improve outcomes for children will stand us in good stead for the future.

Throughout the reporting period BSCB has been accountable to the Children's Improvement Board under the terms of the Improvement Plan imposed following the 2012 Ofsted inspection of Local Authority Children's Services and of BSCB, which deemed both to be inadequate. The publication of a further inspection in September 2014 that judged both to require improvement demonstrated a positive direction of travel, but also the work yet to be done. I am pleased to report that since the year end the Improvement Plan has been signed off as complete and that BSCB will resume its full statutory duties.

Like all LSCB we are working in a time of increasing challenges within our population, but at a time of public sector re-organisation and dwindling resource. Our challenge is to ensure that all agencies with responsibilities to safeguard children in Blackpool are represented on BSCB and that we understand their work, I am consequently pleased to see early signs of progress in terms of developing our discourse with schools and GPs. It is also crucial that all agencies respond to the challenge of ensuring that BSCB is provided with the proper financial resources to be effective in its role.

The reporting period has been characterised by considerable learning activity for BSCB. We are in the process of undertaking an unprecedented number of serious case reviews, while the multi-agency audit programme was commended by Ofsted and continues to challenge and develop practice. Our reviews of child deaths have resulted in awareness raising campaigns for professionals and the continuing 'Safer Sleep' campaign for new parents. Over the next year we will collate this learning to identify what it tells us in totality and use this to drive systems changes.

Considerable progress has been made in terms of our provision of training during the last six months, aided by the recruitment of a Training Co-ordinator after a two year vacancy. This has allowed us to develop a training programme that reflects our current priorities and which provides a range of styles of training to meet to needs of a diverse group of professionals. Over the next year we will seek to better understand the effectiveness of our training to improve practice and to change the lives of children.


Safeguarding in Blackpool continues to be characterised by high numbers of children in need of help, at every stage of the system. Over the reporting period BSCB has sought understand this and to challenge agencies to ensure that referrals are appropriate and that help is provided at the earliest possible stage. I will ensure continuing oversight of the Getting it Right (GIR) assessment and referral framework and the Multi-Agency Safeguarding Hub (MASH). The successful establishment of these are critical to ensuring a prompt and effective response to lower levels of need which should reduce the pressure on higher tier services and, more importantly, the harm caused to children.

Like all Local Safeguarding Children Boards (LSCB) we have paid close attention to the plethora of national reports on child sexual exploitation (CSE) and have made some progress in understanding CSE within our area, which we know does not conform to the nationally understood model. Our CSE team continues to represent an effective multi-agency response to CSE, while local and pan-Lancashire oversight of CSE has been developed to ensure that a disconnect between the operational and strategic responses does not form. However, we must do more to understand what is an effective response to CSE, to raise professional and public understanding of CSE and to develop our knowledge of children who go missing.

Safeguarding children in Blackpool is the responsibility of numerous frontline professionals, to whom I would extend the thanks of all BSCB. I recognise that their understanding of safeguarding in Blackpool may not always be that of Board members and am keen to listen to what they can tell us. I am therefore pleased to report the establishment of Multi-Professional Discussion Forums (MPDF) and the Shadow Board which will provide an ongoing means to achieve this.

Our members have identified four safeguarding priorities for the next two years which are reflected in our new Business Plan. These are CSE, Neglect, Early Help and the Toxic Trio of parental mental health, substance misuse and domestic abuse. That these are reflected throughout this report is therefore no surprise and emphasises the challenge of tackling these. Finally, the voice and experience of children and young people should be at the centre of everything that we do. This is an area of our work that we need to do better and which I will prioritise over the next year.

Finally I would like to thank all members of the Board and the safeguarding team for their unstinting support, enthusiasm and sheer hard work in tackling safeguarding issues and reducing risk to children and young people in Blackpool.



**David Sanders**  
**Independent Chair, Blackpool Safeguarding**  
**Children Board**



# CHAPTER 1 - WHO WE ARE AND WHAT WE DO

The Blackpool Safeguarding Children Board (BSCB) is the partnership body responsible for co-ordinating and ensuring the effectiveness of services that safeguard and promote the welfare of children in Blackpool.

BSCB was established in 2006 in compliance with the Children Act 2004 and the Local Safeguarding Children Board Regulations 2006. During 2014/15 the work of BSCB was governed by the statutory guidance of Working Together to Safeguard Children 2013, which sets out how organisations should work together to safeguard children.

We aim to fulfil our remit in two ways:

We co-ordinate local work by:

- Developing robust policies and procedures that are shared by all our members
- Participating in the planning and commissioning of services in Blackpool
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done

We ensure the effectiveness of local work by:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews, multi-agency learning reviews and audits and sharing learning opportunities
- Collecting and analysing information about child deaths
- Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Blackpool

## Our Organisation

### Key Roles

#### Independent Chair

BSCB is led by an Independent Chair. This ensures that we are able to speak with an independent voice and to challenge any of our member agencies.

During the period covered by this report Pauline Newman resigned from this role in September 2014 and was replaced by David Sanders in November 2014.

The Independent Chair is appointed by and accountable to the Chief Executive of Blackpool Council for the effective working of BSCB. The work of BSCB and the Independent Chair is supported by a full-time Business Development Manager and part-time Training Co-ordinator, with appropriate administrative support.

#### Blackpool Council

Blackpool Council is responsible for the establishment and maintenance of BSCB.

The Chief Executive, in conjunction with the Leader of the Council, and drawing on the expertise of Board members holds the Independent Chair to account for the effective working of BSCB.

The Director of Children's Services has the legal responsibility for the provision of all services to children by the Council, including safeguarding, and sits on BSCB. During the reporting period Del Curtis replaced Sue Harrison in this role. She is held to account by the Lead Member for Children's Services, Councillor Ivan Taylor (replaced by Councillor John Jones following the year-end), who sits on BSCB as a participating observer and therefore informs but is not part of decision making processes.

#### Partner Agencies

BSCB comprises of a range of partner agencies (full membership is detailed in Appendix 1), all of whom have a statutory responsibility to safeguard and promote the welfare of children and are committed to the effective operation of BSCB.

A number of our partner agencies have a statutory responsibility to sit on BSCB, while others have been invited to join due to the significance of their work in Blackpool.

Board members all hold a strategic role within their agency and are able to speak for their agency with authority, commit their agency on policy and practice matters and hold their organisation to account.

## Designated Professionals

Health commissioners should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children in the locality. Designated professionals are a vital source of professional advice on safeguarding matters to partner agencies and BSCB. Both are Strategic Board members and in Blackpool chair the Case Review and Training and Development subgroups respectively.

## Lay Members

LSCB should take reasonable steps to appoint two lay members to make links with community groups, to support stronger public engagement and improve local understanding of safeguarding children. The lay member acts as an independent voice within the Board to question decision making and hold agencies to account. At the end of the reporting period BSCB had one lay member in post. The recruitment of a second lay member should be prioritised in the forthcoming business year.

## Key Relationships

### Children's Improvement Board

The combined inspection of Blackpool Council's services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of BSCB by Ofsted in 2012 judged both to be inadequate.

An Improvement Plan, under the governance of the Children's Improvement Board (CIB), remained in place throughout the reporting period. BSCB consequently became accountable to the CIB, which assumed some of its functions. The Independent Chair and other Board members also sit on the CIB.

Following the Ofsted inspection in July 2014 (detailed below), BSCB started to resume scrutiny of a number of areas previously held by the CIB. In June 2015, following the end of the current reporting period, the Department for Education signed off the Improvement Plan as complete, thereby dissolving the CIB and returning all statutory functions to BSCB.

### The Health and Wellbeing Board

This Board brings together the Local Authority, NHS agencies and other partners to work together to understand local health needs, to identify priorities and to encourage commissioners to work in a joined-up way. BSCB submits its annual report to the Health and Wellbeing Board (H&WBB) and, in return, holds it to account to ensure that the safeguarding of children is prioritised in the delivery of services.

During 2014/15 BSCB scrutinised the H&WBB action plans in respect of sexual health, alcohol use and mental health.

### Blackpool Children and Young People's Partnership

The Children and Young People's Partnership was established in 2014, as the successor to the Children's Trust, and is a partnership of agencies in the locality committed to working together to improve all outcomes for children.

BSCB reports annually to this body and, in return, holds it to account for ensuring that commissioned services adequately safeguard children.

### Police and Crime Commissioner

The Police and Crime Commissioner (PCC) is elected by residents of Lancashire and is charged with securing effective and efficient Policing within the area. BSCB is required to present its annual report to the PCC and will use its influence to outline key safeguarding challenges and policing action necessary in response. The PCC has identified protecting vulnerable people (including children) as part of his four point plan.

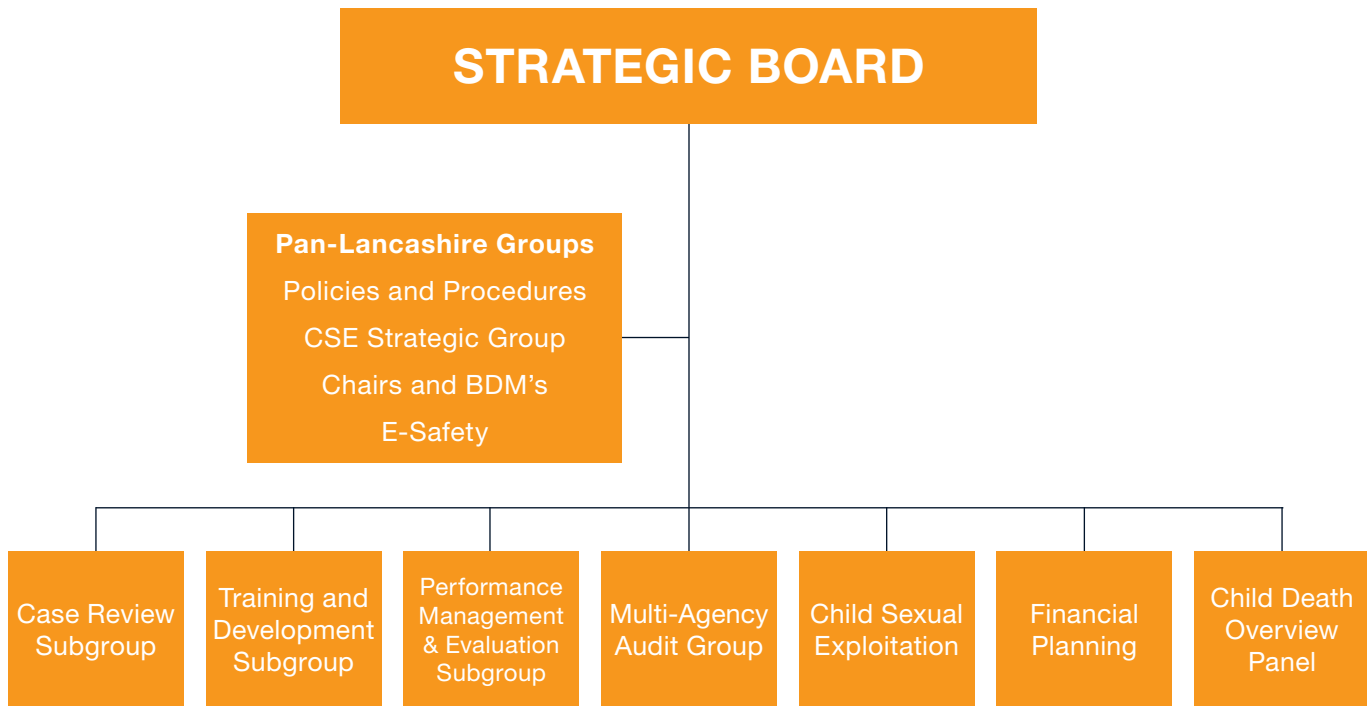
### Developing relationships

As the work of BSCB progresses and new safeguarding priorities become apparent, BSCB will develop relationships with other strategic boards, seek to influence their agenda and hold them to account for their responsibility to safeguard children. In the forthcoming year relationships with the Community Safety Partnership, Blackpool Safeguarding Adults Board and the YOT Management Board will be developed.

### How we work

The work of BSCB is driven by the Strategic Board which met eight times during the reporting period. The delivery of the BSCB business plan and other statutory functions are delegated to a number of subgroups, some of which are shared with Lancashire and Blackburn with Darwen LSCB. Subgroup members are drawn from the agencies considered necessary for it to meet its objectives, while chairs are Strategic Board members with the necessary expertise to tackle to area in question.

## Structure Diagram



## Financial Arrangements

Funding for the operation of BSCB continues to be provided by a core group of partner agencies and has remained unchanged for the last five years. The contribution of other resources 'in kind' by the wider membership is acknowledged and remains critical to the ongoing functioning of BSCB.

Contributions for 2014/15 totalled £178,570. An underspend from previous years made the total income available to BSCB £237,488 and ensured that the overall running costs of the Board were met. BSCB has agreed to carry forward an underspend of £52,888 to the 2015/16 budget.

Board staffing remains the largest area of expenditure, although the primary pressure on the BSCB budget continues to be the unprecedented number of Serious Case Reviews that have been undertaken recently.

## Income and Expenditure Summary

Income		Expenditure	
Blackpool Council	95,369	Staffing Costs	96,920
Blackpool CCG	51,867	Training programme	10,549
Lancashire Constabulary	21,697	Board support costs	31,132
Blackpool Coastal Housing	2,793	Serious Case Reviews	36,000
Probation	6,294	Council support	10,000
CAFCASS	550		
<b>178,570</b>		<b>184,601</b>	

## What did we do in 2014/15?

The work of BSCB during the early part of the reporting period was hindered by the lack of a business plan. The following priorities were, however developed and adopted over the summer of 2014 and provided the framework for work over the remainder of the period.

### Priority One

**We will undertake work to improve our understanding of the impact on local children exposed to harm from key risk factors, to evaluate the quality of support and services offered and whether they have led to improved outcomes.**

- BSCB has scrutinised service provision for adults and children who misuse alcohol and illicit substances and for children with mental health issues.
- The commissioners and providers of these services have agreed action plans to address identified gaps in services and will report progress back to BSCB.
- A Blackpool CSE subgroup has been established and expanded to include a wide range of agencies, thereby ensuring that all work to keep children safe.
- A comprehensive Child Sexual Exploitation (CSE) action plan has been developed and agreed. The content and delivery of this action plan is reported below.
- Further work against this priority will include providing scrutiny to the forthcoming re-commissioning of Domestic Abuse services in Blackpool and developing the strategic oversight and performance monitoring of responses to CSE.

### Priority Two

**The Board will continually monitor the safeguarding activities of staff and partners and the systems used to protect our children and young people to ensure work is of a consistently high standard**

- BSCB has provided scrutiny to its partner agencies through its monitoring of performance information, for example seeking explanation and addressing issues with Looked After Children (LAC) health assessments and in ongoing work to understand the reason for high numbers of children admitted to A&E following incidences of self-harm.
- BSCB has provided scrutiny to H&WBB actions plans that have direct safeguarding implications for children. Action plans have been developed as a result and reporting arrangements for these are in place.
- Further work against this priority will include the development of a dataset that more fully represents the work of our full range of partner agencies.



### Priority Three

**The Board will ensure that people who work with children and young people are doing their jobs well and to the high standards that we expect, and we will challenge them when necessary**

- Direct scrutiny of partner organisations was provided through the Section 11 audit process and the equivalent Section 175 process for schools. Agencies were asked to complete a self-evaluation and subsequently invited to attend a scrutiny day at which further evidence was sought and an action plan developed to address any gaps identified. All of these action plans had been completed by the end of the year.
- Further work in this respect is planned to develop joint ways of working with Blackpool Safeguarding Adults Board, thereby providing assurance that staff in agencies who primarily work with adults also safeguard children.

