

Blackpool Council

4 May 2016

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, 12 May 2016 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 PREVIOUS MEETINGS HELD ON 17 MARCH 2016, 6 APRIL 2016 AND 14 APRIL 2016 (Pages 1 - 20)

To agree the minutes of the meetings held on 17 March 2016, 6 April 2016 and 14 April 2016 as a true and correct record.

3 PUBLIC SPEAKING (Pages 21 - 24)

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

4 EXECUTIVE DECISIONS (Pages 25 - 30)

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

5 FORWARD PLAN (Pages 31 - 40)

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

6 SCRUTINY WORKPLAN (Pages 41 - 56)

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

7 BETTER START (Pages 57 - 88)

To update the Committee on the work of the Blackpool Better Start Partnership to allow effective scrutiny.

8 ADULT SERVICES OVERVIEW REPORT (Pages 89 - 96)

To inform the Committee of the work undertaken by Adult Services on a day to day basis in order to allow effective scrutiny of services.

9 HEALTHWATCH - DOMICILIARY CARE PUBLICATION RESPONSE (Pages 97 - 110)

To receive the response to the report recently published by Blackpool Healthwatch into Domiciliary Care services in Blackpool.

10 CHILDREN'S SERVICES IMPROVEMENT REPORT (Pages 111 - 122)

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

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 9 June 2016, commencing at 6pm in Committee Room A, subject to confirmation at Annual Council.

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, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

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Public Document Pack Agenda Item 2

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 17
MARCH 2016

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Scott	L Taylor
Humphreys	Ryan	Stansfield	

Mr Fred Kershaw, Co-opted Member

In Attendance:

Mrs Del Curtis, Director of People

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

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Ms Marie Thompson, Director of Nursing, Blackpool Teaching Hospitals Foundation Trust

Mr David Sanders, Chairman, Blackpool Safeguarding Children's Board

Ms Lynn Gornall, Principal Social Worker and Head of Safeguarding

Ms Josie Lee, Service Manager

Ms Philippa Holmes, Awaken Team Manager

Ms Tracey Poole-Nandy, Service Manager

Mrs Sharon Davis, Scrutiny Manager

Councillor Graham Cain, Cabinet Secretary for Resilient Communities

Councillor Eddie Collett, Cabinet Member for School Improvement and Children's Safeguarding

Councillor Amy Cross, Cabinet Member for Health Inequalities and Adult Safeguarding

Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Development

1 DECLARATIONS OF INTEREST

Councillors Kath Benson and Chris Ryan declared personal interests in Item 9 'Blackpool Teaching Hospitals Foundation Trust: CQC Inspection', the nature of the interests that they were employees of the Trust.

2 MINUTES OF THE LAST MEETING HELD ON 4 FEBRUARY 2016

The minutes of the meeting held on 4 February 2016 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.

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4 SCRUTINY WORKPLAN

The Committee considered the report and agreed:

1. To approve the Committee Workplan.
2. To note the update on the implementation of the Committee's recommendations/actions.

5 FORWARD PLAN

The Committee considered the items contained within the Forward Plan, April 2016 – July 2016 and queried who the responsible officer would be for the 'Headstart Round Three Funding Bid Result and Future Action' following the departure of the Deputy Chief Executive from the Council. Mrs Del Curtis, Director of People advised that the Chief Executive would be the responsible officer with the delivery arm, if the bid was successful, forming part of Children's Services. In response to a further question, Mrs Curtis advised that a decision on the funding bid was due in May 2016.

6 EXECUTIVE DECISIONS

The Committee considered the Executive Decisions taken since the last meeting and noted that PH25/2016 'Blackpool Schools Funding Allocation 2016/2017' would be considered in detail during the course of the Education Scrutiny Panel.

7 CHILD SEXUAL EXPLOITATION

Ms Philippa Holmes, Awaken Team Manager advised that in the six months since the Committee previously considered Child Sexual Exploitation a large amount of progress had been made. She reported that the capacity of the team had been doubled and that partnership working had been improved. She further advised that a Multi-Agency Sexual Exploitation (MASE) approach had been developed to consider the young people with the highest risk of being exploited.

Ms Tracy Poole-Nandy, Service Manager reported that children 'missing from home' was currently an important issue in Blackpool. She added that a consideration of Ofsted inspection readiness had demonstrated that not enough work was being undertaken with regards to children who were missing from home and that measures had been put in place to address the concerns.

In response to questions, the Committee was informed that the key concern was data collection and evidencing work undertaken. Ms Poole-Nandy advised that processes were being rewritten to filter information and to clearly identify issues in order to address the concern.

Members queried the degree to which different areas in the country worked together to locate children missing from home. In response, Ms Poole-Nandy advised that the Police coordinated the approach to any child reported as being missing. She added that Police

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intelligence was shared daily across borders and was also shared with the relevant local authority where appropriate.

In response to further questions, Ms Holmes reported that a large amount of training had been undertaken on Child Sexual Exploitation and children 'missing from home' with frontline Police Officers in order to change the internal culture. She added that the multi-agency response to Child Sexual Exploitation had been proven to work in Blackpool and that emphasis must be placed upon prevention and understanding of the situation.

The Committee discussed the Child Sexual Exploitation Action Plan and noted that there were a number of targets that had not been met. Ms Poole-Nandy advised that the action plan was a Pan Lancashire Action Plan and that actions could not be marked as complete if they had not been implemented across the whole area.