## Priority Four

### **The Board will continually review and develop policies, procedures and training practice; applying the learning from research, reviews and national policy to improve services which help to protect local children**

- BSCB continues to maintain a Policies and Procedures website (in conjunction with our pan-Lancashire partners) and has, this year, developed a new missing from home protocol and sought external assurance from the NSPCC that our Harmful Sexual Behaviour policy is fit for purpose.
- The BSCB training programme has been reviewed and significantly improved to meet changing training needs and to provide a range of styles of training.
- A Training Impact Analysis strategy has been agreed that will allow for the evaluation of the effectiveness of the training programme, both in terms of staff practice and its impact on children and families.
- The programme of multi-agency audits has continued to make recommendations for single- and multi-agency improvements in practice and findings have been disseminated to staff through 'Lessons Learned' newsletters.
- Two serious case reviews have been published and action plans have been developed to make changes in practice, based on the findings.
- BSCB is a learning organisation and work in this respect will always remain ongoing with further serious case reviews, a multi-agency learning review and audits all due to report over forthcoming months.

## Priority Five

### **The Board will have effective and strong relationships with other agencies, taking and sharing responsibility for keeping children safe from harm**

- BSCB has developed its own membership during the year to ensure that it meets statutory requirements and more fully represents all organisations with a responsibility to safeguard children in Blackpool.

- The programme of multi-agency audits continues to seek evidence and provide challenge to ensure that all organisations contribute to the safeguarding of children. This has included a repeat audit of core group attendance which has identified year on year improvements and some ongoing areas for concern.
- BSCB is developing its ability to engage with staff on all levels of partner agencies through its new programme of Multi-Professional Discussion Forums and the Shadow Board.
- Regular reporting from and engagement with the MASH and GIR steering groups ensures that scrutiny is provided to multi-agency safeguarding processes in Blackpool.
- Further work in this respect is planned to formalise working arrangements with other strategic boards in Blackpool.

## Priority Six

### **The Board will ensure that all agencies communicate with each other; understand their role in relation to safeguarding and ensure that children, young people and their families are listened to and know where to get help and how to keep themselves safe**

- BSCB has commissioned a new website, which will include specific sections for parents/ carers and children.
- The pan-Lancashire Child Death Overview Panel (CDOP) has continued its safer sleep campaign which has now attained national recognition.
- A campaign to raise public awareness of private fostering has been developed and will be launched in the summer of 2015.
- Further work is planned to identify existing children's participation groups in Blackpool and to identify ways that BSCB can effectively listen to the voice of the child.

Having taken the opportunity to review the work of BSCB following the change of Independent Chair and in light of the recent Ofsted inspection, BSCB has chosen to adopt a new two year business plan for 2015-17. This includes the further work identified above and seeks to address the key safeguarding themes identified in Blackpool. More information in respect of our plans for the future is provided in Chapter 4, below.

## The work of our subgroups

### Performance Management and Evaluation Group (PMEG)

PMEG is responsible for the delivery of an open and transparent multi-agency performance management and quality assurance process for safeguarding in Blackpool. This is primarily achieved through the delivery of a dataset, the Section 11 and Section 175 audit processes and a programme of 'deep dive' audits into single agency practice.

#### What has been achieved by PMEG in 2014/15?

- PMEG has chosen to adopt a new core dataset that is being utilised by a significant number of north-west LSCB. This should improve our ability to collect multi-agency data and allow for comparisons across the region. The core element of the dataset was largely in place at the end of the reporting period.
- Scrutiny was provided to BSCB partner agencies through a Section 11 interview day in which senior managers were invited to meet the Independent Chair and PMEG members to provide further evidence to support their returns.
- An abridged Section 175 audit was utilised and returns were received from all apart from two schools.
- A programme of 'deep dive' audits of individual agency practice has been undertaken. This has included providers of children's mental health and substance misuse services who were invited on the basis of questions raised by reviews, inspections and through scrutiny of the dataset. Audits are a two way process in which action plans are developed for the agency and a forum is provided in which they can discuss barriers that they face.

- Scrutiny of specific issues, for example low take up of health assessments by LAC was identified as a problem, feedback from the LAC engagement officer was sought and challenge provided to agencies. This has resulted in additional funding being provided by the CCG for staff in this respect and an improved take up rate.
- The initiation of an ongoing programme of Multi-Professional Discussion Forums which are designed to ensure that BSCB understands the views and experiences of front line practitioners dealing with specific issues. The first event addressed professionals' understanding and experience of the Getting it Right (GIR) referral process.

#### Challenges and Areas for development in 2015/16

- Securing a full range of multi-agency data, with analytical commentary to ensure that we understand its significance.
- Assessing whether information provided by agencies in their Section 11 audit returns matches the perceptions of their frontline staff.
- Developing our Section 175 audit programme of schools to scrutinise what they are telling us.
- Identifying a plan of work that will respond to and enhance the understanding of services to safeguard children that we have developed through our dataset and audit activities.

#### Case Review subgroup

The case review subgroup is tasked with discharging BSCB's responsibilities in respect of conducting serious case reviews. The circumstances in which a review is commissioned and details of those undertaken by BSCB are detailed in Chapter 3 below, this section will outline the work of the subgroup during the year.



### **What has been achieved by the Case Review subgroup in 2014/15?**

- The two Serious Case Reviews in progress at the start of the year were published and actions plans were in the process of being developed and delivered at the year end.
- A further five cases for consideration were received, resulting in the commissioning of four Serious Case Reviews and one Multi-Agency Learning review.
- The action plan from the SCIE systems review of children subject to a child protection plan as a consequence of neglect that was presented to Board in March 2013 was completed. This review has resulted in the introduction of single agency quality assurance processes for Getting it Right referrals and the commissioning of a bespoke neglect assessment tool for use in Blackpool.
- An action plan was developed in response to the publication of the Child R SCR by Lancashire LSCB in view of the involvement of a number of Blackpool agencies.
- Learning from Serious Case Reviews has been disseminated in pan-Lancashire seminars to ensure as wider audience as is possible.

### **Challenges and areas for development in 2015/16**

- The number of reviews under way presents a significant challenge in terms of capacity for the BSCB business unit and subgroup members and financially for the Board. Following publication, there becomes a comparable demand on partner agencies to implement action plans.
- Securing Independent Reviewers has proved problematic. This is being addressed through a regional plan to train more reviewers.
- Working Together 2015 was published in late March and introduces a requirement for all Ofsted Serious Incident notifications to be submitted to the LSCB. The Case Review Subgroup will review these notifications, the impact on its capacity has yet to be determined.

### **Training and Development Subgroup**

Working Together requires LSCB to monitor and evaluate the effectiveness of training. Like most other Boards, BSCB also chooses to deliver its own programme of training as a means of promoting good quality, multi-agency working.

The purpose of the Training and Development subgroup is to promote learning and development and to be responsible for the planning, delivery and evaluation of multi-agency training and the verification of single agency training.

### **What has been achieved by the Training and Development Subgroup in 2014/15?**

- The BSCB training programme has been significantly revised and developed, this has been made possible by the appointment of a part-time training co-ordinator after a lengthy period in which the post was vacant.
- The training programme now involves a range of training styles, including seminars, half and full day events. The Working Together course that was previously delivered over two days is now modular.
- A pool of trainers drawn from Board partners has been identified. This shares expertise and reduces reliance on commissioned trainers, thereby increasing capacity.
- An Impact Analysis strategy has been implemented which will provide for a longitudinal assessment of the impact of a training course on practice.
- Attendance at training has been improved through the adoption and implementation of a consistent policy of charging for non-attendance.
- A joint training subgroup has been established with BSAB, which will be put in place from April 2015.

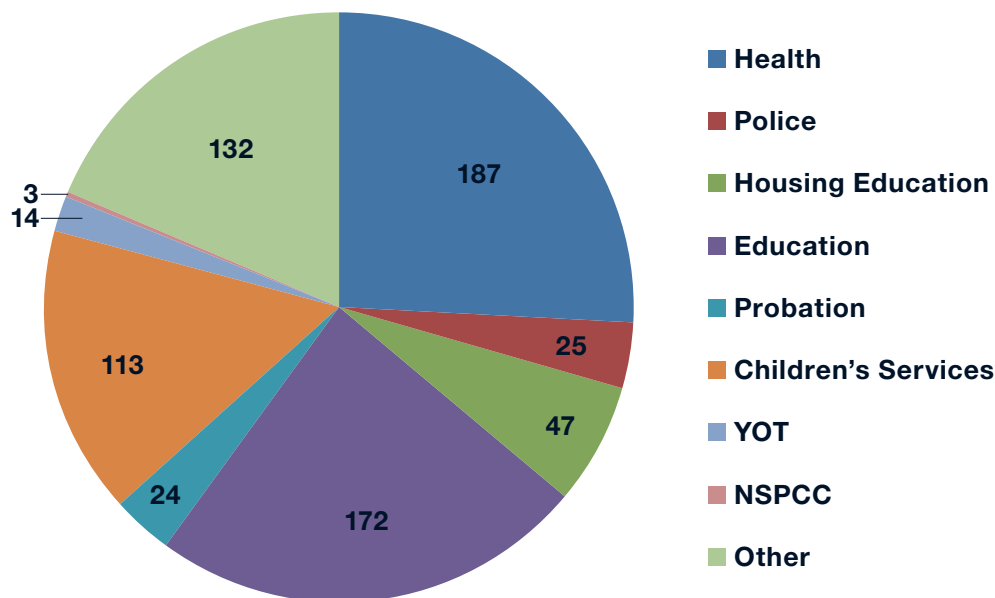
**Challenges and areas for development in 2015/16**

- Developing a joint approach to training with BSAB to share good practice, develop efficiencies of scale and ensure that a wider range of staff receive appropriate training to enable them to safeguard and promote the welfare of children.
- Ensuring that training is provided to meet current and emerging Board priorities for staff of all grades.
- Delivering a programme of seminars or briefings to disseminate learning from current SCR and evaluating the impact of these on practice.
- Development of single agency safeguarding and CSE courses which will be made widely available and allow BSCB to be more readily assured of the quality of training delivered by agencies for their own staff.
- Understanding the training needs of professionals in Blackpool.
- Evidencing the impact of training on the lives of children in Blackpool.

**During 2014/15 we have delivered the following training courses:**

- Harmful sexual behaviour
- Working together
- Working together refresher
- Core groups
- Injuries to non-mobile infants
- Fabricated and induced illness
- Serious Case Review briefing
- Child sexual exploitation
- Mental health and safeguarding
- Working with fathers
- E-Safety live
- Substance misuse and the effects of children
- Hidden harm

**The 718 attendees at BSCB training courses came from the following agencies**





## Multi-Agency Audit Group

The MAAG undertakes audits of multi-agency work to safeguard children, each with a specific theme. Audits are typically intensive pieces of work that require group members to research their own agency's involvement, before these are reviewed by the group and collated, by the Chair, into a report with recommendations. Recommendations are tracked by PMEG and result in changes to single- and multi-agency practice, while also enhancing BSCB's understanding of safeguarding practice in Blackpool. Findings from audits therefore inform our understanding of safeguarding practice in Blackpool which is outlined in Chapter 2.

### What has been achieved by the MAAG in 2014/15?

- The completion of ten themed audits incorporating core groups (twice), early help, children of adults in mental health services, harmful sexual behaviour, neglect, core group attendance, domestic abuse, CSE and missing from home.
- The core group attendance audit was a file audit of 231 core group meetings, the remaining nine audits examined 39 cases in total, either in groups of five or as 'deep dive' audits of one or two cases.
- Audits have started to incorporate questionnaires for involved front line practitioners to ensure that the group properly understands their actions.
- A wide range of agencies has participated in audits, ensuring that findings are as comprehensive as possible.
- The findings of audits have influenced the development of a Domestic Abuse perpetrators' programme and the implementation of training for harmful sexual behaviour work with children under the age of 10.
- Examples of single agencies improving practice as a result of audit findings include improved school nurse attendance at core groups, the Local Authority introducing a tracking system for the timeliness of distribution of Child Protection Conference (CPC) minutes and Probation developing a tracking system for CPC invitations and attendance.
- Lessons Learned from audits are distributed to front line professionals through a series of newsletters.

## Challenges and areas for development 2015/16

- The completion of audits is time consuming and intensive. Ways to make the work of the group as efficient and effective as possible need to be explored, together with the means to distribute responsibility for audits.
- Ensuring that the recommendations of audits can be achieved and their impact is evidenced and evaluated.
- Finding ways to listen to the experiences of children and families when we audit the way agencies have worked with them.

## Child Sexual Exploitation Subgroup

The CSE subgroup provides strategic oversight to the multi-agency response to CSE in Blackpool. Representatives of this group also sit on a Pan-Lancashire group to ensure that a consistent approach is delivered across the wider Lancashire Constabulary area. The effectiveness of the operational response to CSE is assessed later in this report.

### What has been achieved by the CSE subgroup in 2014/15?

- A multi-agency strategy has been agreed for 2015-18. The strategic priorities are:
  1. Leadership
  2. Prevention: Public confidence and awareness
  3. Protect: Protect, support and safeguard victims and manage risk
  4. Pursue: Identify and bring offenders to justice
  5. Partnerships: Co-location and co-working
  6. Intelligence and performance monitoring
  7. Learning and Development
- The CSE subgroup has developed its membership to include representatives from public health, YOT, Probation, the education sector and licensing, thereby widening the range of organisations that work together to tackle CSE.
- A comprehensive training programme has been developed to provide briefings, together with more in depth training packages, ensuring staff are trained to a level appropriate to their role.

## Challenges and areas for development in 2015/16

- BSCB oversight of the response to CSE has been inconsistent and needs to be strengthened. Appropriate reporting mechanisms, both within Blackpool and pan-Lancashire have been established but must be implemented consistently.
- Continually refining our understanding of CSE in Blackpool through the Lancashire Constabulary problem profile and the CSE element of the BSCB dataset. Particular attention should be applied to the numbers of male and LGBT victims, who are seemingly over-represented.
- While we have been able to develop our understanding of what CSE looks like in Blackpool, more work is needed to help us know whether our work to protect victims and to pursue perpetrators is effective.
- Engaging the wider community to act against CSE, specifically targeting taxi drivers and the hospitality industry, together with minority groups who may otherwise be excluded, or at heightened risk of victimisation.
- Understanding the experiences of CSE victims and using this to inform how we deliver services to them.

## E-Safeguarding

The E-Safeguarding group is a pan-Lancashire group that aims to provide children with a safe online environment, through its four strategic objectives of Safer Management, Safer Access, Safer Learning and Safer Standards.

### What has been achieved by the E-Safeguarding subgroup in 2014/15?

- The development of a central web presence to distribute consistent and timely messages.
- The raising of practitioner awareness through the E-Safety Live event, which is also used to collate information about current issues for practitioners.
- Provision of practical support to member agencies to address E-Safeguarding issues.
- Participation in national projects to improve online safety, ensuring that we remain alert to the latest developments in a fast moving area.

## Challenges and areas for development in 2015/16

- Given changes in technology a responsive approach to E-Safeguarding is necessary.
- Understanding what children and young people would see as important.
- Developing the means to cascade information as widely as possible, by securing as broad engagement with schools as is possible.
- Linking the work of the E-Safeguarding subgroup to that of the CSE subgroup to ensure a joined up and effective response to online grooming.

## Understanding the views and experiences of front line staff

BSCB has recognised the need to ensure that its own work to set the strategic direction for multi-agency safeguarding practice in Blackpool is grounded in the reality of the experience and views of front line staff who deliver the services. This guards against strategic and operational staff working in isolation from each other, which was identified as a factor in the inquiry into CSE in Rotherham. Two ways of listening to frontline staff have been implemented:

### Shadow Board

The Shadow Board (SB) was established in March 2015, so at the completion of the reporting period was very much in its infancy. It is based on the multi-agency Shadow Children's Improvement Board which ran alongside the CIB over its final two years. The SB meets in the week prior to the Strategic Board and considers the same papers, enabling the views of practitioners to be fed into the Strategic Board.

### Multi-Professional Discussion Forums

Multi-Professional Discussion Forums (MPDF) draw together groups of practitioners to discuss individual themes to enable BSCB to gauge their views of specific areas of service provision. The first event, in November 2014, considered thresholds for referral into Children's Social Care and, amongst other issues, identified the need for consistent feedback on referrals, for better provision of Early Help and better step down procedures. These views were fed back to the relevant agencies to influence the ongoing development of the referral process. MPDF will be held on a six monthly basis, considering themes relevant to the ongoing delivery of the Board's business plan.

## Challenges and areas for development in 2015/16

- SB members need to develop ways of working within their own agency, in conjunction with their Strategic Board representative, to raise awareness of the work of BSCB and the SB and to ensure that they represent the views of front line staff as widely as possible.
- Both the SB and MPDF should develop checks and balances to ensure that they are truly representative of the views of multi-agency professionals in Blackpool and not just individual members.

## Learning and Improvement Framework

BSCB is a learning organisation. Working Together 2013 emphasises the need for professionals and organisations to reflect on the quality of their services and to learn from their own practice and that of others. This fosters an understanding of what works well and provides a forum for a rigorous and objective assessment of what has not worked to reduce the risk of future harm to children.

LSCBs are consequently required to maintain a Learning and Improvement Framework (LIF), which is shared across organisations, to enable them to be clear about their responsibilities, to learn from their experiences and to improve services as a result.

### **The LIF should support the work of the LSCB and their partners to ensure that:**

- Reviews are conducted regularly on cases that meet the statutory criteria and those that could otherwise provide useful insights, the learning from which should be widely shared.
- Reviews look at what happened in a case, and why, and what action will be taken to learn from the review findings.
- Actions taken result in lasting improvements to services which safeguard and protect the welfare of children.
- There is transparency about findings and actions taken to address these, including the sharing of SCR reports with the public.

The LIF should cover the full range of audits and reviews that are aimed at driving improvements to safeguard and promote the welfare of children, at a minimum including child death reviews, SCR and other multi- or single-agency case reviews and audits. The LIF can also incorporate relevant reviews conducted by other bodies, for example, Domestic Homicide Reviews.

### **How are we doing?**

BSCB has a well-established programme of learning and improvement activities, primarily exercised through the work of the Case Review subgroup, the MAAG and the CDOP, the findings of which are referred to throughout this report. A wider culture of learning is evident in how we seek to review and continually improve our processes and practices.



The work of the MAAG was singled out for praise by Ofsted as being an effective means by which issues were identified, improvements made and progress evaluated. The more recent development of this group to include a broader spectrum of agencies and to seek out the views of front line professionals will enable more accurate conclusions to be drawn as to whether findings are specific to individual cases or representative of practice in general.

Having had an established audit programme and CDOP for a number of years and, more recently, embarked on a significant number of SCR, BSCB is in a position in which it has learned a considerable amount about practice in the locality. In turn, the resulting volume of action plans provides a considerable logistical challenge for partner agencies to implement and BSCB to co-ordinate. To date, insufficient work has been undertaken to evaluate the outcomes of changes made and to collate broader themes that emerge from the totality of learning.

In the forthcoming year it is therefore essential that the LIF is redrafted, in accordance with statutory requirements, to illustrate the Board's combined learning from a range of processes, its consequent plans to make changes to practice and to evaluate the effectiveness of this process. By drawing together the streams of learning into one document a more co-ordinated approach can be developed, reducing the risk of duplication, and providing a robust means to recognise emerging themes in learning. Consequently, ways of evaluating learning, for example by repeated audits or changes in the dataset can be introduced. The LIF should therefore become the central means by which the Board's learning and improvement activities are co-ordinated and shared with partner agencies.

## What Ofsted said and what we did

BSCB was reviewed by Ofsted in July 2014 and was found to require improvement. Following the review an action plan was drawn up to address the key areas identified by Ofsted, which we worked to implement over the following months.

**Ofsted said** *“BSCB is not yet compliant with all its statutory duties... not all statutory partners attend or fully contribute to the work of the Board, although membership and participation is improving”*

**What we did:**

We invited CAF/CASS, North West Ambulance Service, the Director of Public Health, YOT and a primary schools representative to become Strategic Board members.

We widened subgroup membership, for example to include Licensing within the CSE subgroup, North West National Probation Service in the Case Review Subgroup and Substance Misuse Services in MAAG.

We introduced Schools’ Twilight Sessions as a means of engaging directly with schools to meet the challenge of an increasingly diverse range of provision within the locality.

Funding has been agreed for the employment of a Schools’ Safeguarding Advisor, part of whose role will be to act as a conduit between schools and BSCB.

**What we will continue to do:**

We will work to ensure that all agencies that are responsible for safeguarding children in Blackpool are represented on or engaged with the work of the Board. We will work to ensure that all providers in the increasingly diverse range of schools and GPs are accountable for their safeguarding practice and able to access the support and expertise of the Board.

Secure more balanced representation between agencies, be it financial, through attendance at and/ or chairing of meetings or simply through contributions made within meetings.

**Ofsted said** *“Performance information is not yet provided by all partners to support the robust scrutiny of service effectiveness”*

**What we did:**

We adopted a new framework for our dataset that includes a range of multi-agency performance information. The same framework is being used across the north- west, which means that we should be able to obtain and compare information more easily.

Information obtained from the dataset is used to determine a programme of ‘deep dive’ audits in which the work of single agencies is scrutinised and action plans developed to address identified weaknesses.

**What we will continue to do:**

Develop our dataset to obtain more in depth information about our safeguarding priority areas drawn from as many agencies and sources of information as possible.

Use this information in our LIF to judge changes made in practice and to identify further changes needed.

**Ofsted said** *“Thresholds for the provision of early help and referrals to children’s social care are not understood by all partners”*

**What we did:**

Held a Multi-Professional Discussion Forum to seek the views of front line practitioners about thresholds.

Supported the work of the GIR steering group to establish a network of over 70 GIR champions throughout Blackpool to promote effective use of the process within their own agency.

**What we will continue to do:**

Develop stronger ownership of GIR as a partnership and assume oversight of training for professionals in this respect.

Establish regular reporting of the work of the GIR Steering Group into BSCB.

Audit a series of referrals to Children’s Social Care to identify how systems could be improved to help staff who need to refer.

**Ofsted also commented that** *“an appropriate range of multi-agency training is provided, and positive impact on practice in some areas has been identified through case audits... Learning from national serious case reviews and local reviews is used to drive improvements in practice”*.

# CHAPTER 2 - THE CHILD'S JOURNEY

## What we know about children in Blackpool

Blackpool is a seaside town in the north west of England. Its population of 141,400 people living within an area of 34.92 km<sup>2</sup> renders it one of the most densely populated areas outside London. Transience is a significant feature of the town with 8,000 people estimated to move in and out of the town annually.

There are approximately 28,853 children and young people aged under 18 living in the area, making up 20.4% of the population. Children and young people from minority ethnic groups form 8.5% of the school-age child population, compared to 27.8% nationally. Approximately 1,000 children qualify for Disability Living Allowance. Life expectancy for children born between 2011 and 2013 is estimated to be 74.3 and 80.1 for boys and girls respectively, compared to 79.4 and 83.1 nationally.

It is estimated that 8,300 children aged 0-16 (31.3% of this population) live in poverty. Blackpool itself experiences considerable deprivation and in 2010 was ranked as the 6th most deprived local authority area out of 326 in England, a position that had worsened since previous assessments. 46 out of 94 smaller areas within Blackpool are amongst the most deprived 20% in the country, while none are within the most affluent 20%.

Outcomes for children reflect those associated with high levels of deprivation, for example attainment at Key Stage 4 is lower than average, while levels of teenage pregnancy and hospital admissions due to substance and alcohol misuse and self-harm are amongst the worst in the country.

Within Blackpool there were 1826 children in need as of 31st March 2015 (2014: 1872), equating to 629 per 10,000 population. This is considerably in excess of both the national average of 346.4 and that of our statistical neighbours of 503.7 (2014 figures).

## Early Help

Professionals within Blackpool work to the BSCB "Thresholds for Intervention" document, which was published in 2013. This outlines the level of intervention that should be provided to a child based on their assessed needs.

The GIR framework provides a combined continuous assessment tool for children with lower levels of need, together with a referral form for Level 3 and 4 interventions from either the Early Assessment Team or Children's Social Care. Individual agencies are expected to assess, co-ordinate and provide early help for those assessed in need of Level 2 intervention.

Our partner agencies deliver a range of early help initiatives within Blackpool including:

### Baby Steps

The NSPCC has delivered the Baby Steps programme within Blackpool for three years to date. This is an evidence based perinatal education programme for parents with additional needs and is designed to strengthen protective factors such as family relationships, social networks and emotional well-being. Baby Steps will now be scaled up as part of the Better Start programme.

## Better Start

Better Start has obtained £45 million of Big Lottery funding over the next ten years to improve the life chances of children aged 0-3 and their families. The multi-agency project, led by the NSPCC, has two outcomes: healthy gestation and birth and school readiness. The Better Start approach is built on four 'cornerstones': improving public health outcomes, changing systems to provide services for those with additional needs, ensuring evidence based interventions are delivered to address specific needs and to build and share learning from work undertaken.

The Better Start programme will be rolled out gradually, initially providing an evidence based ante-natal programme to all parents in seven wards, which will subsequently be extended throughout the town. Future interventions will target parents in treatment for alcohol and substance misuse, parents of children at risk of neglect or maltreatment, improved parental attachment and parents who were neglected in their own childhood. By the conclusion of the funding period changes should be embedded to the extent that they are part of the overall system and children are born into an environment in which help is provided at the earliest opportunity, thereby improving their life chances and reducing the demand for more costly, higher tier services.

## Head Start

Blackpool Council is the lead organisation for the Head Start partnership which has secured Big Lottery funding for the pilot of a project to raise the emotional resilience of 10-14 year olds. Interventions will be based on an ecological approach that aims to create an environment in which young people are able to flourish. The project aims to create a whole systems change that will provide and embed universal and targeted interventions that will continue beyond the time frame of the initial funding.

In addition to the larger multi-agency early help initiatives there are a range of single agency early help initiatives that were evident in a BSCB multi-agency audit of early help undertaken in June 2014. By expecting single agencies to co-ordinate and provide early help there is a risk of a lack of understanding of available services and consequent inability to gain assurance that adequate provision is available for all children in need of intervention. In the forthcoming year BSCB will consequently attempt to map early help service provision and provide an online resource for professionals to enable them to access appropriate services for the child that they are working with.

BSCB's understanding of the need for and provision of Early Help is significantly hindered by the lack of data as to the number of children assessed as meeting the Level 2 threshold of need. Whereas a central record of open Continuous Assessment Frameworks used to be maintained, the introduction of the GIR framework did not provide for any collation of completed Continuous Assessment Tools where single- or multi-agency intervention was provided at a lower tier. This introduces a risk of duplication between agencies and a lack of understanding as to levels of need and pressures within the system for commissioners of services.

## Points of entry into safeguarding services

### 'The Front Door'

All referrals to the Early Assessment Team or Children's Social Care are routed through the Front Door and are expected to be received on a GIR referral form. This process was launched in October 2013, so remains in its relatively early days. In summer 2014 Ofsted commented on the variability in quality of referrals and noted "*that some agencies do not fully understand thresholds for services*". A subsequent BSCB Multi-Professional Discussion Forum for front line practitioners enabled an open dialogue between referrers and the Duty and Assessment Team. Professionals present were adamant that they did understand thresholds, however it was evident that individual agency interpretation was not always shared.

In order to address this issue, agencies have been asked to introduce quality assurance processes for referrals, while the GIR training has been subject to considerable revision. A network of GIR champions has been established, providing professionals with an immediate source of reference for advice about the framework. To date evidence of improvements in the quality of referrals is mixed.

During the forthcoming year, BSCB intends to assert greater partnership ownership of the GIR framework in order to counter any perceptions of it as a Local Authority process, will continue to monitor data regarding referrals and will undertake a thresholds audit to identify whether referrals are made at the appropriate stage. In the longer term BSCB intends to assume oversight of GIR training, which is currently provided by the Local Authority, in order to be better assured that it fosters a shared partnership understanding.

## Blackpool MASH

Lancashire Constabulary, in conjunction with the three pan-Lancashire children’s services, health and other agencies established the Lancashire Multi-Agency Safeguarding Hub (MASH) in April 2013 to handle Police vulnerable child referrals. In June 2014 the Blackpool element of the MASH was disaggregated and returned to be physically located within the area.

The MASH currently only accepts referrals from the Police (although in practice some referrals may be made by other agencies and then placed on the system by the Police). Information about the referrals is then shared with partner agencies to build a multi-agency chronology and to ensure that the child involved is referred on to appropriate services.

This should ensure that interventions can be provided at the earliest possible stage and promotes effective sharing of information between agencies. A key feature of the MASH is co-location of agency staff. At the end of March 2015 Police, Health, Pupil Welfare, Early Help, Children’s Social Care, Children’s Centres and YOT were all represented, while information is additionally shared with substance misuse services, Fire and Rescue, Probation and Adult Social Care.

A second phase of development is projected to start later in 2015, which will expand the scope of the MASH to include CSE referrals and eventually will allow for referrals to be received from all agencies. The longer term goal is to route all current Front Door referrals through the MASH, allowing for initial multi-agency information sharing and responses.

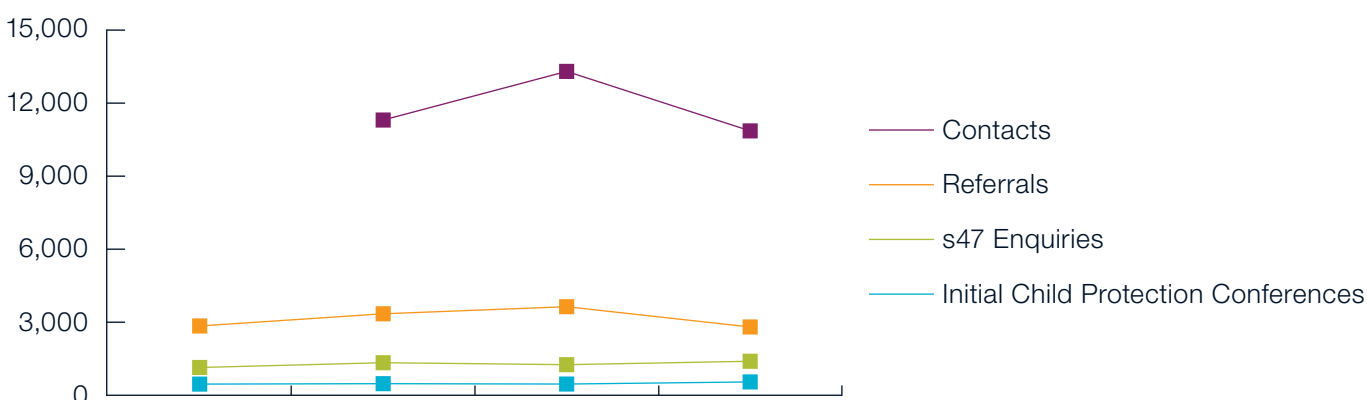
BSCB has been apprised of the development of the MASH, but should assume greater strategic oversight of its work, to drive multi-agency collaboration and to better understand its performance through the scrutiny of performance indicators.

## Referrals

In 2014/15 the Front Door received 10,832 contacts (2014: 13,276). A contact, in this context, can include anything from a request for urgent safeguarding action to pieces of information that required sharing, but no further action. The combination of all contacts into this figure renders analysis of the conversion rate into referrals difficult, as some clearly are not intended to lead to referrals, and means that conclusions cannot be drawn from breakdowns of contacts by agency. While the reduction since 2014 is welcome, this masks an upward trend at the year end and continues to place significant pressure on a small team.

Of the 10,832 contacts, 3,096 (28.6%) (2014: 28.1%) were referred on to Children’s Social Care and 1,843 (17.0%) (no 2014 figure available) to the Early Assessment Team for further assessment, while the remainder required no further action. Longer term comparison of the conversion of contact to referral to Section 47 Enquiry to Initial Child Protection conference is included on the graph below.

Blackpool’s rate of referrals and of children at every subsequent stage of the safeguarding process remains well in excess of those of both its statistical neighbours and England as a whole. It is of similar concern that 31.0% of referrals are repeats (that is having been previously referred within the last 12 months), compared to 23.4% amongst our statistical neighbours and 24.9% across England (2014 figures).