Members questioned the potential timescale for inspection and was informed that Ofsted could undertake the inspection at any time. Additionally, it was noted that the inspection would be carried out on an area basis and therefore it might not take place in Blackpool. The Committee was also informed that an internal audit was being undertaken to measure progress made in Blackpool.

The Committee agreed to receive an update report once the Ofsted inspection had been undertaken.

8 BLACKPOOL CCG: 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 (CCG) report on New Models of Care and highlighted the progress made since the Committee previously considered the item.

Mr Bonson advised that the New Models of Care approach aimed to improve integration of care and reduce admissions to hospital. He reported that the extensive care service at Moor Park had been operational since July 2015 and that initial outcomes were positive. He further advised that the CCG was awaiting the outcome of the funding bid to NHS England to allow continued implementation of the approach.

The Committee queried whether the different approach to provision of equipment to patients had increased or reduced costs. Mr Bonson advised that he understood that the closure of the equipment store had resulted in an initial reduction in costs. Following further discussion, it was agreed that a comparison of costs between the new approach and the equipment store would be circulated to Members following the meeting.

In response to a question, Mr Bonson advised that the majority of referrals to the extensive care service would be made by GPs, due to the specific criteria a patient must meet to be eligible for the service. He added that a carer could request that a GP consider referring a patient if they felt the service would be appropriate.

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Members discussed the Enhanced Primary Care model and noted the importance of integration of health services with social services and third sector organisations. During the discussion, Mr Fisher advised that a key target of the model was to reduce social isolation.

The Committee queried how the practicalities of integrating teams would be overseen, noting the different organisations and management structures in place for different teams. In response, Mr Bonson acknowledged that different management structures were a complicating factor and that there would be no change to the employment of staff. He added that ultimately GPs would be responsible for patients and would have an oversight of all care provided to a patient.

Mr Bonson further advised that the Lancashire Patient Record Exchange Scheme was currently being developed and would enable improved and appropriate access to patient records for a wide range of organisations including nursing homes. In response to questioning, Mr Fisher advised that further upgrades to Information Technology provision would be undertaken during the summer allowing progress on the scheme to be made.

The Committee queried if any evidence could be provided that the new approach was reducing the number of emergency admissions and was advised by Mr Bonson that there was evidence of an early impact on emergency admissions in addition to a reduction in elective admissions. However, he added that increased levels of participation over a longer time period were required for detailed analysis and complete evidence of impact.

Members requested that the CCG attend a further meeting in approximately six months to present additional patient stories including examples from Enhanced Primary Care in addition to Extensive Services. The Committee also requested that case studies be provided of patient stories where the new approach had not worked in addition to the progress made on implementing the approach, the results of the funding bid and any evidence of impact.

The Committee agreed:

1. To receive a comparison of costs of the new approach to providing equipment versus the equipment store approach following the meeting.
2. That the CCG provide an update report to a meeting of the Committee in approximately six months.

9 BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST: CQC INSPECTION

Ms Marie Thompson, Director of Nursing, Blackpool Teaching Hospitals Foundation Trust reported that in January 2014 the Trust had received a full inspection with the outcome 'requires improvement.' She advised that each individual service had also received a separate rating with maternity services rated inadequate.

Ms Thompson advised that the key reasons for the Maternity Service's previous inadequate rating included a small cluster of large post-partum haemorrhages resulting in hysterectomy, which had not been fully investigated at the time of the inspection. In

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addition, a new staffing model had been introduced. The Committee was advised that due to the ongoing investigation it was agreed that the Maternity Service would be re-inspected swiftly.

Members were informed by Ms Thompson that the re-inspection took place in September 2015 and had resulted in a 'good' rating. It was noted that the re-inspection found that the investigation into the cluster of post-partum haemorrhages had provided assurance and that the Service was performing within expected benchmarks. Ms Thompson added that the new staff model had also provided assurance, however, the inspection had repeated concerns regarding equipment cleanliness and maintenance.

In addition to Maternity Services, the Committee was advised that the Accident and Emergency Service had also been re-inspected. In January 2014, the Service had received a rating of 'requires improvement' and the re-inspection in September 2015 had delivered the same outcome. Ms Thompson advised that the key concerns relating to Accident and Emergency included the constraints of the physical environment and the checking of equipment. She added that the inspection also raised concerns relating to the time to mental health assessment.

Members discussed the health economy as a whole in relation to mental health and noted that concerns regarding mental health services had been previously considered. Ms Thompson advised that a task group had been established with representatives from Blackpool Clinical Commissioning Group, Blackpool Teaching Hospitals Trust and Lancashire Care Foundation Trust meeting on a monthly basis to work on improvements for mental health patients.

In response to a question, Ms Thompson advised that winter pressures had a significant impact on the Accident and Emergency Service and that the four hour target had not been met during the 2015/2016 winter.

The Committee noted the significant improvement to the inspection outcome of Maternity Services and expressed concern that the same improvement had not been made in relation to Accident and Emergency Services. Members challenged Ms Thompson as to when an improvement to the Service would be made. In response, Ms Thompson advised that a series of actions had been developed from the inspection to which the Trust was required to regularly report progress on to the Care Quality Commission. She added that the task group was already working to achieve better outcomes for mental health patients.

10 BLACKPOOL CHILDREN'S SAFEGUARDING BOARD: BUSINESS PLAN

Mr David Sanders, Chairman of Blackpool Safeguarding Children's Board introduced the Business Plan for the Board 2015/2017. He highlighted the priorities within the Business Plan and reported to the Committee where progress had been made. He also highlighted the actions where progress had not been made and informed Members of key concerns including recording of data, which was a high priority of the Board.

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In response to a question, Mr Sanders advised that the majority of taxi drivers had received training on Child Sexual Exploitation and the relevant Sub Group of the Board was currently considering how to provide similar training to hoteliers.

The Committee agreed to receive the Annual Blackpool Safeguarding Board Report at a future meeting.

11 ADULT SERVICES OVERVIEW REPORT

Mrs Del Curtis, Director of People presented the Adult Services Overview Report and the Chairman invited questions from the Committee.

Members noted that one care home had been suspended to new placements whilst improvement work was undertaken and sought assurance that the existing residents of the home remained safe. Mrs Curtis provided assurance and advised that social workers were working with the home to make improvements and that appropriate reassessments of all residents in the home had been undertaken.

The Committee went on to note that there had been a significant increase in the number of safeguarding alerts from the Harbour and queried how the increase was being addressed. In response, Mrs Curtis advised that a meeting had been sought with Lancashire Care Foundation Trust's Safeguarding Team and reported that patients at the Harbour had extremely complex needs and were more likely to pose a risk to themselves or to others.

Following a discussion regarding delayed discharges, the Chairman highlighted the improved performance of Adult Social Services and requested that the relevant NHS organisations be invited to a future meeting of the Committee in order to discuss discharges that had been delayed as a result of the NHS.

In response to a question, Ms Lynn Gornall, Principal Social Worker and Head of Safeguarding advised that following the implementation of the Care Act 2014, entitlements to respite had been reassessed. Councillor Cross, Cabinet Member for Health Inequalities and Adult Safeguarding added that the Act had also resulted in minor changes to charges and reported that a consultation with service users had been undertaken.

Members expressed concern that the implementation of the living wage would impact the ability of the care sector to continue to provide adequate levels of care to residents and queried the support that was being given to providers. In response, Mrs Curtis advised that a number of 'in kind' offers to homes such as training courses were being provided to assist with the impact of the move to the living wage. She added that key performance indicators including finance related indicators for care providers were circulated to allow early intervention if any provider became financially unstable.

In response to further questions, Mrs Curtis advised that fast track payment processes for care providers were being considered in order to assist with cash flow and that support was also offered in obtaining fees from self-funders where appropriate.

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The Committee agreed to invite relevant NHS organisations to a future meeting in order to discuss discharges that had been delayed as a result of the NHS.

12 CHILDREN'S SERVICES IMPROVEMENT REPORT

Mrs Del Curtis, Director of People presented the Children's Services Improvement Report and the Chairman invited questions from the Committee.

The Committee queried the relationship with schools and was informed by Mrs Curtis that engagement from schools had improved significantly since the introduction of the Blackpool Challenge Board. She added that the level of funding provided to the authority for school improvement reduced each time a school converted to academy status and she highlighted the Government's announcement that every school would become an academy by 2020.

Members noted that 303 contacts had been received from the Multi Agency Safeguarding Hub with only 42 converted into referrals and questioned why so few had been converted. In response, Ms Josie Lee, Service Manager, Children's Social Care advised that the Performance Review Group had requested a full report to analyse the contacts and any trends, a copy of which would be circulated to the Committee when completed.

In response to questions, Ms Lee advised that all children who had been on plans for more than 18 months would be reassessed to determine if the plan was still appropriate. She added that agencies were often unsure of taking children off plans and more work was required to manage the agencies' concerns.

The Committee noted that the report highlighted that the number of Our Children (Looked After Children) had increased due to increased demand and a number of serious injuries to young children and requested further information. Ms Lee advised that a number of large families had been accommodated since December 2015 and that four instances of serious injuries to young children had occurred within one month, all of whom had been taken into care.

Members discussed the funding received to provide therapeutic support to young people who had been sexually abused. It was noted that work was ongoing to provide a range of in house therapeutic services, but that on this occasion the funding was specific to young people who had suffered sexual abuse. In response to questions, Mrs Curtis advised that the therapeutic support would link to HeadStart and that the funding received was a one-off and the results of the pilot would be analysed to identify impact.

Members went on to consider the increase in the number of children who had been removed from mainstream education to be educated at home. Mrs Curtis advised that an initial visit was undertaken in addition to an annual review. She added that the Blackpool Education Registers Attendance (BERA) Panel tracked all young people including those educated at home. The Committee sought further assurance that young people in receipt of home education were safe and receiving an adequate education, however, Mrs Curtis informed Members that the authority had no power to monitor the standard of education

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and that safeguarding concerns would be escalated following recognised procedures.

The Committee noted the significant improvements made to the reoffending rates of young offenders and reducing first time entrants to the youth justice system and queried how the improvements had been achieved. Mrs Curtis advised that the Youth Offending Team Service had been redesigned and had moved out of special measures. In order to continue improvements the Youth Offending Team would be linked to the Vulnerable Adolescent Hub to provide a more joined up approach for young people in a preferable location.

The Committee agreed to receive the analysis of contacts received from the Multi-Agency Safeguarding Hub.

13 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next ordinary meeting as Thursday 12 May 2016 commencing at 6pm in Committee Room A and also noted the date and time of two special meetings of the Committee as Wednesday 6 April 2016 and Thursday 14 April 2016 both commencing at 6pm.