## Child Protection Plans

If professionals at an ICPC are concerned that a child is at risk of significant harm due to neglect, emotional, physical or sexual abuse then the child is made subject to a child protection plan. The plan sets out what family members and professionals must do to keep the child safe and well. The plan is managed through regular core group meetings and reviewed at child protection conferences.

On the 31st March 2015 there were 355 children subject to a child protection plan in Blackpool, a 15.7% increase on the previous year (this is a rate of approximately double that of our statistical neighbours and treble the national average figures for 2014). Of the 455 children who became subject to a child protection plan during the year, 83 had previously been subject to a plan, representing a rate of 18.2% compared to the national average of 15.6%. This potentially indicates that plans are being ended before changes made to protect the child are sufficiently embedded. Data in respect of gender, ethnicity and ages of children subject to child protection plans all conforms to expected levels, in view of Blackpool's population.

The most common reason for a child protection plan being put in place was emotional abuse (67.1%) followed by neglect (54.5%). Both figures are in excess of the most recently published national figures of 32% for emotional abuse and 42% for neglect (although this may, in part, be explained by Blackpool's practice of allowing registration in more than one category, whereas some areas only list a primary category). Concerns regarding emotional abuse most commonly relate to a child experiencing domestic abuse. The difference between Blackpool's and national rates may therefore reflect the known high prevalence of domestic abuse within the town. There has however, been a considerable increase in plans made in this respect since 2014, which needs to be better understood. The rate of plans in respect of neglect remains stable and may reflect the levels of poverty within the locality.

Despite the high numbers of children within the system, Blackpool perform well in some respects, holding 91.7% of initial child protection conferences within 15 working days of the start of the section 47 enquiry (compared to a national figure of 69.3%); reviewing 97.7% of child protection plans within time scale (94.6%) and having 2.7% of plans in place for over 24 months (4.5%). All child protection plans are managed by qualified social workers.

There has been considerable multi-agency effort to understand the continuing high level of child protection activity within Blackpool, which is evident at every stage of the system. Rates in excess of the national average would be expected in view of the levels of deprivation in the locality, however Blackpool continues to experience rates well in excess of those of its statistical neighbours. A single agency audit of children becoming subject to a child protection plan in the summer of 2014 did identify some plans that had been put in place where it was not considered that the threshold had been met, although this would in no way account for Blackpool's overall high rates. It would also be fair to say that the overall multi-agency audit activity of BSCB does not indicate that there is a significant issue with children being inappropriately assessed as meeting the threshold for a child protection plan. BSCB will continue to seek to assure itself that the high numbers of children referred to and within the child protection system are in need of this level of intervention, or whether this number could be safely reduced. However, it is also imperative and that an understanding is achieved as to the high level of need. One explanation could be that appropriate early help is not being provided to address needs before they become acute. Work will therefore be undertaken to inform our understanding of the effectiveness of early help services.

In view of the high levels of need in respect of domestic abuse and neglect, BSCB will seek to influence commissioning of services in this respect, for example to close the gap in provision for an intervention for perpetrators of domestic abuse and to provide a robust assessment tool for neglect.

## Core Groups

Core group attendance and functioning was identified as a significant area of concern in the course of the 2012 Ofsted inspection. In the intervening period BSCB has required all partner agencies to take steps to address this issue and has provided training to 202 professionals.

In their 2014 inspection findings Ofsted commented *“There is now generally better attendance by relevant practitioners. Recent cases were seen where core groups were monitoring the progress of child protection plans effectively, and amending them as appropriate”*.

BSCB has completed two recent audits of core groups. The first was an in depth audit of five child protection plans and identified improved timeliness of core groups, effective management of the child protection plan by the core group and good inclusion of the parents. The explicit consideration of the views of the child was noted to be insufficiently evident.

A second audit of agency attendance at core groups noted continued good social worker attendance, improved school nursing and schools attendance, but a slight decrease in parental participation and ongoing poor attendance from adult mental health services and CAMHS.

Partner agencies are now being asked to develop their own systems for recording attendance to enable them to provide evidence of their own effective practice.

## Neglect

Neglect has been an area of ongoing concern for BSCB. This was initially identified by a thematic review of neglect that was undertaken in early 2013 in response to which we made the following changes:

- Ensured specific reference to neglect was included within our new thresholds document.
- Implemented a concerns resolution process to encourage professionals to challenge each other’s decision making.
- Worked with child protection conference chairs to help them set more realistic and effective objectives.
- Developed and implemented a set of core professional values to promote a child centred approach.

It has therefore been disappointing to note the continued increase in the number of children subject to a child protection plan, out of which the proportion in place due to neglect remains above the national average. A ‘deep dive’ multi-agency audit of two such plans undertaken this year furthermore concluded that despite intensive intervention over a sustained period, levels of improvement were not as would have been expected.

A further recommendation of the original thematic review was the need to adopt a specialist assessment tool for neglect. This should enable professionals to identify and address neglect at an earlier point, thereby limiting the harm caused to the child and reducing the demand on services. There has been considerable delay in the delivery of the assessment tool, initially caused by difficulties identifying a suitable tool for use in Blackpool. A bespoke suite of neglect assessment tools has now been identified, in conjunction with the NSPCC, which will allow practitioners to select the right assessment for their concerns and area of professional expertise. Consistent use of the tool throughout interventions with a family will enable change to be measured and concerns to be identified and addressed.

Following the conclusion of this reporting period a Neglect Subgroup has been established to drive this process forward, however it is essential that the assessment tool is delivered at the earliest possible opportunity and that implementation is not allowed to drift.

## Child Sexual Exploitation

When a child is believed to have been a victim of CSE they are referred to the multi-agency Awaken team. The team includes staff from Health, Police, Children’s Social Care, Education and a missing from home co-ordinator. The lead professional for each child will be the person who it is felt they will work with most effectively, although Social Workers will always fulfil their statutory responsibilities toward a child. Children may, in turn, be referred on to other services, for example the WISH team who provide interventions for those in need of less intensive support. The work of the team is co-ordinated through weekly operational meetings in which individual issues and emerging trends are discussed. Senior managers are briefed as to the content of these meetings.

The Awaken team is a well established response to CSE within Blackpool, having been in place for over ten years. The wider partnership has also worked to raise the profile of CSE within Blackpool, for example through the provision of training for elected members and through the delivery of PHSE lessons by the WISH team to pupils in Years 7 and 9. A pan-Lancashire CSE awareness week is held each year in November and includes publicity campaigns, a conference for professionals and increased police enforcement and disruption activity.

In Blackpool in 2014-15 there were 243 referrals to the Awaken team, of which 152 were assessed as high risk (the risk assessment is based on the perception of the person making the referral, so is not based on a formal CSE risk assessment), which continues the broadly stable trend seen over the last four years that is also reflected pan-Lancashire. On a pan-Lancashire basis and during 2013-14 (the most recent data available) 62% of victims were aged between 13 and 15, while in 40% cases the perpetrator was fewer than five years older than the victim.

There have been a considerable number of reports published nationally in respect of CSE in the last year, however our understanding of CSE within Blackpool does not conform to the national stereotype. In Blackpool the predominant model of CSE is of white men operating alone, coming into contact with victims online, at parties or through hotspots. There is little evidence of gang related or taxi linked offending or of perpetrators being disproportionately drawn from ethnic minority communities. While full data is not available, a higher than expected number of male victims has been identified, as a consequence of which specialist support is provided through a Children's Society worker.

Recent analysis of a cohort of victims identified other vulnerabilities including being the victim of other forms of abuse or violence within the family home, incidences of going missing, being a looked after child, family disputes, mental health problems, school exclusions and association with other victims. A multi-agency audit of five cases also identified a high prevalence of domestic abuse within the victim's home and multiple previous referrals to children's services. Further work is needed to understand whether Blackpool's high incidences of sexually transmitted diseases and A&E attendance due to self-harm are reflective of CSE.

Blackpool has a distinct economy, which is heavily dominated by the hospitality and leisure industry. Consequently many who work within this sector may have contact with perpetrators or victims of CSE so may provide an additional means by which victims can be protected. Awareness raising work in this respect has been limited to date and should be further developed.

It is recognised that while there is a well-developed operational response to CSE in Blackpool, that the strategic oversight has not always been as robust as is required. More recent progress has been evident though in the development of the CSE subgroup to more fully reflect the partnership approach needed, the agreement of effective reporting mechanisms and the establishment of a pan-Lancashire strategy and Blackpool specific action plan. In forthcoming months the Standard Operating Protocol for CSE teams will be updated and further work undertaken to develop the CSE dataset.

## Children who go missing from home

Children who are missing from home are vulnerable at that time, quite simply because those responsible for their care are unable to ensure that they are safe. Research into longer term risks would also suggest an increased likelihood of becoming a victim of abuse, committing or being a victim of crime and involvement in substance use. The already vulnerable group of Looked After Children (LAC) are over-represented amongst those going missing (although this may, to some extent, reflect a greater willingness of care homes over parents to report children who go missing), while locally a correlation between incidences of missing from home and being a victim of CSE has been identified. This is evident in seven of the ten most children most frequently missing from home being open to the Awaken team.

The multi-agency response to MFH is delivered according to a revised pan-Lancashire LSCB protocol that was launched in September 2014. The priority in responding to any child who goes missing is ensuring their safety. Once they have been returned home a return interview should be carried out within 72 hours to try to understand why the child went missing and what can be done to reduce the risk of them individually and children more generally going missing again. Toward the end of the reporting period, a standard question about CSE was introduced to the interview pro-forma.

A degree of professional decision making is allowed for as to whether the interview is necessary and the child may decline to participate, as a consequence of which it cannot be expected that all interviews will be undertaken. However, there is currently a lack of standard recording and reporting of these interviews as a consequence of which it is unclear how many are completed or what they tell us about why children go missing. This represents a considerable gap in our understanding of the issue. For BSCB, these interviews represent a potential source of information both as to the reasons why children go missing and to the experiences of the child, that has not been utilised to date.

Our understanding of children who go missing from home in Blackpool is hindered by changes in data collection processes and definitions. This has most recently been evident in Police data no longer including children reported as 'absent' (that is, simply not where they are expected to be, as opposed to positively missing). Consequently, the broadly stable figure of 378 children having been missing during the year (although each child will typically be reported as missing on more than one occasion), may mask an increase now that absences are no longer included. Likewise, the increase of LAC identified by their Independent Reviewing Officer to be involved absconding or going missing from 4.5% to 8.1% requires further exploration.

BSCB should seek to ensure that better information is available to enhance its understanding of children who go missing, both in terms of their experiences, links to CSE, and in terms of securing robust, comparable data.

## Children in Care

When it is no longer possible, or in the best interests of the child, to remain within their own family they are placed in the care of the local authority, either with the agreement of their parents or under the terms of a court order. Many children who are looked after are vulnerable and the local authority, as their corporate parent, is responsible for ensuring that they remain safe, healthy and are able to realise their potential. All children in care are subject to regular independent reviews of their care, while the overall work of the local authority and its partners to provide for children in care is co-ordinated by the Corporate Parenting Panel. Children who are remanded in custody also become looked after and the YOT partnership maintains oversight of their treatment, while also working to reduce the rate of re-offending by LAC.

There were 454 children in care on at the end of March 2015, compared with 443 in 2014, which represents an increased rate of 156.4 per 10,000 of the child population compared to 152.4 in 2014. That this is well in excess of the national rate of 60.0 (2014), is expected given the high numbers of children throughout the system.

As corporate parents, the local authority seeks to reduce the disruption that each child experiences. The level of children placed more than twenty miles outside Blackpool has remained stable in recent years (currently 10.3%), while the 9.9% experiencing three or more placements within a 12 month period compares favourably with the national average of 10.7%. A significant number of LAC from other areas continue to be placed within Blackpool, this figure stood at 120 at the end of the reporting period. The strain that this places on local services has been exacerbated by guidance from April 2014 that local health providers should provide for their health assessments.

Where the best interests of the child would be served by their being permanently adopted, it would be expected that this is achieved as quickly as is possible. In 2014-15 50 children were adopted, although the number of days between their entering care and being placed with their adoptive family stood at 752, compared with a national average of 647.

## Private Fostering

A private fostering arrangement is one in which a child under 16 (or 18 if disabled) is looked after, or planned to be looked after, for over 28 days by someone other than a close relative. Any such arrangement should be notified to the local authority, in order for them to be satisfied that the child is safeguarded and their welfare promoted.

From a starting position of 10 private fostering arrangements that were in place in April 2014, 11 commenced and 14 ended during the year, leaving a total of 7 in place at the end of March 2015. This figure has remained broadly stable during the last five years, reflecting the national picture.

BSCB accepted the 2014 Ofsted inspection finding that it had paid insufficient attention to children in private fostering arrangements and has established a pattern of six monthly reporting to the Board in this respect. A publicity campaign is being developed to improve public and professional awareness of the need to make notifications.

## The work of the Local Authority Designated Officer (LADO)

The LADO works with local employers and voluntary organisations to decide whether a complaint or allegation about an adult working with a child is true or not. By operating independently, the LADO should be able to provide a fair and speedy resolution to concerns that are raised and ensure that unsuitable people are removed from the children's workforce.

During 2014/15 there were 91 formal referrals to the LADO. The greatest number of referrals came from Children's Social Care (43%), education providers (23%) and the Police (13%). Referrals were predominantly concerned with those working within education (43%), foster carers (23%) and voluntary organisations (23%). In 30 cases the allegation that was investigated was substantiated.

The LADO also undertakes work to raise awareness of safer recruitment practices and has worked with one voluntary organisation to develop their safeguarding practices to standard at which they can be used to demonstrate good practice.

During the forthcoming year the LADO will work with schools to ensure that all providers within Blackpool are aware of and utilise the service, where necessary, and with the Police and Health providers to try to understand whether the low number of referrals in respect of staff in these organisations is an issue that requires further attention.

In the course of the reporting period the LADO role was moved from the BSCB business unit, to sit within the local authority safeguarding team. BSCB will maintain oversight of the work of the LADO through the receipt of an annual report and other exception reporting.



# CHAPTER 3 - WHAT HAPPENS WHEN A CHILD DIES OR IS SERIOUSLY HARMED IN BLACKPOOL?

## Serious Case Reviews

LSCB are required to undertake a SCR when abuse or neglect is known or suspected and either a child dies, or is seriously harmed and there is cause for concern as to the way professionals have worked together to safeguard the child.

SCR form part of the Learning and Improvement Framework and should establish what happened and why and whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children. LSCB are required to publish SCR and their response to the findings.

BSCB is also committed to undertaking smaller scale reviews of cases in which the threshold for a SCR is not met, but in which it is felt that useful learning could be secured.

A summary of the work of the Case Review Subgroup's management of the SCR process is included in Chapter 1.

This year BSCB published two SCR.

### Child BR

#### What happened?

A 15 year old child was found dead at the family home, which a subsequent post-mortem examination attributed to methoxetamine (a synthetic Class B drug) toxicity, chronic renal failure and hypertensive heart disease. Child BR suffered from a significant and potentially life limiting chronic health condition and there had been previous concerns regarding neglect. In the years prior to Child BR's death securing engagement with specialist medical treatment, at a distant location, proved increasingly difficult.

Child BR had consequently been the subject of considerable interventions from healthcare providers and children's services, as the consequence of successive child protection and child in need plans. The challenge for practitioners was of a young person with a significant health problem who resisted treatment and whose parents were unable to enforce attendance.

#### What did it tell us?

The report concluded that "professionals and family worked tirelessly to try to influence Child BR to make appropriate choices about accessing health care", noting that the family believed that there was nothing more that professionals could have done. Interagency working and communication were assessed to have been excellent.

There were, nevertheless, six learning points identified:

- The need to explore the effectiveness of joint working between primary health care and tertiary centres for children and young people with chronic health conditions.
- When brief interventions are successful, the ways that these can be maintained over longer periods should be explored.
- Agencies should ensure that staff are appropriately supported at times of increased pressure e.g. the death of a child or when cases prove particularly challenging.
- Arrangements should be available for multi-agency discussion of 'stuck' cases.
- Children's social care should ensure that assessments are reviewed following significant events in a child's life.
- Commissioners of tertiary healthcare should ensure that children with chronic medical conditions and their families have prompt access to psychological support.