Chairman

(The meeting ended at 8.36 pm)

Any queries regarding these minutes, please contact:

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**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - WEDNESDAY, 6
APRIL 2016**

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Singleton	L Taylor
Humphreys	Scott	Stansfield	

In Attendance:

Councillor Eddie Collett, Cabinet Member for School Improvement and Children's Safeguarding

Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Development

Councillor Peter Hunter

Councillor Mrs Maxine Callow JP

Councillor Debbie Coleman

Councillor Gary Coleman

Councillor Peter Callow

Ms Amanda Hatton, Deputy Director Early Help and Social Care

Mr Andrew Foot, Housing, Planning and Transport

Mrs Judith Mills, Public Health Specialist

Ms Moya Foster, Senior Service Manager, Families in Need

Mrs Vikki Piper, Housing Options Manager

Mr Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

Councillor Singleton declared a personal interest with regard to item 2, 'Domestic Abuse Thematic Discussion', the nature of the interest being that she was a member of BSafe Blackpool, the Blackpool Community Safety Partnership.

Councillor Singleton declared a personal interest with regard to item 3, 'Homelessness Thematic Discussion', the nature of the interest being that she was a member of the Fulfilling Lives Steering Group.

Councillors Critchley, Hunter and Stansfield declared a personal interest with regard to item 3, 'Homelessness Thematic Discussion', the nature of the interest being that they were Board Members of Blackpool Housing Company.

2 DOMESTIC ABUSE THEMATIC DISCUSSION

Ms Amanda Hatton, Deputy Director Early Help and Social Care, summarised the key issues

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to the Committee relating to domestic abuse. She advised that Blackpool experienced a high volume of domestic abuse incidents, with a large number of high risk cases being dealt with through the Multi-Agency Risk Assessment Conference (MARAC). She reported that domestic abuse in Blackpool was significantly high when compared to the rates in Lancashire and England as a whole. It was also noted that national research highlighted that domestic abuse was a significantly under reported crime. It was therefore considered likely that the underlying issue was higher than reported statistics.

The Committee was informed that for high-risk abuse cases, referrals were made to a Multi-Agency Risk Assessment Conference, which determined a risk management plan for all parties, i.e. the victim, perpetrator and associated children. Members were advised that the rate of cases being discussed at a Multi-Agency Risk Assessment Conference and therefore reflecting a higher risk of abuse, was significantly higher in Blackpool than it was nationally. Ms Hatton advised that of the cases reported to a Multi-Agency Risk Assessment Conference, 26% were repeat victims. Members also noted the high numbers of children experiencing domestic abuse incidents, as well as a higher percentage of male victims in Blackpool than the national average.

Members noted the map in the report that illustrated the distribution of children in families subject to the Multi-Agency Risk Assessment Conference process. It was noted that the highest incident rates of domestic abuse were in the central wards of Claremont, Talbot and Bloomfield. Members noted that there were also significantly high rates in the wards of Waterloo, Clifton, Brunswick and Hawes Side. Members challenged plans to ensure that incidents of domestic abuse in other areas of the town were not overlooked due to efforts being focused in wards with higher incident rates. Ms Foster, Senior Service Manager, advised that most services were not ward-specific and would therefore be available to all residents in Blackpool. She explained to Members the work that was undertaken in Early Help and in schools, where if cases of domestic abuse were uncovered or suspected, they would be escalated appropriately.

Ms Hatton advised Members of the work that was being undertaken in an attempt to reduce domestic abuse and to lessen its impact. She reported that work was currently being conducted to comprehensively review domestic abuse services. She informed Members that the piece of work involved all partnerships and commissioning representatives looking at an integrated commissioning approach for services and that it would also further include workforce development for front line staff. It was noted that the review would be chaired by the Deputy Director Early Help and Social Care and undertaken with senior officers from various partner agencies. Ms Hatton reported that it was expected that £100,000 funding would be received from the Home Office for undertaking the review and making appropriate evidence-based recommendations. It was considered that the work posed a significant challenge, but there was a requirement to be more robust in the services provided.

The Committee was provided with details of the Inner Strength Programme, which targeted perpetrators of domestic abuse. She reported that the programme had been developed to impact upon offending behaviour, support victims who decided to remain with their

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offending partner, and reduce the risk of repeat offending patterns. Ms Hatton advised that the programme was starting to have a clear impact and was providing valuable learning into the reasons for domestic abuse occurring. It was noted that traditionally, most social work with families had focused on women and children and had excluded men. The programme reversed that trend and was helping men manage their anger and to consider the impact of their actions on their family and had received positive feedback so far.

Ms Hatton also provided details of the Step Up project that involved work with families who had experienced a domestic violence incident and had at least one child aged 15 or under, or a pregnancy. It was reported that the initiative was a research pilot aimed at assessing how early support could be provided through targeting families of standard risk domestic abuse in an attempt to reduce the risk of escalation.

Members noted the assumption that nationally domestic abuse crimes were underreported and questioned whether officers had any indication of how prevalent the issue was in reality. Ms Hatton advised that it was very difficult to estimate and noted that it was common that instances of domestic abuse were only reported at a later stage of contact with services and was not often the preliminary reason for contact. Ms Hatton also noted that recent reported figures indicated a reduction in domestic abuses cases being reported, which reflected a national trend. However, she advised that a potential key explanation for the reduction in cases being reported, could be that people did not feel they were getting an appropriate response. It was hoped that the review into domestic abuse services would help to uncover whether there was an evidence base to that potential reason.

Members noted the rates of domestic abuse incidents that involved a male victim and questioned what had been done to reduce the issue. Ms Hatton provided the Committee with details of the 'Be a lover, not a fighter' regional campaign against domestic abuse. Ms Foster advised that the review into domestic abuse services would also consider how to better target reducing the rate of male victims.

The Committee raised questions regarding whether more could be done to raise awareness of domestic abuse and cited the recent training offer for taxi drivers on the issue of child sexual exploitation. Ms Hatton advised that awareness of the issue had been raised through the 'Be a lover, not a fighter' campaign and that there had been recent national campaigns to raise awareness of the types of behaviour that constituted domestic abuse. However, Ms Hatton agreed that further consideration was required as to how to raise awareness of the issue in the future.

Responding to queries from Members relating to what work was undertaken with schools on the issue, Mrs Mills, Public Health Specialist, advised that there were 44 Personal, Social, Health and Economic (PSHE) lesson plans for pupils between Year 7 and Year 9, which provided learning for pupils on what constituted a healthy relationship. Mrs Mills also advised that staff in schools were trained to notice behaviours that demonstrated children were at risk of being in a family with occurrences of domestic abuse. Members noted that Personal, Social, Health and Economic (PSHE) lessons were not statutory and raised questions relating to the state of the relationship with academies in order to ensure the

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lessons were provided. Mrs Mills advised that all secondary schools currently participated in the lessons and Ofsted had commented favourably on the lesson provision, which would help to ensure the academies were more likely to continue providing the lessons in future.

Members raised questions relating to the training offer that was provided for frontline staff around the issue of domestic abuse. Ms Foster advised that although the Council no longer had a position of Designated Domestic Violence Co-ordinator to arrange training for frontline staff, multi-agency training was now provided by the Blackpool Safeguarding Adults Board.

The Committee raised questions relating to the Inner Strength programme and Ms Foster advised that the cohorts would have up to a maximum of 12 people, so that they would be small enough to fulfil their therapeutic purpose. Questions were also raised regarding women that suffered repeat abuse from different partners. Ms Hatton provided the Committee with details of the Pause project that worked with women who had children removed from their care from birth and which covered issues relating to the suitability of their choice of partner. Members were also informed of a piece of work that had been undertaken by Blackburn with Darwen Council on Adverse Childhood Experiences (ACE), which was therapeutic work that focused on women's early childhood experiences and aimed to raise their aspirations and improve their self-esteem. It was reported that results in Blackburn had been positive.

Members raised questions regarding the services that were provided to children who had witnessed domestic abuse and Ms Hatton advised that there was a commitment to ensuring children witnessing domestic abuse were provided with specialist support through the Families in Need Team.

The Committee discussed how the issue of domestic abuse was perceived by the wider public and women's refuges. Ms Foster advised that an 'Orange House' approach had been developed in the Netherlands that provided a new style of women's shelter for combating domestic abuse, where care was provided in a safe, open and familiar setting, rather than in hidden refuges. Members were advised that the approach had helped to ensure the issue was not considered a taboo and was managed better by the community. It was noted that there were cultural differences between the Netherlands and Britain, but that the approach had been considered successful and was an example of the type of approach that should be considered when developing new models of service provision.

The Committee raised questions relating to how the Multi-Agency Risk Assessment Conference process was monitored and considered to be working effectively. Ms Hatton advised that the process was led by Lancashire Constabulary and that there were challenges relating to how some agencies reported into the Multi-Agency Risk Assessment Conference process.

Members questioned whether there was adequate resilience to maintain current service levels and withstand current budgetary pressures. Councillor Collet, Cabinet Member for School Improvement and Children's Safeguarding advised that maintaining current service

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levels would remain a priority. Ms Foster also advised that resolving domestic abuse was not solely the responsibility of the local authority and that all public services needed to improve how they worked together given current budgetary pressures. She noted that the review into domestic abuse services and subsequent development of a domestic abuse strategy would help to achieve an improved partnership approach to tackling the issue. Ms Hatton advised that it was expected that the domestic abuse strategy would be drafted by the Autumn 2016 and that it would be useful to have an input from the Committee into the strategy.

The Committee agreed to request that the draft domestic abuse strategy be considered at a future meeting of the Resilient Communities Scrutiny Committee, once it was available.

Background papers: None.

3 HOMELESSNESS THEMATIC DISCUSSION

Mr Andrew Foot, Head of Housing, summarised the key issues to the Committee relating to homelessness. He reported to Members that around 2,500 households, out of 64,000 total households in Blackpool, sought help from the Council's Housing Options team each year because they were homeless or at risk of becoming homeless. The level of contacts had remained broadly the same over the past five years. He reported that there had been approximately 1,000 formal homelessness assessments completed by the Housing Options team in the last year. Around 60% of those were found to be homeless but not in priority need and 10% were found to be homeless and in priority need resulting in an immediate duty to find them accommodation. Upon questioning from Members, Mr Foot explained that somebody would be considered priority need if they would find it more difficult than the average person to spend the night as a rough sleeper, for example if they were elderly, had mental health issues or had children.

The Committee was advised that the level of assessments for homelessness in Blackpool was relatively high when compared nationally. It was noted as being by far the highest in Lancashire and higher than some London boroughs. However, it was reported that there was a big gap between the high levels of people presenting as homeless and low levels of people being found to be homeless and in priority need. It was considered that the gap reflected the dynamics in Blackpool, with high numbers of single people failing to keep their homes who were not classed as being in priority need, with the people in priority need being made up predominantly from families with children, 16/17 year olds and people fleeing domestic abuse.