#### What are we going to do?

At the end of the reporting period an action plan was under development and will be included in next year's annual report. Work was already under way to develop multi-agency forums for 'stuck' cases and to revise assessment training.

## Baby Q

### What happened?

A three week old baby was found to be unresponsive in the course of a home visit by a health visitor. On admission to hospital Baby Q was found to have an unexplained head injury, for which the mother has subsequently been convicted. Baby Q's young age at the time of the incident was such that the family's involvement with services had been brief.

Prior to birth there had been a referral to children's social care due to mother's poor engagement with maternity services and concerns about her vulnerability, although no action was deemed necessary. Following birth the perceived anxiety of the parents resulted in more frequent than expected contact with midwifery and health visiting services, while Baby Q was seen at hospital twice. On the latter occasion a laceration to the mouth was initially treated as unexplained, prompting the involvement of children's social care, however no further action was taken after a change of diagnosis to a medical explanation.

### What did it tell us?

The review concluded "that there was little evidence that indicated that the harm to Baby Q could be predicted or prevented". Good practice was noted in the identification and response to the family's vulnerability by midwifery and health visiting services.

### Recommendations were made to ensure that:

- Pregnancies are notified to health visitors at an early stage, to allow for effective co-ordination of enhanced midwifery and health visiting services.
- Professionals ask about parental substance misuse, mental health and domestic violence in all cases, the latter being undertaken in an environment in which disclosure can be made safely.
- Professionals guard against acceptance of self-reporting.
- Handover procedures are in place for hospital doctors when there are suspected non-accidental injuries to children and in these cases that wider child protection processes are not stopped until all information has been fully evaluated.
- When midwifery services are transferred between areas that all vulnerabilities are recorded and transmitted.
- Steps are taken to reduce the risk of losing information as a result of different surnames being used for the same child.
- Children are able to access GP services regardless of the nature of their accommodation in Blackpool.

### What are we going to do?

An action plan in respect of this SCR was also in development at the end of the reporting period and will be fully reported in the next annual report. Due to the time elapsed since the incident some improvements have already been made, including automatic reporting of all pregnancies to health visitors at the time of booking.

It is anticipated that BSCB will have published four SCR within a seven month period by the summer of 2015. Partner agencies are expected to disseminate the learning to staff, while BSCB will develop a series of briefings for multi-agency staff to explore themes in more detail.

Full copies of these reports are available on the BSCB website.

## Child Death Reviews in Blackpool

The Child Death Overview Panel (CDOP) is a subgroup of the three LSCB of Blackpool, Blackburn with Darwen and Lancashire and undertakes the Boards' statutory functions in relation to child deaths.

By its very nature the death of a child is very distressing for parents, carers, siblings and clinical staff. CDOP carries out a systematic review of all child deaths to help understand why children die and to help prevent future deaths. By identifying modifiable factors, the panel can recommend measures to help to improve child safety and prevent future deaths. Broader findings can be used to inform strategic planning and commissioning of services.

Within Blackpool there were 14 child deaths during the reporting period and CDOP reviewed 12 deaths (a CDOP review occurs after all other legal processes are completed, as a result of which the number of reviews will always differ from the number of deaths).

### Of the 12 deaths reviewed:

- 5 (42%) were deemed to have modifiable factors (circumstances that, if changed, would reduce the risk of future child deaths)
- 7 (58%) were expected (predictable 24 hours prior to death)
- 6 (50%) were aged under one year
- 8 (67%) were female

CDOP uses learning from reviews to inform awareness raising campaigns amongst professional and the public.

### During the reporting period these have included:

- Continuation of the well-established Safer Sleep campaign, which has been recognised as good practice by NICE and included on their website as such.
- Publication of a first CDOP newsletter for professionals highlighting, amongst others, the dangers of swallowing lithium batteries.
- Disseminated a dangerous dogs presentation to assist professionals to identify banned breeds.

### How are we doing?

The weakness of considering Blackpool (and even pan-Lancashire) figures alone is that the low numbers (80 in seven years) are statistically insignificant. Consequently, while individual cases may cast light on risk factors or issues with service provision, extreme caution has to be utilised in drawing general conclusions. Nevertheless, CDOP has now collected seven years' data since its inception which begins to build a picture of child deaths pan-Lancashire. Analysis of this data has been hindered by the lack of a database, which is being addressed as a matter of priority. The ability to undertake more detailed statistical analysis (for example, in respect of parental risk factors) will enable CDOP to draw evidence based conclusions that can be used to inform local planning.

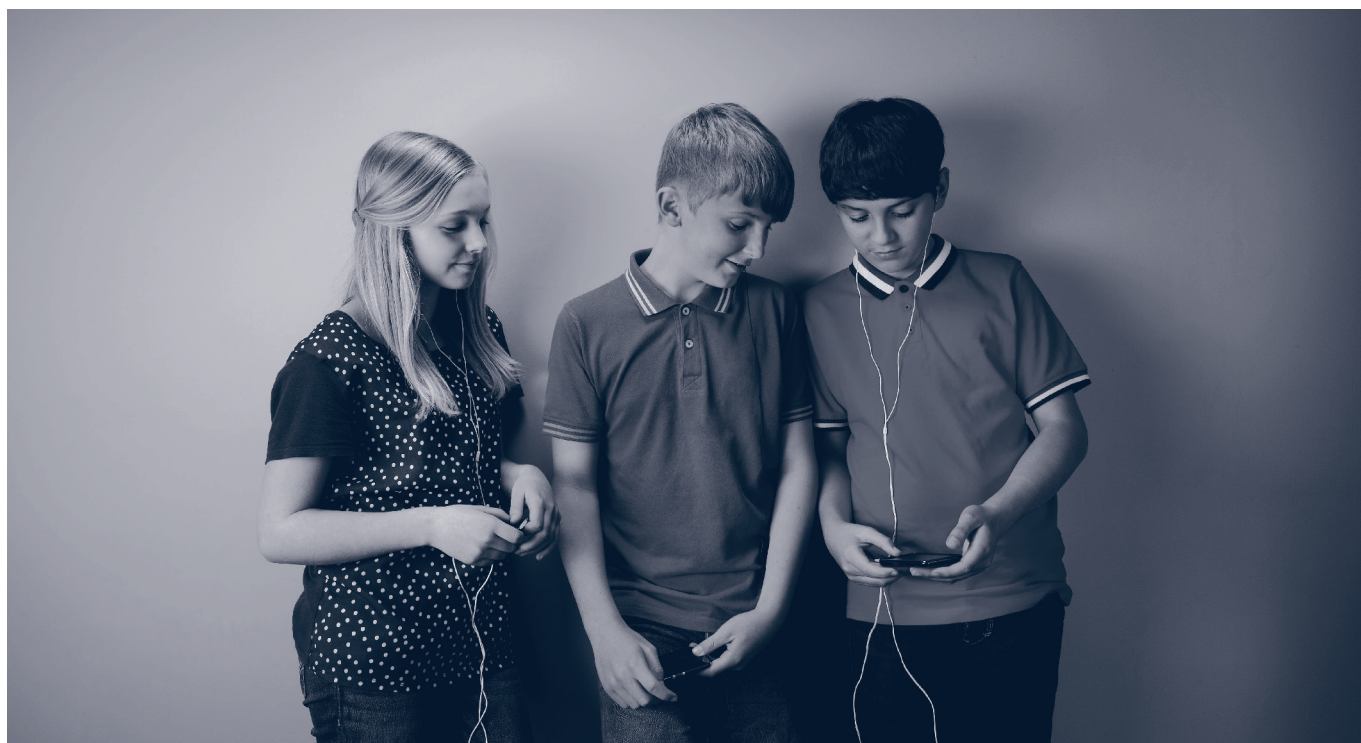
Work has begun to assess the consistency of decision making by the pan-Lancashire CDOP panel, however a greater understanding is necessary as to whether regional and national panels are consistent. Without this it is not possible to compare data with any degree of confidence.

### Sudden Unexplained Deaths in Childhood (SUDC)

When a child dies unexpectedly a rapid response process is set in motion to review the circumstances of the child's death. Multi-agency colleagues work together to share information to ensure a thorough investigation, to ensure that the bereavement needs of the family are met and that lessons are learnt from the death, where possible. The pan-Lancashire SUDC service is well-established and led by two nurses (outside office hours initial co-ordination is provided by the police), in conjunction with a range of multi-agency partners, including Children's Services, Acute Hospital Trusts, North West Ambulance Service and Lancashire Constabulary.

A new SUDC protocol was implemented during the reporting period to strengthen and standardise the service provided, while training has been provided for multi-agency staff. In the forthcoming year we intend to undertake a thematic review of unexpected deaths that the service responds to, as a means of ensuring that any wider learning is identified and acted on.

A more full analysis can be found in the CDOP annual report which is available on the BSCB website.





# CHAPTER 4 - THE CHALLENGES AHEAD

BSCB's current activity is driven by a two year business plan, which is available on the Board website. The plan addresses four key safeguarding themes that were identified by Board members during the course of a development day in January 2015. These themes were considered to represent the primary areas that need to be addressed in order to keep children safe in Blackpool. A final part of the business plan concentrates on the Board's own functioning and development, building on the action plan that was compiled following the 2014 Ofsted review.

The analysis contained within this report raises additional challenges for the Board that can be grouped under the safeguarding themes of the business plan:

## Child Sexual Exploitation

- Do we utilise all available sources of information to know what CSE looks like in Blackpool and to understand whether our response is effective?
- How do we raise awareness of CSE amongst all professionals, children and members of the public, including those in employment in the taxi and leisure industries?
- How do we develop our understanding of children who go missing from home and how we can keep them safe?

## Early Help

- Does the high number of children subject to child protection plans or looked after represent a failure to deliver effective early help for children at Level 2 and 3 thresholds?
- Is there sufficient early help provision for children in Blackpool?
- How can we better understand the level of need for lower level intervention, in view of the absence of a central record of children assessed as being in need of Level 2 services?

## Neglect

- The implementation of a neglect assessment tool has been significantly delayed, what action is necessary to prevent further delay?
- In view of the recent multi-agency audit in respect of neglect, are we confident that effective services to tackle neglect are in place?

## Toxic Trio

### Children living with parental domestic abuse, substance use or mental health issues

- Given that child protection plans implemented in respect of emotional abuse are typically indicative of domestic abuse, what does the significantly increased proportion of plans under this category tell us?

## BSCB development

- BSCB has accumulated a wealth of learning from reviews and audits. How can we ensure that broader themes are understood and result in meaningful systems changes?
- How can we measure the impact of actions taken on systems, on professionals and, most importantly, on children and families?
- How can we be assured that we collect the right data from all our partner agencies to capture safeguarding activity in Blackpool and that we properly understand it?
- BSCB has not undertaken sufficient work to listen to what children are telling us or to understand the lived experience of children in the town. How do we put in place processes to achieve this?

# CHAPTER 5 - MESSAGES FOR OUR STAKEHOLDERS

## Children and Young People

You are at the heart of everything we do in the child protection system and there are lots of people ready to listen to you. If you ever need help please speak to someone you can trust, this could be if you feel bullied, sad or unsafe. BSCB is here to keep you safe and we will find more ways to listen to what you tell us.

## The people of Blackpool

Keeping children safe is everyone's responsibility and you could be the person who is able to make sure that a child is protected. **If you are worried about a child please call the Duty and Assessment Team on 01253 477299. You will not have to leave your name if you would prefer not to.**

## Elected Members

Demand the best for our children. When you scrutinise plans ask what effect they will have on children and how they will ensure that they are safeguarded. Expect agencies to provide evidence that their actions are improving the lives of children. You are Corporate Parents for the Looked After Children in Blackpool. Use your role to ensure that they have the care and life chances that they deserve. Take advantage of the training opportunities provided by BSCB.

## Front line staff

Thank you for your unceasing work to keep children safe in Blackpool. We want to make sure that we communicate with you. Take advantage of our multi-professional discussion forums and shadow board to let us know what you think. Keep yourself up to date with our work through our website and other publications. We provide a wide range of training, take advantage of it. If you manage staff please give them the space and support to reflect on their work to safeguard children.

## Chief Executives

We need to be assured that you continue to meet your duties under Section 11 of the Children's Act 2004. Help us understand how you safeguard children and the impact of any changes in your organisation by prioritising your contribution to BSCB. Ensure that your workforce is able to attend and contribute to the delivery of the BSCB training programme.

## Police and Crime Commissioner

Please use this annual report and those of our pan-Lancashire counterparts to inform your planning. In particular we would ask that CSE remains a high priority. Ensure that the voices of child victims are heard loudly in the criminal justice system and that agencies effectively work together to share information about those who pose a risk to children.

## Commissioners

This means you if you have control of a budget that is used to provide a service for children. Ensure that you listen to the voice of the child when you make decisions. Understand the services that you commission and hold your providers to account to meet their responsibilities to safeguard children.

## Schools

You are better placed to understand the experiences of a child than almost any other agency. Please share that understanding to help others work more effectively. Assist your staff to access our training and let us know what training would benefit you. We are keen to communicate more effectively with you, please come to our twilight meetings and let us know what you would want to discuss at them. Consider whether you could become a member of our strategic board or subgroups.

# APPENDIX A

## Strategic Board Membership (at the time of Publication)

Name	Title	Agency
David Sanders	Independent Chair	
Helen Skerritt	Chief Nurse (Deputy Chair)	Blackpool CCG
Cllr John Jones	Elected Member	Blackpool Council
Delyth Curtis	Director of Children's Services	Blackpool Council
Dr Arif Rajpura	Director of Public Health	Blackpool Council
Amanda Hatton	Assistant Director of Early Help and Children's Services	Blackpool Council
Linda Evans	Principal Social Worker	Blackpool Council
Andrew Lowe	YOT Service Manager	Blackpool Council
Sharon Cooper	Safeguarding, Quality and Review Service Manager	Blackpool Council
Cathie Turner	Designated Nurse	Blackpool CCG
Dr Sujata Singh	GP representative	Blackpool CCG
Marie Thompson	Director of Nursing and Quality	Blackpool Teaching Hospitals Foundation NHS Trust
Dr Rob Wheatley	Designated Doctor	Blackpool Teaching Hospitals Foundation NHS Trust
Bridgett Welch	Assistant Director of Nursing	Lancashire Care Foundation Trust
Sue Warburton	Deputy Director of Nursing	NHS England
David Rigby	Sector Manager	NW Ambulance Service
Nikki Evans	Detective Superintendent	Lancashire Constabulary
Tony Baxter	Detective Inspector	Lancashire Constabulary
John Donnellon	Chief Executive	Blackpool Coastal Housing
Karen McCarter	Head teacher	Norbreck Primary Academy
Chris Thomas	Director 14-19	Blackpool and the Fylde College
Jackie Couldridge	Service Manager	CAFCASS
Tracy Buckley	Service Manager	NSPCC
Sonia Turner	Assistant Deputy Director	NW National Probation Service
Louise Fisher	Assistant Chief Executive	Cumbria and Lancashire CRC
Jenny Briscoe	Lay Member	

## Glossary of Acronyms

BSAB	Blackpool Safeguarding Adults Board
BSCB	Blackpool Safeguarding Children Board
DA	Domestic Abuse
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIB	Children's Improvement Board
CPC	Child Protection Conference
CSE	Child Sexual Exploitation
GIR	Getting it Right
H&WBB	Health and Well-being Board
LAC	Looked after Child/ren
LADO	Local Authority Designated Officer
LIF	Learning and Improvement Framework
LSCB	Local Safeguarding Children Board
MAAG	Multi-Agency Audit Group
MASH	Multi-Agency Safeguarding Hub
MFH	Missing from Home
MPDF	Multi Professional Discussion Forum
PCC	Police and Crime Commissioner
PMEG	Performance Monitoring and Evaluation Group
SB	Shadow Board
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SUDC	Sudden Unexplained Deaths in Childhood
YOT	Youth Offending Team

For more information on the  
**BLACKPOOL SAFEGUARDING CHILDREN BOARD**  
visit [www.blackpoolsafeguarding.org](http://www.blackpoolsafeguarding.org)

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<b>Report to:</b>	Resilient Communities Scrutiny Committee
<b>Relevant Officer:</b>	Carmel McKeogh, Deputy Chief Executive
<b>Relevant Cabinet Member:</b>	Councillor Maria Kirkland
<b>Date of Meeting</b>	5 November 2015

## WORKING WITH VOLUNTEERS

### 1.0 Purpose of the report:

- 1.1 The purpose of the report is to set out how the Council works with volunteers in order to help build a sustainable community that recognises and values to contributions of citizens as volunteers right across the town to allow scrutiny of the subject. Further the report sets out the challenges, issues and developments in terms of volunteering in order that the committee are aware of the on-going nature of the relationship with volunteers.