Mr Foot advised that, unlike other locations, the crises that precipitated homelessness presentations in Blackpool were largely a product of social problems, rather than directly of housing shortages or housing prices. He added that, paradoxically, the easy accessibility of homes in the private rented sector and the subsequent transience of which that fuelled, led to high levels of homelessness. He noted that there was a tendency in Blackpool for tenancies to continually break down because of the poor quality of accommodation, the poor behaviour of some tenants and the expectation that there would always be

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somewhere else available.

The Committee was advised of the issue of 'local connection', which was especially relevant given the high level of transience and people coming into the town from other areas. He explained that as a result of the relatively large housing supply, Housing Options was usually able to find housing for people able to evidence a local connection. However, he noted that a significant minority of people had approached Housing Options having come into the town within the last six months, but were not eligible for full assistance as they had a connection elsewhere. Responding to further questions on the issue from Members, Mr Foot advised that anybody approaching Housing Options would have a right to a housing assessment. As part of that assessment, a consideration would be made on their local connection. However, if they did not have a local connection, but were considered a priority need, there would be a duty to provide housing for them.

Mrs Piper, Housing Options Manager, advised that if people were found to have a local connection in another area, efforts would be made to establish a reconnection with friends or family in that area. Should that not be achievable, Housing Options would contact the local authority in the area that the person had a local connection. It was considered that helping people that may have various problems to reconnect with where they were from and could potentially have a support network, was a better outcome for the individual. It was acknowledged that there were also many transience-related issues in Blackpool, so the approach to try to establish a reconnection would also help to prevent transience-related problems from increasing. Upon challenge from Members, Mrs Piper advised that Housing Options would not attempt to help people return home that were fleeing domestic abuse when it was not safe to do so. She noted that people fleeing domestic abuse would be considered to have a priority need.

Mr Foot advised the Committee that there had been an increase in homelessness in the last 18 months and upon questioning, suggested that a potential reason was due to an increase in the number of people with multiple and complex needs and especially issues of substance misuse and mental health problems. It was also considered that recent welfare reforms, including an increased use of benefits sanctions, had led to crisis levels of debt and rent arrears. Members noted that the number of households that had received formal support to prevent or relieve homelessness had increased significantly in the last year and queried the reasons for that. It was explained to Members that the high figures in 2015/2016 partly reflected better recording, but were also consistent with higher demand on the service from people in urgent need of help.

Members questioned what the impact of Selective Licensing had been upon homelessness levels and Mr Foot advised that he did not consider that it had led to an increase in homelessness in a direct way. He explained that the Selective Licensing programme was helping to stabilise communities with high levels of transience and reduce levels of anti-social behaviour leading to people being evicted from their premises, which was noted as being a factor in the high levels of homelessness in Blackpool.

The Committee discussed the challenges and areas for development in relation to

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - WEDNESDAY, 6
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homelessness and Mr Foot advised that further work between Housing Options and Children's Services was required to improve accommodation and support for young people at risk of homelessness. He advised that the work aimed to provide a more integrated service for young people, especially through drawing together services in a 'Vulnerable Adolescents' Hub, where all needs could be met in one place.

Mr Foot also advised that there was a greater requirement to work together and improve relationships with partners. He reported that voluntary agencies had an increasingly critical role in helping to support vulnerable people, but noted that it was important that a clear framework of strategy and guidance was provided so that support was coordinated and effective. He noted that working together with partners would be an increasingly important requirement due to increased pressures on the Housing Options service budget.

The Committee raised questions regarding the requirement to develop a new strategy and action plan for preventing and dealing with homelessness. Mr Foot advised that there had been a change in Central Government's requirements to the effect that the strategy must have a greater emphasis on prevention. Responding to questions from Members, Mr Foot advised that it was expected that the strategy and action plan would be completed by the end of 2016. Members requested to be presented with further information on what was being done to prevent homelessness, and it was noted that details would be provided within the revised strategy. The Committee therefore requested to be presented with the strategy and action plan for preventing and dealing with homelessness once it had been drafted.

The Committee noted the detrimental impacts to health of being homeless and raised questions relating to the access to healthcare for homeless people. Mrs Mills advised that homeless health services had been developed and noted the development of the Bridge Project's services in regards to the issue. She also advised that homeless people could make use of the walk-in centre and that she had not received any feedback that suggested a reluctance amongst homeless people to access the centre located on Whitegate Drive. Mrs Piper considered that whilst access to a GP may be available to homeless people, there were potential barriers as a result of the complex needs of the homeless person that could prevent their consistent access to healthcare services when needed. She noted that examples were in managing to keep appointments and remembering to attend follow-up appointments. Mrs Piper advised that the Fulfilling Lives project, which identified and provided intensive support for a caseload of up to 240 people with multiple and complex needs, helped homeless people make initial and follow-up GP appointments. The Committee requested that a report containing further information be provided regarding health issues for homeless people, with a particular focus on their access to healthcare.

Members questioned whether an updated list of service providers and organisations that offered services to rough sleepers was available. Mrs Piper advised that a list was available and that she could circulate it to Members.

The Committee agreed:

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- 1) To request that the strategy and action plan for preventing and dealing with homelessness be presented to the Committee, once it had been drafted
- 2) To request that a report containing further information be provided regarding health issues for homeless people, with a particular focus on their access to healthcare.
- 3) To request that a list of service providers and organisations that offered services to rough sleepers be circulated to Members following the meeting.

Background papers: None.