### 2.0 Recommendation:

- 2.1 The Committee is asked to consider the report and raise any relevant points and questions for debate and discussion at the meeting.

### 3.0 Reasons for recommendation:

- 3.1 The role of volunteers is becoming increasingly important in the community and it is important to recognise the contribution they make and also to consider the implications of that for the council.

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:

The use of volunteers and their contribution is well recognised across the town and it will undoubtedly continue and is likely to grow. Other options would be disingenuous to consider.

## **4.0 Council Priority:**

### **4.1 The relevant Council Priorities are:**

As volunteers work across all of the Council's priorities except for the final one as they are not categorised as employees. The priorities are:

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable
- Expand and promote our tourism, arts, heritage and cultural offer
- Improve health and well-being especially for the most disadvantaged
- Attract sustainable investment and create quality jobs
- Encourage responsible entrepreneurship for the benefit of our communities
- Improve housing standards and the environment we live in by using housing investment to create stable communities
- Create safer communities and reduce crime and anti-social behaviour

## **5.0 Background Information**

### **5.1 Introduction**

Volunteers play a significant role in making Blackpool a better place to live work and play. Volunteers come in many guises; they are of different ages, varied backgrounds, have a wide variety of interests and have many different reasons for giving their time to help others or to make the environment a better place.

Many public sector, voluntary and charitable organisations rely on volunteers to support their organisation and see them as an essential extension to the work undertaken by their employees.

In most cases the relationship between volunteers and the organisations they support is one of mutual benefit. The organisations are able to provide more extensive and better services and the volunteers benefit from their experience which might help them in terms of future career prospects, provide them with an interest and an outlet for their skills and talents or provide them with an opportunity to connect with other people and avoid loneliness.

This report will deal with the way that Blackpool Council works with volunteers and provides an opportunity to acknowledge and celebrate the contribution made by volunteers in the town as well as presenting an opportunity for us to improve that relationship and learn from best practice across departments.

### **5.2 Use of Volunteers**

Most of the departments across the council use volunteers on a regular basis. Below



is a table which shows how some departments use volunteers and gives a brief explanation of the nature of the volunteering activity.

Department	Service	Volunteering Role	Number of Volunteers Involved	Subject to safe guarding checks
Adult Services	Social Care Volunteer's	Volunteer Driver	8	Yes
Adult Services	Social Care Volunteer's	Attendant Scheme	3	Yes
Adult Services	Social Care Volunteer's	Attendant Scheme/ Highfield Day Centre	1	Yes
Adult Services	Social Care Volunteer's	Attendant Scheme/ Sitting Service	1	Yes
Adult Services	Social Care Volunteer's	BCIL Meet and Greet	18	Yes
Adult Services	Social Care Volunteer's	Claremont Club	3	Yes
Adult Services	Social Care Volunteer's	Craft Group Support	3	Yes
Adult Services	Social Care Volunteer's	Friendly Face Volunteer	1	Yes
Adult Services	Social Care Volunteer's	Highfield Day Centre Support	11	Yes
Adult Services	Social Care Volunteer's	Highfield Tea and Coffee Support	6	Yes
Adult Services	Social Care Volunteer's	HSCS	1	Yes
Adult Services	Social Care Volunteer's	Keats/ Music at Keats	2	Yes
Adult Services	Social Care Volunteer's	Out and About	11	Yes
Adult Services	Social Care Volunteer's	Phoenix	1	Yes
Adult Services	Social Care Volunteer's	Sitting Service	23	Yes
Adult Services	Social Care Volunteer's	Social Isolation Project	1	Yes
Cultural Services	Library Services	Digital Champion	11	Yes
Regeneration Tourism and	Heritage	Family History indexing and Sources list	2	No

Culture				
Regeneration Tourism and Culture	Heritage	Tourism Collection	1	No
Regeneration Tourism and Culture	Heritage	Theatre index	1	No
Regeneration Tourism and Culture	Heritage	Published Photograph index	1	No
Regeneration Tourism and Culture	Heritage	Illuminations Archive	1	No
Regeneration Tourism and Culture	Heritage	Ralph Smedley Listing	1	No
Regeneration Tourism and Culture	Heritage	Blackpool Comic Seaside Postcards	1	No
Regeneration Tourism and Culture	Heritage	Barry Shaw Collection	1	No
Culture Services	Library	At Home Library Deliveries	13	Yes
Adult Services	Langdale Day Service	Community Volunteers	26	Yes
Parks and Green Spaces	Marton Mere	Volunteer Rangers and reserve guides	15	No
Parks and Green Spaces	Parks (various locations)	Friends Groups	120	No
Sport Develop- ment	Active Blackpool	Steps to Health	22	Yes
Sport Develop- ment	Cycling	Wheels4All	3	Yes
Sport Develop- ment	School and Community	Young Leaders	156	No
		Volunteers	66	Yes

### 5.3 Focus on Adults Services

The Social Care Volunteers Team provides a service to Blackpool Resident, offering a variety of respite and support opportunities to carers. The services include a Sitting Service, Out and About Service, Activity Services operating from various locations in Blackpool, Driver Attendant Service, Social Isolation Pilot, Volunteer Driver Service, Meet and Greet Service and Lunchtime Support Service.

The Sitting and Out and About Services provide 1-1 support and referral is via the Social Care teams with a strict criteria that a Carer Assessment has prompted the referral. The Social Isolation pilot has evolved into accepting referrals from adult social cares' initial contact team and social workers; this has proven to be a much better way of targeting people. The other services are not referral based but provided as a response to demand from other service areas, service users, parents/carers, commissioners and other stakeholders. Services are generally provided 9am to 10pm Monday to Friday, however there are some weekend arrangements in place and this is anticipated to grow due to Carer and Service User demands for a flexible approach to service delivery.

All those involved with the service benefit from service users, carers, volunteers and staff. It is satisfying to see a good match take place in the sitting service that allows the carer to have a break, get out of the house and pursue their interests, sees the service user and volunteer develop a relationship that is mutually beneficial and can last for a number of years.

Volunteers can often come to the service having experienced some major life changes that have impacted so much that low self-esteem, lack of confidence in social settings, vulnerability and social isolation are a consequence. Through the volunteers' journey the team have experienced people turning their lives around, finding work, forming relationships and generally getting their lives back together.

Over the last year the volunteers team has become more involved with volunteering in the wider council, the volunteer register has led to a Volunteer Networking group that meets quarterly, sharing good practice and networking. The volunteers' team is regularly asked for advice and support, we have been able to process DBS's from other teams, share procedures and processes. Initially work with adult service areas was the main function latterly children services have also come on board.

The Social Care Volunteers Team rely upon Council departments to share information about volunteers within their area so that these details can be added to the Volunteers Register; the release of this information has been challenging for some departments and although we send a request to all members of the Volunteer Networking Group to send this information through on a monthly basis, this hasn't

happened at the pace we would have anticipated.

#### 5.4 **Leisure and Parks Services**

Leisure and Parks Services has extensive experience in working with volunteers from across a wide range of activities and services. Key to the interface has been the creating of the conditions to enable local people to take part. In relation to this services have worked hard to provide people with the tools that empower them to take ownership and control of their activity and services.

As part of the Marton Mere Heritage Lottery funded improvement project an Environmental Volunteer Coordinator is in post to develop the volunteering opportunities for the community. Volunteers undertake roles such as reserve guides, practical volunteer habitat works and manning the Visitor Centre. All volunteers are given an induction, supervision and training relevant to their roles. Volunteers are key to the project's success, building capacity and skills in the local community to manage and care for the reserve long-term.

Many of Blackpool's parks have volunteer run Friends Groups. These groups play an important role in developing the borough's parks through fundraising, events and promotional activities. Friends Groups are often able to draw down funds unavailable to the authority and ensure the local community's involvement in the park.

Using the power of sport, leisure and recreation volunteers are encouraged to take an active role working with the Council, URPotential, Blackpool and the Fylde College to support the delivery of local programmes. This enables volunteers to build their confidence, meet new people, help others and support their local community.

Steps to Health is a successful walking programme delivered by qualified volunteers who lead weekly walks, which take place across Blackpool. The Sport Club network also operates across Blackpool managing local sports facilities and providing sporting opportunities for all ages and abilities.

Leisure Services also works closely with Sport England and Lancashire Sport to ensure that the thousands of people who volunteer within sport do so through the Governing Bodies of sport frameworks. The service works with various sports development groups across the town, supporting people to take control of their sport.

#### 5.5 **Reason for Volunteering**

Volunteers undertake volunteering activity for a variety of reasons and the primary ones are detailed below:

Reason
To help my job prospects
To make good use of my knowledge and skills
To keep me active and busy
To help other people
Because I enjoy the particular activity/task in its own right
Because I feel I ought to
Some other reason

## 5.6 The relationship between employment and volunteering

In recent times, particularly as a result of the cuts to public services there has been much made of the need to think differently about how services are provided and to encourage people to volunteer in areas that were once seen as areas of paid work. Some might argue that this is taking us back to a time when people were less reliant on local and central government to provide solutions and is returning to a time where being a good citizen was seen as the norm. A good example of this might be the issue of loneliness. Some would say that loneliness is exacerbated by a lack of old fashioned 'neighbourliness' and that volunteers are stepping into a place which should have been occupied by good neighbours. Others might say that it is part of a paid carer's job to provide social contact for people who are isolated and should be a paid for service or that voluntary sector organisations should be paid to create hubs where lonely people can get together and meet. Whatever the view on these matters, the cuts to funding in the public sector have meant that the ability to tackle such problems by the provision of a 'paid for service' is in reality not an option in most local authority areas.

Consideration does however need to be given to where we draw a distinction between employment and volunteering as there has been evidence of the abuse of volunteers in some sectors. It was widely reported for example that the use of unpaid interns in some of the country's most prestigious private sector organisations was having a detrimental effect on equalities as only those who could be financially supported by other means were able to take advantage of these opportunities which could ultimately lead to paid work.

The Hospital Trust in Blackpool has taken a clear view on the matter and has a clear policy that states the use of volunteers should enhance the experience of patients using Trust services. Volunteers are never asked to undertake a role which would ordinarily be done by a paid member of staff. Volunteers in the Trust undertake tasks such as:

- Navigators – helping patients and visitors find their way around the vast hospital site
- Trolley Volunteers – Selling sweets, drinks and newspapers off the trolley

which raises money for the NHS Charity

- Chaplaincy Volunteers – Provide emotional and spiritual support to people in hospital and their families
- Listeners – Provide social support to people who are isolated and lonely in hospital

It may be more complex for the local authority to determine a clear policy on this matter as the type of volunteering undertaken is so wide and varied but the Executive Member responsible for this area has asked that such work is undertaken.

### 5.7 **Safeguarding**

Another very important consideration in terms of volunteering is the fact that it can provide access to children and/or vulnerable adults and so ensuring that appropriate vetting arrangements are in place in such cases is essential. The council takes its responsibility for such matters seriously and each department is responsible for ensuring that they have robust processes in place where appropriate. However as the use of volunteers increases it is possible that there could be pockets of volunteers within departments across the Council that have not properly considered what checks should be in place for volunteers and further work is required to engage with all council service managers to ensure all volunteering activity across the Council is supported safely on an on-going basis.

### 5.8 **Co-ordination**

At present the arrangements for volunteering are managed at departmental level and this has some benefits in that arrangements can be made more quickly, responses can be proportionate to the type of work being undertaken, support with vetting is available if needed and relationships with volunteers are more personal and uncomplicated.

However other organisations such as the Hospital Trust have a centralised approach and this has different benefits such as more assuredness that safeguarding is appropriate, volunteers can be supported and seen as part of the corporate team. It might be appropriate to consider which model is best for the council as volunteering becomes more common across all council departments

### 5.9 **Recognising the contribution of volunteers**

The recognition needed by volunteers is often as little as a thank you from the people they support. However many departments want to recognise the contribution of volunteers in a more formal way and undertake a range of activities to provide such

recognition. These go right through from large scale award ceremonies to sending thank you cards and certificates to people and providing references.

#### 5.10 **The Future**

It seems likely that volunteering will develop as part of the councils plans to build resilient communities as clearly many people get pleasure, learning, a sense of well-being and development from volunteering in their community. This growth and development will bring many benefits and the senior management of the council will need to consider how this can be supported so that it remains accessible, inclusive and beneficial for the participants whilst also safeguarding those who participate as volunteers and those in receipt of support from volunteers. To do this the council has established a volunteer co-ordination group who will monitor progress and developments in this area.

Does the information submitted include any exempt information?

No

#### 6.0 **Legal considerations:**

6.1 In developing the use of volunteers the council is mindful particularly of safeguarding legislation and guidelines and health and safety law. Departments are aware of their responsibilities in this regard and are continually provided with information about changes in legislation and best practice guidance.

#### 7.0 **Human Resources considerations:**

7.1 Volunteers are not employees of the council but often volunteer alongside employees who are trained to support and develop volunteers where applicable as part of their role.

#### 8.0 **Equalities considerations:**

8.1 The council is committed to being inclusive in its practices of recruiting volunteers.

#### 9.0 **Financial considerations:**

9.1 The use of volunteers supports the council and the residents often at no or very little cost to the public purse.

#### 10.0 **Risk management considerations:**

10.1 Risks need to be managed in terms of safeguarding and health and safety issues and

department managers are responsible for ensuring that such risks are managed effectively.

**11.0 Ethical considerations:**

11.1 The ethical considerations regarding where the line crosses between employment and volunteering is one that managers and the council takes seriously. As part of the work of the coordination group consideration will be given to how that might be articulated in the form of a policy that works for all departments and does not unduly damage volunteers and their objectives around employment skill development.

**12.0 Internal/ External Consultation undertaken:**

12.1 The relationship with volunteers is one that has to be developed through consultation and engagement. It is vital that the relationship is built on a consultative approach as the volunteers clearly give of their time freely and need to feel as though they have a voice and are recognised for all that they do.

**13.0 Background papers:**

13.1 None



<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Tim Bennett, Director of Finance
<b>Date of Meeting</b>	5 November 2015

## **BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST – FINANCIAL DEFICIT AND IMPACT UPON QUALITY OF CARE**

### **1.0 Purpose of the report:**

1.1 The Committee is asked to consider the Trusts update on meeting its budget saving targets.

### **2.0 Recommendation:**

2.1 The Committee is asked to note the contents of the report and ask questions and make recommendations that are considered appropriate

### **3.0 Reasons for recommendation:**

3.1 To ensure constructive and robust scrutiny of the 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? N/A

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 Members from the Trust will be in attendance at the meeting to address any questions.

## **5.2 Blackpool Teaching Hospitals Financial challenge**

5.2.1 The Trust planned a deficit of £11m by the end of the year, however, due mainly to agency over-spend the Trust is already £9m overspent at month 6 and therefore needs to put measures in place to control this. This will include measures to reduce length of stay, reduce agency spend and treat more patients to achieve target income.

5.2.2 The Trust ended last year in deficit by £4.3m. It was expected that this would worsen to £11.3m in the current year. This downward shift of £7m is driven by the fact that funding has been cut by £6.7m and in one of the biggest areas of spend (pay) the rates are determined at a national level. The cost of pay awards amounts to £6m. On top of this costs for clinical negligence have also risen by £3.9m. This isn't the result of care deteriorating or more claims made against the Trust but a decision at a national level to remove any discount for achieving certain quality standards (NHSLA standards). This has affected all Trusts across the country.

5.2.3 Through a combination of less funding and increased costs outside of the Trust's direct control there has been an overall reduction of £16.6m. There are other things as well such as the decision to invest in increased staffing to drive up quality and these are then offset by a cost savings programme, but the net position is a deterioration from last year, as seen virtually everywhere else in the NHS.

5.2.4 On top of that there has been a further worsening in year (hence the drive for the recovery plan) but this is nearly all down to the increased use of agency staff. The Trust has been unable to recruit/retain sufficient staff and in order to ensure the provision of safe care has had to rely on other means including agency staff. Again this is a similar problem throughout the NHS.

5.2.5 A key aim of the Trust is to reduce the length of stay, to in turn reduce bed numbers and save money in areas such as the use of agency staff. Cutting agency costs is a priority for the Trust.

5.2.6 Technology can also help patients remain in their own homes, for example, by remote monitoring, which means they can be called into hospital when needed rather than attending unnecessarily. Another example is intravenous therapy, which could mean a stay in hospital for a patient of three to seven days. 90% of patients who have intravenous therapy now either go to a clinic at one of the Community Health Centres or are visited in their own homes rather than attend hospital.

5.2.7 On a positive note, the Trust has a good track record of delivering savings and has been working hard for the last few months with clinicians and local GPs to redesign services to make them clinically and financially viable in to the future. This isn't easy and a full strategy has not yet been developed, however, progress is being made and innovative and exciting new ways of working are being identified (extensive care being the prime example).

Does the information submitted include any exempt information?

No

**List of Appendices:**

None

**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:**

13.1 None

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Services
<b>Relevant Cabinet:</b>	Councillor Graham Cain/Councillor Eddie Collett
<b>Date of Meeting:</b>	5 November 2015

## ADULT SERVICES OVERVIEW REPORT

### 1.0 Purpose of the report:

- 1.1 To allow effective Scrutiny of the work undertaken by Adult Services on a day to day basis.

### 2.0 Recommendation:

- 2.1 For Members of the Scrutiny Committee to note 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.

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 Business Support and Resources

At its meeting of the 17<sup>th</sup> September 2015, the Scrutiny Committee received the Annual Customer Relations Feedback Reports for Children's and Adults Services. A question was raised regarding how the services encourage feedback from service users, and the following paragraphs therefore set out examples of the measures that are taken in order to ensure that people who use our services and their families know how to let us have their views.

The Council's website contains a page dedicated to Social Services Complaints. This incorporates details of how to make a complaint and provides access to the online complaint facility, feedback forms to download and contact details, as well as recent feedback reports. The significant majority of complaints are received into the team via email or the online form, either directly from complainants or by referral from social care staff.

As well as publicly available information on how to give feedback, adult service users receive feedback forms at various stages of their journey through the social care system, for example when they receive their care plan or review letter, when they receive details about their contribution to care charges, or as they leave following a respite stay. Service user forums supported by Empowerment are another key way that people can share their views with us, as are parent and carer forums. Suggestion boxes are located in the Council's residential settings and social events encourage service users to come together.

### 5.2 Adult Social Care Key Performance Indicators – Quarters 1 and 2 Summary

The Adult Social Care Performance Report provides data from a number of Adult Social Care Outcomes Framework measures, together with some regionally determined measures. A compilation of the data is published that shows how performance varies quarter by quarter and offers regional and national comparator data where available. Measures reported quarterly are a subset of the full ASCOF since many ASCOF measures are only reported annually.

Measures available quarterly cover:-

- The proportion of people receiving direct payments and those who have a personal budget.
- Measures relating to the employment and accommodation arrangements for those with learning disabilities and those in contact with mental health services.
- Permanent admissions to social care or nursing care for adults under 64 and

over 65.

- The number of delayed transfers from Hospital due to any cause and those for which social services are responsible.
- The outcomes of short term services that do not lead to further requests for service.
- The number of carers receiving a carer specific service per 10,000 population.
- The number of safeguarding referrals per 100,000 population
- The proportion of service users receiving community based services
- The proportion of service users with a completed review
- The number of Social Care complaints per 100,000 population

Quarterly data for Quarter 2 will be circulated through the Chair as soon as validated.

### 5.3 Overview of the position with Deprivation of Liberty Applications and Safeguarding Cases

#### Deprivation of Liberty Applications

Since April 2015 the Council has received 405 in total. Of these, 35 applications were for those who were funded by other Authorities but living in Blackpool. These applications are forwarded onwards to the funding authority as appropriate.

Deprivations authorised since April 2015 stands at 240 of the 370 remaining with an additional 54 individuals currently in the process of being assessed. Of those authorised, 83 were “re-authorisations” of existing authorisations as are about half of those still in the queue.

With Blackpool a rolling total shows that there are currently 278 individuals who are subject to an authorisation of their Deprivation of Liberty. The figures are of course only a snapshot in time with Deprivations being authorised or ceased on a daily basis. For example, 76 of the applications received this financial year were ceased.

The “ceased” cases include applications that have been terminated during the assessment process; for example where a review has been declined on legal grounds or where a mental capacity assessment has determined that an individual has capacity to consent to their care and treatment and to authorise the Deprivation would therefore be illegal or where the restrictions do not meet the threshold.

Other cessations may have been due to factors such as change of accommodation or the death of the individual concerned.

#### 5.4 Safeguarding Overview

The total alerts for Quarters 1 and 2 is 336, a pro rata reduction of 20% if extrapolated for the whole year (672 compared with 842 last year). This relates to 367 individuals. Of those concluded so far, the decision split is broadly similar to last year, with 43 Not Safeguarding (12.7%), 155 (46%) Incident Only and 132 (42.2%) Procedures.

Age differentiation is consistent with previous year. 72.5% of alerts concerning those aged over 65, but down from 84.5%. Over 85's are still high in that group and up 1%. Gender differentiation persists at roughly 60/40 women to men (57.7%). Ethnicity is slightly more diverse with 83.3% being White British. 12.8% is not known.

Primary Support Reasons were recorded as PD 137 (37.3%), Memory and Cognition 67 (18.25%), MH 43 (11.7%), LD 22 (6%).

Care Homes and Care Homes with Nursing remain the most prevalent location 120 (44%). Own home is now close behind with 118 (32%) with an increase in Hospital alerts 65 (17.7%).

Types of abuse. Physical abuse is currently the highest prevalence (30.8%), neglect and Acts of Omission is next (30.3%), Financial Abuse is at (13%) with a significant reduction in institutional abuse, now called Organisational Abuse (0.95%) down from 13.5%, Substance Abuse and Self Neglect are lower in the order of prevalence from sexual abuse. From Quarters 3 and 4 we will be collecting data on Modern Slavery and Adult Sexual Exploitation.

Source of Risk has now been broadened in definitional terms. 313 sources of risk. Family is the highest so far at 88, with 72 Private Sector Social Care Support including home care staff. Unknown people or strangers increased to 34, and there were 22 primary and secondary health care staff members who were the source of risk.

46 cases were discontinued at the strategy meeting phase, leaving 86 ongoing cases. Of the 132 alerts referred in in Quarters 1 and 2, 7 were ceased at the person's request, 9 were inconclusive, 5 were not substantiated, 5 were partly substantiated, 6 were substantiated, totalling 32 outcomes. Of all the cases that concluded in Quarters 1 and 2, that went the full course to reporting meeting, 1 ceased at own request, 14 were inconclusive, 16 were not substantiated, 9 were partly substantiated and 11 were substantiated.

With care homes and own homes as the most prevalent location the outcome findings for partly substantiated and substantiated cases that went to reporting meeting stage, the outcomes were as follows:-



**Care Homes – Neglect/Acts of Omission**

Substantiated – 1

Partly substantiated – 3

**Financial**

Substantiated – 2

**Physical**

Substantiated – 1

**Institutional/Psychological/Discriminatory**

Substantiated – 1 for each

This is for named individuals and does not include provider alerts for the whole care home. Hence the number is small.

**Own Homes – Neglect**

Substantiated – 2

Partly Substantiated – 1

**Financial**

Substantiated - 1

Partly substantiated – 3

**Physical**

Partly substantiated – 1

**Psychological**

Substantiated – 1

Partly substantiated - 2

5.5 **Use of the Post-Alert Threshold Document**

The Care and Support Statutory Guidance to the Care Act 2014 states that:-

*One of the key aims of adult safeguarding is to safeguard adults in a way that supports them in making choices and having control about how they want to live. Additionally organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is often only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how this can best be achieved.*

In April 2015, a post alert threshold document was created to support professional thinking around the pathway that allegations of harm should take.

By making safeguarding “personal”, consideration of the most effective way to “safeguard” adults who are at risk of harm (or who are alleged to have been harmed) is often a complex procedure. Those complexities arise where adults must be viewed in the context of the whole of their life – as far as is possible.

Factors to consider in the decision making process include the following (the list is not exhaustive). The weight of the factors in each circumstance will influence the decision.

- Whether the harm is a criminal offence
- The significance of the harm to that individual
- The person’s own wishes and their mental capacity to make decisions about the risk of harm or the harm caused.
- The person’s own decisions about whether they wish to continue to live with a degree of risk.
- The person’s social and/or other support networks
- If the person is “befriended”
- The context in which they live
- Whether the harm is a one off incident or part of a pattern
- If there is known of previous concerns about the alleged perpetrator of the harm.
- If the alleged perpetrator of the harm has their own care and support needs
- Whether the alleged perpetrator themselves is an adult at risk of harm.

The benefits of the post-alert threshold document are that by clarifying the issues to consider, it is a tool to support thinking and professional judgment where required.

5.6 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.

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Services
<b>Relevant Cabinet Member</b>	Councillor Graham Cain
<b>Date of Decision/ Meeting</b>	5 November 2015

## THEMATIC DISCUSSION – DEMENTIA CARE

### 1.0 Purpose of the report:

1.1 To inform the Scrutiny Committee of dementia work and activity undertaken within the local area to allow a thematic discussion to take place on the topic.

### 2.0 Recommendation:

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

### 3.0 Reasons for recommendation(s):

3.1 For Members of the Scrutiny Committee to be informed of local dementia activity undertaken across the Council and other statutory and third sector partners.

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 Priorities are "Safeguard and protect the most vulnerable" and "Improve health and well-being especially for the most disadvantaged"

## 5.0 Background Information

### 5.1 Blackpool Council: Adult Commissioning and Contracts

A **Dementia Care Homes Officer** recruited as part of the Commissioning and Contracts Team is in place until April 2016. The role delivers the Department of Health's Let's Respect training package to Blackpool residential and nursing homes since July 2013. Since April 2015, the training has extended into contracted care at home agencies.

The aim of the training is to create more dementia friendly environments and care practice within care settings.

To date, around 750 residential and nursing home staff and 45 Care at Home staff have attended Let's Respect training.

Half-day dementia awareness sessions for Members have been offered and arranged for 2<sup>nd</sup> and 27<sup>th</sup> November.

A day care service for moderate to advanced dementia people at **Keats** is jointly commissioned by the Council and Blackpool Clinical Commissioning Group (CCG). This service is for those individuals whose needs could not be met through other generic social day care provision.

The service supports an average of 14 people per day.

A **carers breaks** service for mental health is commissioned via Age UK. Typically providing breaks of 2-3 hours for people caring for people with dementia, the service receives 15-30 referrals per quarter and provides between 150-250 breaks per quarter.

This service is currently subject to a commissioning review, due to commence in November 2015.

### 5.2 Blackpool Council: Adult Social Care and Older Adult Community Mental Health

The **Older Adults Community Mental Health Team** (OA CMHT), with local authority social workers and support workers co-located at the Shorelands site in Blackpool with Lancashire Care NHS Foundation Trust (LCFT) staff. They work primarily with people with functional and organic mental disorders, a significant proportion of their time working with people with dementia who are under the care of an older adult psychiatrist. They undertake assessments, reviews and a heavy reliance on commissioned domiciliary care packages. They also commission a significant amount of residential and nursing care for people in the latter stages of dementia.

**Adult Social Care**, (Social Workers based at Bickerstaff Square) undertake regular assessments of people with dementia, from mild to severe, and undertake assessments, reviews and commissioning of services as per the OA CMHT.

Adult Social Care meet regularly with the OA CMHT to discuss which service would better meet people's needs and arrange transfers of care as appropriate, (primarily one way, to OACMHT).

5.3 Blackpool Council: Public Health

Public Health are engaged in work to deliver **Dementia Friends** sessions to the local community and businesses. Dementia Friends is an Alzheimer's Society initiative to increase awareness and understanding of dementia.

Public Health also co-ordinate the annual **Dancing with Dementia** celebration and produce a local dementia **map of services** which is used by local GP's.

5.4 Lancashire Care Foundation Trust (LCFT)

LCFT provide a **Rapid Intervention and Treatment Team** (RITT) which covers the Fylde coast, with a focus on supporting people with severe dementia to avoid unnecessary admissions to hospital. They work in domestic and residential/nursing settings. It is wholly staffed by Lancashire Care NHS Foundation Trust.

5.5 Fairness Commission: Dementia Action Alliance (DAA)

The **DAA** is a national programme from the Alzheimer's Society, with local alliances in place. The Blackpool DAA is comprised of local providers (Age UK, Empowerment, Carers Trust) as well as the statutory sector (including Blackpool Council) and other related organisations (Memory Assessment Clinic clinical research, Trinity Hospice).

Blackpool Fairness Commission has led in overseeing the local DAA. A quarterly DAA Network Meeting has been established which is now Chaired by the Chief Executive of Trinity Hospice. The Alheimers Society lead the co-ordination of all local DAA's.

5.6 NHS Memory Assessment Service (MAS)

The **MAS** provide dementia assessment and treatment for people signposted via their GP. The service receives between 60-70 referrals per month and has a caseload of around 600. Delivered from Shorelands.

5.7 Local dementia 3<sup>rd</sup> Sector provision

**Empowerment** provide a Dementia Advisor Service and Friendship Support Network

(commissioned by Blackpool CCG).

**Carers Trust Fylde Coast** deliver a dementia awareness course for carers, hold a monthly peer support group for carers, run activities in their community house in Layton and have staff in GP surgeries to provide advice and signposting relating to carers services (including dementia).

**Alzhiemers Society** has not had a strong local presence since losing out on the dementia advisor and peer support contract (to Empowerment) in 2012. However, the organisation provides Dementia Advisors and Dementia Support Workers across other areas of the Fylde Coast and may have some capacity to support the work undertaken in Blackpool.

The service has recently engaged in the local dementia services forum for the first time.

**Dementia Services Forum** is a group which meets quarterly to share information, ideas and issues on the local dementia market.

The forum is chaired by Empowerment and provides excellent evidence of strong links and partnership working within the third sector for dementia.

## 5.8 Gaps in Services

- **Better referral process and information sharing:** It has been recognised via the Dementia Services Forum that there are some systemic issues meaning not all newly diagnosed people with dementia (via MAS) are accessing services. This is an action being picked up by Commissioning and providers in the dementia services forum.
- **Improve the dementia offer:** There is a need to support a younger population with dementia e.g. a younger population with alcohol related dementias for which there is no specialist provision; and to address the need of people with a learning disability who tend to develop dementia at an earlier age.
- Following the recent Cheshire West legal decision, due to the high numbers of people in Blackpool with dementia in residential care and lacking capacity, there are a significant number of people who are subject to **Deprivation of Liberty Safeguards** (DoLS). This impacts on workloads of staff (Best Interest Assessors) and is creating pressure on local advocacy services
- **Improve dementia awareness within public transport:** A new corporate transport tender has highlighted potential issues with taxi drivers requiring some dementia awareness training e.g. transporting clients to Keats. This is an action picked up in the Dementia Services Forum.
- **Create a Dementia Friendly Blackpool:** Engagement with local businesses continues to be a priority for Public Health, with a target for 40 local businesses and organisations to become dementia friends. Lessons can also be learned from successful approaches adopted in other areas



- **Action driven Dementia Action Alliance:** Work on the Dementia Action Alliance has thus far been about getting people round the table, there is a need now for all partners to be action focussed in order to drive changes in Blackpool
- **Consultation with people with dementia and their carers:** As identified at the Dementia Services Forum, work has started to consult with people with dementia and their carers about what gaps currently exist locally

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 No Equality Impact Assessment has been carried out

**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

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	5 November 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 monitor the implementation of the Committee's recommendations/actions.