Chairman

(The meeting ended at 7.50 pm)

Any queries regarding these minutes, please contact:
Chris Kelly, Senior Democratic Governance Adviser
Tel: 01253 477213
E-mail: chris.kelly@blackpool.gov.uk

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MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 14 APRIL 2016

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Stansfield	L Williams
Humphreys	Scott	L Taylor	

In Attendance:

Ms Lisa Moorhouse, Network Director – Mental Health, Lancashire Care Foundation Trust
Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group
Mrs Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

Ms Lisa Moorhouse, Network Director - Mental Health, Lancashire Care Foundation Trust reported that, following the last special meeting of the Committee to discuss The Harbour, a number of changes had been made to the provision of services at The Harbour and to the wider mental health economy. She highlighted the additional assessment beds and clinical decision units noting that their introduction had contributed to a large reduction in the number of patients being treated outside of the area.

Ms Moorhouse also highlighted that the level of staffing had improved, the number of reported incidents had decreased and that fewer complaints had been received. She added that the Trust had invited the Care Quality Commission to undertake a re-inspection, which was expected to take place in the Autumn, when the Trust would be aiming to achieve a rating of 'good'.

The Committee discussed the results of the independent investigation into the incident on the Byron Ward at The Harbour and queried the extent to which the National Institute for Health and Care Excellence (NICE) guidance had been followed. In response, Ms Moorhouse reported that she could not provide the exact details of the case due to patient confidentiality and that she was unable to provide a clinical response to the questions. It was agreed that a full response to the question would be sought from a clinician following the meeting.

In response to a question, Ms Moorhouse advised that risk assessments were undertaken of all patients, however, a risk assessment was an indication of risk at a particular point in time and could change at any time. Following a further question, she added that risk assessments

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were updated regularly with the exact timescale dependent on the needs of the patient.

Members noted that the work to be undertaken to update the model used to determine the number of inpatient beds required would be led by Healthier Lancashire and queried the assertion made at the previous special meeting that the work would be undertaken by an independent person. Ms Moorhouse advised that an independent company would be undertaking the piece of work as previously advised utilising capacity planning software.

The Committee queried whether any reductions had been made to mental health community services or staffing and was advised by Ms Moorhouse that a decision had been taken to maintain the same levels of service and staffing until the work on the new bed model was completed and the implications understood.

In response to questions, Ms Moorhouse reported that the male six bed Clinical Decision Unit was based in Blackburn and the female six bed unit in Burnley and that both had had a positive impact on the mental health system as a whole in Lancashire, resulting in a reduction in the number of patients placed out of area. She added that the Trust aimed to increase the number of Clinical Decision Units across Lancashire including the conversion of 12 beds within The Harbour.

The Committee asked further questions regarding the Clinical Decision Units and in response Ms Moorhouse advised that the timescale for implementation was three months and that there were many pathways for referral including attendance at Accident and Emergency or through a GP or Mental Health practitioner.

Members queried the length of stay for patients at The Harbour and was informed by Ms Moorhouse that patients would be admitted for the appropriate length of stay for their condition. In response to further questions, Ms Moorhouse advised that the Trust recorded data on length of stay and readmission rates in order to assess if a patient had been discharged too early.

Following a discussion on the outcome of the Care Quality Commission (CQC) inspection, the Committee queried whether the Board established to monitor the progress made against the actions identified in the inspection was open to the public and requested further information on the membership. Ms Moorhouse reported that the Board was attended by Commissioners, the CQC, senior Trust representatives and other key stakeholders. She added that she was unsure if meetings were open to the public and would circulate a list of Board attendees and the Terms of Reference to the Committee following the meeting.

In response to a further question, Ms Moorhouse advised that progress against the actions to date had been good and the Trust was confident it could clearly demonstrate the outcomes. She added that the Board was measuring progress monthly.

The Committee considered the number of delayed discharges and delayed transfers of care and requested further information on the 12 'Housing patients not covered by the NHS or a Community Care Act'. Ms Moorhouse reported that the NHS was under no obligation by law

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to find the patients somewhere to live, but that a patient could not be discharged without a place to go to despite being clinically ready for discharge. Ms Moorhouse added that since the agenda had been published the Trust had undertaken a piece of work to reduce the number of delayed transfers of care and discharges, which had reduced the number from 34 Lancashire wide to 18, with two patients currently delayed in Blackpool.

Members noted that in cases where an inpatient bed was not immediately available, patients were managed in the community by the Rapid Intervention and Treatment Team (RITT) in conjunction with the care home and queried where the staff for the Team were appointed from. In response, Ms Moorhouse advised that staff could be existing Trust staff or bank staff, but were not staff from The Harbour. In response to further questions Ms Moorhouse advised that four patients across Lancashire were currently being managed in the community in a care home, with two of the patients from Blackpool.

The Committee further queried how patients experiencing a delayed transfer of care and awaiting an inpatient bed who had challenging behaviours were managed in a care home and if there had been any safeguarding concerns or incidents reported in relation to the patients. Ms Moorhouse reported that she was aware of two recent incidents from which learning points had been identified. She admitted that it was unacceptable that the incidents had occurred and that regular meetings were held with the Council to discuss concerns. She added that staff were trained to spot the signs of escalating behaviour in order to prevent the escalation and that although she could not guarantee that all staff in the RITT had received control and restraint training, it was the ambition of the Trust to ensure all staff were trained appropriately.