### 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 12(a). The Workplan is a flexible document that sets out the work that 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 Scrutiny Review Checklist

- 5.2.1 The Scrutiny Review Checklist is attached at Appendix 12 (c). The 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.

### 5.3 Training Schedule

- 5.3.1 A training schedule has been developed in order to assist Members of the Committee with their work. The schedule is as follows:

<u>Scrutiny Questioning and Challenge:</u> A training session provided by external trainers focussing on how to question, challenge and draw outcomes from debate.	30 <sup>th</sup> November 5pm Members Training Room
<u>Care Act 2014</u> To receive an overview of the Care Act 2014 including what it means for the Council and public.	18 <sup>th</sup> January 2016 6pm Members Training Room
<u>Providing a focussed challenge to Health bodies:</u> Based upon the guidance provided by the Department of Health to support Local Authorities to deliver effective health scrutiny.	Tbc April 2016

### 5.4 Implementation of Recommendations/Actions

- 5.4.1 The table attached to Appendix 12 (c) has been developed to assist the Committee to effectively ensure that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.
- 5.4.2 Appended to the table at Appendix 12 (c) i) is a response to the Committee's query regarding immunisation uptake figures.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 12 (a) Resilient Communities Scrutiny Committee Workplan

Appendix 12 (b) Scrutiny Review Checklist

Appendix 12 (c) Implementation of Recommendations/Actions

Appendix 12 (c) i) Immunisation Uptake Figures Blackpool

**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.

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**RESILIENT COMMUNITIES SCRUTINY COMMITTEE WORKPLAN 2015/2016**

<p>2<sup>nd</sup> July 2015</p>	<p>Council Plan</p> <p>ADULTS - Adult Services Overview Report          - Thematic Discussion: Quality and Residential Care</p> <p>CHILDREN - Children’s Services Improvement Report</p> <p>HEALTH - Blackpool Teaching Hospitals Foundation Trust – Patient Experience          - Healthwatch</p> <p>Roles, Responsibilities and Attributes of Scrutiny Members          Protocol on Scrutiny Committee/Cabinet Member/Officer Relations          Scrutiny Review Checklist          Scrutiny Workplan</p>
<p>17<sup>th</sup> September 2015</p>	<p>CAF Complaints Annual Report</p> <p>ADULTS – Adult Services Overview Report</p> <p>CHILDREN – Children’s Services Improvement Report          - Thematic Discussion: Child Sexual Exploitation</p> <p>HEALTH - Blackpool Clinical Commissioning Group report - Vanguard          - Public Health Annual Report</p> <p>Scrutiny Workplan</p>
<p>5<sup>th</sup> November 2015</p>	<p>ADULTS – Adult Services Overview Report          - Thematic Discussion: Dementia Care</p> <p>CHILDREN – Children’s Services Improvement Report          - Blackpool Children’s Safeguarding Board Annual Report</p> <p>THIRD SECTOR – Working with Volunteers</p> <p>HEALTH - Blackpool Teaching Hospitals Foundation Trust Report – Financial Deficit and Quality of Care</p> <p>Scrutiny Workplan</p>
<p>12<sup>th</sup> November 2015</p>	<p>THE HARBOUR</p>
<p>10<sup>th</sup> December 2015</p>	<p>Council Plan – Performance Monitoring – Communities</p> <p>ADULTS – Adult Services Overview Report</p> <p>CHILDREN – Children’s Services Improvement Report</p> <p>HEALTH - Blackpool Clinical Commissioning Group report          - Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC inspections          - Thematic Discussion: Mental Health</p> <p>Scrutiny Workplan</p>
<p>4<sup>th</sup> February 2016</p>	<p>ADULTS – Adult Services Overview Report          - Blackpool Adults’ Safeguarding Board Annual Report</p> <p>CHILDREN - Children’s Services Improvement Report</p>

	<ul style="list-style-type: none"> <li>- Thematic Discussion: Social Care Placements</li> <li>- Public Health report - JSNA and Joint Health and Wellbeing Strategy</li> <li>- Healthwatch</li> </ul> <p>Scrutiny Workplan</p>
17 <sup>th</sup> March 2016	<p>Council Plan – Performance Monitoring – Communities</p> <p>ADULTS – Adult Services Overview Report</p> <ul style="list-style-type: none"> <li>- Thematic Discussion: tbc</li> </ul> <p>CHILDREN – Children’s Services Improvement Report</p> <ul style="list-style-type: none"> <li>- Children and Young People’s Partnership Annual Report</li> <li>- Child Sexual Exploitation – Progress against actions</li> </ul> <p>HEALTH - Blackpool Clinical Commissioning Group – New Models of Care Performance</p> <ul style="list-style-type: none"> <li>- Quality Accounts</li> </ul> <p>Scrutiny Workplan</p>
22 <sup>nd</sup> March 2016	<p>Members of the Tourism, Economy and Resources Committee also invited</p> <p>THEMATIC DISCUSSION: DOMESTIC VIOLENCE</p> <p>THEMATIC DISCUSSION: HOMELESSNESS</p>
12 <sup>th</sup> May 2016	<p>ADULTS - Adult Services Overview Report</p> <p>CHILDREN – Children’s Services Improvement Report</p> <ul style="list-style-type: none"> <li>- Thematic Discussion: Tbc</li> </ul> <p>HEALTH - Blackpool Teaching Hospitals Foundation Trust Report</p> <ul style="list-style-type: none"> <li>- Quality Accounts</li> </ul> <p>THIRD SECTOR – Community Engagement</p> <p>Scrutiny Workplan</p>
9 <sup>th</sup> June 2016	<p>Council Plan – Performance Monitoring - Communities</p>



### SCRUTINY SELECTION CHECKLIST

**Title of proposed Scrutiny:**

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 is in relation to one or more of the Council's priorities:	
The Council or its partners are not performing well in this area:	
It is an area where a number of complaints (or bad press) have been received:	
The issue is strategic and significant:	
There is evidence of public interest in the topic:	
The issue has potential impact for one or more sections of the community:	
Service or policy changes are planned and scrutiny could have a positive input:	
Adequate resources (both members and officers) are available to carry out the scrutiny:	

**Please give any further details on the proposed review:**

**Completed by:**

**Date:**

## MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
02.07.15	To request that Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.	Ongoing	Ellen Miller	Outcomes are regularly circulated. To date Members have received reports pertaining to: Mental Health Outpatients Dentistry Maternity Services	Green
02.07.15	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.	4 <sup>th</sup> February 2016	Ellen Miller/Sharon Davis	Scheduled for 4 <sup>th</sup> February 2016	Amber
02.07.15	The Committee requested 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.	30 <sup>th</sup> November 2015	Pat Oliver	No information received as yet.	Amber
02.07.15	The Committee agreed to request that an update on the living wage project be	17 <sup>th</sup> September 2015	Karen Smith	Update included in Adult Services Overview report 17 <sup>th</sup> September regarding national wage announcements.	Green

	presented to the next meeting of the Committee.				
02.07.15	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.	17 <sup>th</sup> September 2015	Karen Smith	Update included in Adult Services Overview report 17 <sup>th</sup> September. Completed.	Green
02.07.15	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.	30 <sup>th</sup> November 2015	Sharon Davis	To be circulated.	Amber
02.07.15	To consider the impact of the work of the Blackpool Challenge Board as part of the next Children's Services Improvement Report.	5 <sup>th</sup> November 2015	Del Curtis	Included in the Children's Improvement report attached to 5 <sup>th</sup> November agenda.	Green
02.07.15	To receive a performance update in relation to the priority to reduce the number of children in the Pupil Referral Unit.	31 <sup>st</sup> December 2015	Sharon Davis/Del Curtis	A Scrutiny Review Panel has been established to consider performance of the Pupil Referral Unit in more detail. Scoping agreed 27 <sup>th</sup> October 2015. Meeting to be held 13 <sup>th</sup> November 2015.	Amber
02.07.15	To request a summary of all Ofsted inspection reports within the Children's Services Improvement Report and to	Ongoing	Del Curtis/Sharon Davis	A summary of Ofsted Inspection reports is included in every Children's Improvement report. Full inspection reports to be circulated	Amber

	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.			outside of meetings.	
10.09.15	To receive an update in approximately six months on the progress made in the New Models of Care approach with a focus on performance and the impact on patients, including case studies.	31 <sup>st</sup> March 2016	Sharon Davis/ Roy Fisher	Scheduled for 17 <sup>th</sup> March 2016.	Amber
10.09.15	To request the Director of Public Health to investigate and report back to the Committee on the issue of uptake of MMR2 and how parents were reminded to take children for immunisations.	30 <sup>th</sup> November 2015	Dr Arif Rajpura	Briefing note attached to this table.	Green
10.09.15	To establish a scrutiny review panel to consider the Public Health Annual Report in more detail.	30 <sup>th</sup> November 2015	Sharon Davis	Membership determined. Scoping meeting held on 28 <sup>th</sup> October 2015. Review to be held in December 2015.	Amber
10.09.15	To receive further detail on how Adults and Children's Services encourage feedback.	5 <sup>th</sup> November 2015	Del Curtis / Karen Smith	Included in the Adults Services Overview Report and Children's Services Improvement Report to Committee 5 November 2015.	Green
10.09.15	To request that the potential use of a similar test to the NHS friends and family test for	30 <sup>th</sup> November 2015	Hilary Shaw	No update received to date.	Amber

	appropriate services be investigated.				
10.09.15	To request that more detail be provided in the commentary regarding incident type in future Complaints Annual Reports.	September 2016	Hilary Shaw	To be included in the 2016 Annual Reports.	Amber
10.09.15	To request a training session on how both the Council and the Care Quality Commission regulate services.	28 <sup>th</sup> February 2016	Sharon Davis/ Karen Smith	The detail around a training session is being investigated.	Amber
10.09.15	To receive further information at the next meeting of the Committee on how the post alert checklist operated and the benefits of using the checklist.	5 <sup>th</sup> November 2015	Karen Smith	Included in the Adults Services Overview Report to Committee 5 November 2015.	Green
10.09.15	To establish a panel to consider school attainment 2015 in detail and consider the links to transition between primary and secondary schools.	30 <sup>th</sup> November 2015	Sharon Davis	Membership determined. Dates of meeting to be agreed.	Amber
10.09.15	To receive further information on the outcomes of the investigation into the increase in mental health calls to the Emergency Duty Team.	5 <sup>th</sup> November 2015	Del Curtis/ Amanda Hatton	Included in the Children's Services Improvement Report to Committee 5 November 2015.	Green
10.09.15	To receive a report in approximately six months to consider progress made against the Child Sexual Exploitation	31 <sup>st</sup> March 2016	Sharon Davis/ Amanda Hatton	Scheduled for 17 <sup>th</sup> March 2016.	Amber

	Action Plan and to focus on education around child sexual exploitation and the work being carried out to identify the reasons why offenders' offended.				
10.09.15	To establish a scrutiny review panel to consider the Pupil Referral Unit.	30 <sup>th</sup> November 2016	Sharon Davis	Membership determined. Scoping meeting held on 27 <sup>th</sup> October. Full review to take place on 13 <sup>th</sup> November.	Green

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## i). Childhood Immunisation Programmes

**Table 1: Age 1: Diphtheria, Tetanus, Polio, Pertussis, *Haemophilus influenzae* type b (Hib) Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	95.9%	95.1%	95.0%	91.9%	92.6%

The above figures are for children who have received their third dose of diphtheria, tetanus, polio, pertussis and *Haemophilus influenzae* type b (Hib) by the age of 12 months.

**Table 2: Age 2: Diphtheria, Tetanus, Polio, Pertussis, *Haemophilus influenzae* type b (Hib) Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	97.6%	97.3%	96.6%	96.0%	97.9%

The above figures are for children who have received their third dose of diphtheria, tetanus, polio, pertussis and *Haemophilus influenzae* type b (Hib) by the age of 24 months

**Table 3: Age 2: Hib/ Men C Booster Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	92.8%	92.4%	92.8%	90.0%	93.8%

The table above shows the uptake figures of children who have received the Hib/Men C Booster by the age of 2 years old. The Hib/Men C booster is given when children are 12 months old.

**Table 4: Age 2: Pneumococcal (PCV) Booster in Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	92.8%	92.6%	93.0%	90.2%	94.3%

The table above shows the uptake figures of children who have received the Pneumococcal Booster (PCV) by the age of 2 years old.

**Table 5: Age 2: Measles, Mumps & Rubella (MMR) Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	92.6%	92.6%	93.0%	90.0%	93.6%

The above figures are for children who have received their first dose of measles, mumps and rubella (MMR) by the age of 2 years old.

**Table 6: Age 5: Diphtheria, Tetanus, Polio Pertussis (Pre-school booster) Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	86.0%	87.3%	88.3%	87.2%	84.6%

The table above shows the uptake figures of children who have received their diphtheria, tetanus, polio and pertussis booster dose which is given together with the second MMR dose

**Table 7: Age 5: MMR 1<sup>st</sup> Dose Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	94.0%	96.9%	97.8%	95.3%	95.1%

The above figures are for children who have received their first dose of measles, mumps and rubella (MMR) by the age of 5 years.

**Table 8: Age 5: MMR 2<sup>nd</sup> Dose Quarter 4 2013/2014 to Quarter 4 2014/2015**

	13/14	14/15	14/15	14/15	14/15
CCG	Q4	Q1	Q2	Q3	Q4
Blackpool	84.5%	87.9%	88.8%	88.1%	85.7%

The above figures are for children who have received their second dose of measles, mumps and rubella (MMR) by the age of 5 years old.

### Summary

- The childhood immunisation uptake figures are generally good across all the CCGs in Age 1 and 2 cohorts with mainly green (95% or over) and amber (90 to 94%).
- Age 5 MMR and Pre-school booster uptake remain poor with uptake varying from 84.5% to 88.8%. This means we have pockets of unvaccinated children who are susceptible to vaccine preventable diseases especially measles.
- The historical MMR controversies in the late 1990s still play a part in poor uptake among the eligible children
- In some areas across Lancashire including Blackpool some children are not being immunised at the correct age and therefore not included in the uptake figures
- Data quality and the inability to perform regular data cleanse exercise remains an issue with inaccurate data, denominators and ghost patients.

### Actions taken to date

- We have been targeting poor performing practices in Blackpool by the use of quarterly immunisation and screening uptake dash board with practice level data.
- Through the use of the dashboard our team will arrange practice visits and offering support on how to improve uptake and implementing flexible clinics to cater for hard to reach families. However this exercise has been very slow in Blackpool and North Lancashire.
- To date 10 out of 24 practices have been visited since August 2014, we are aiming to visit the rest of the 15 practices by the end of April 2016.
- We hosted a Sharing Best Practice event in March 2015 at Solaris Centre which Practice Nurses and Managers from the Blackpool area were invited to attend, the event offered the practices an immunisation and screening resources pack with top tips on how to improve uptake in immunisation and cervical screening.
- We publish a quarterly Screening and Immunisation Bulletin which is a good resource for practice nurses delivering the childhood immunisation programme. The bulletin is cascaded to all practices across Pan Lancashire and CCG Practice Development Leads
- Our team has been engaging with GP practices via the Practice Nurse Forums which have been attended by our team, to date the team has attended 2 Practice Nurse Forums in the Blackpool area.

- At the Practice Nurse Forums the team has encouraging different ways of running flexible immunisation clinics to ensure there is a flagging system and offer opportunistic vaccinations.

**Proposed future actions**

- NHS England will be working with schools, children centres, paediatric units, health visiting teams and school nursing teams to try and promote MMR and preschool booster uptake before children start reception.
- The Screening and Immunisation Team, will be working with the Child Health Information Teams (CHIs) to monitor the GP practices' lists of children waiting for immunisations, which will able the team to identify which practices are struggling with appointments and off the necessary support.

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