It was noted that at the previous special meeting of the Committee, it had been reported that the shift system in place at The Harbour had prevented attendance at training and that the system was in the process of being changed. Members queried if the change had impacted upon the level of staff training and was advised by Ms Moorhouse that the Trust had a mandatory training target of 100% and was currently achieving 91%, which was a significant improvement. She added that the level of staffing and sickness levels had also improved since the previous meeting.

In response to further questions, Ms Moorhouse informed Members that the staffing level was safe and that there was a turnover of approximately 10%, adding that the Trust utilised a rolling job advertisement to allow continual recruitment if required. She advised that anecdotally staff morale appeared to have improved, but that the Trust acknowledged it had been a difficult first year for staff at The Harbour and was planning to hold an event to celebrate their hard work.

The Committee queried the financial implications of the reporting, disagreeing with the assertion that there were no financial implications for Blackpool Council. To support the view, the Chairman highlighted that Social Workers travelled with patients and provided additional support when required. In response, Ms Moorhouse agreed to take the view back to the Trust.

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Members reported that anecdotal evidence had been received to suggest that the 136 Suite at The Harbour was regularly closed. Ms Moorhouse reported that there were two 136 Suites at The Harbour and that in order to maintain overall staffing at The Harbour one of the suites was not always staffed. She advised that if the open suite was in use then patients would be diverted to other sites. In response to further questioning, she highlighted that the 136 Suites were a county-wide provision and that if the 136 Suites in other locations were occupied then patients might be diverted to The Harbour.

The Committee agreed:

1. To receive a full response to the questions regarding the incident on Byron Ward from a clinician following the meeting.
2. To receive the Terms of Reference and a list of attendees of the Board established to monitor the action plan developed following the CQC inspection.
3. To receive a further update on the progress made in approximately six months.

Chairman

(The meeting ended at 7.02 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

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

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	12 May 2016

PUBLIC SPEAKING

1.0 Purpose of the report:

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

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

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

5.2 **General**

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

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

5.3 **Request to Participate at a Scrutiny Committee Meeting**

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

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

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

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

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

Does the information submitted include any exempt information?

No

List of Appendices:

None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

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

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	12 May 2016

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 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience.'

5.0 Background Information

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

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

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

5.4 Witnesses/representatives

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

- Councillor Cain
- Councillor Collett
- Councillor Cross

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4(a): 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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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
<p>ADULT SOCIAL CARE- CARE AT HOME FEE RATES 2016/17 To agree the fee rate proposals as follows:</p> <ul style="list-style-type: none"> • To increase the hourly rate paid to generic care at home providers from £11.35 to £12.55 per hour. • To increase the hourly rate paid to Learning Disability providers from £12.50 to £13.00 per hour. • To increase the rate for sleep-in shifts from an average amount of £4.50 per hour (currently paid as a fixed rate for the night) to £8.00 per hour. • To implement the new fee rates from 1st April 2016 in order to allow providers to meet the increased costs of employing staff at this time as a result of the introduction of the national living wage, pension auto-enrolment requirements and employment case law relating to sleep-in shifts. 	<p>To allow providers to meet their statutory obligations to pay at least the national minimum wage/national living wage and provide for the effective training and development of the workforce.</p>	<p>PH26/2016</p>	<p>29/03/16</p>	<p>Cllr Cain</p>
<p>ADULT SOCIAL CARE- RESIDENTIAL FEE RATES 2016/17 To agree that in order to simplify the current fee framework and reduce the number of applicable fee rates, the Quality Banding Scheme will no longer be applied from 1st April 2016.</p>	<p>To allow providers to meet their statutory obligations to pay at least the national minimum wage/national living wage and provide for the effective training and development of the workforce.</p>	<p>PH27/2016</p>	<p>29/03/16</p>	<p>Cllr Cain</p>

<p>To agree that the fee rates for adults aged 18-64 with a Learning Disability. A Physical/Sensory Disability or a Mental Health issue will be aligned with the rate for older adults' standard residential care from 1st April 2016.</p> <p>To agree that from the 1st April 2016, the standard rate for residential care will be £403.48 per week and the higher rate for residential care will be £441.70 per week.</p> <p>To implement the new fee rates from 1st April 2016 in order to allow providers to meet the increased costs of employing staff at this time as a result of the introduction of the National Living Wage, pension auto-enrolment requirements and other cost pressures.</p>				
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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	12 May 2016

FORWARD PLAN

1.0 Purpose of the report:

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

2.0 Recommendations:

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

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

3.0 Reasons for recommendations:

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

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience.'

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.

5.4 Witnesses/representatives

5.4.1 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 5(a) – Summary of items contained within Forward Plan
May 2016 – August 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**(MAY 2016 to SEPTEMBER 2016)***** Denotes New Item**

Page No	Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
2	May 2016	Adult Social Care Charging Policy	12/2015	Executive	CLlr Cain
7	July 2016	Headstart Round Three Funding Bid Result and Future Action	7/2016	Executive	CLlr Cain
*11	May 2016	School Place Planning Next Steps	11/2016	Executive	CLlr Cain
*12	July 2016	Health and Wellbeing Strategy 2016-2019	12/2016	Council	CLlr Cain
*13	July 2016	Youth Justice Plan	13/2016	Executive	CLlr Collett

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref N° 12/2015	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.
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	May 2016
Who is to be consulted and how	<ul style="list-style-type: none"> • Service users directly affected by the changes resulting from the implementation of the revised Policy. • Local third sector organisations with a specific interest in adult social care. <p>Consultation will be conducted by post, through the website and through stakeholder events.</p>
How representations are to be made and by what date	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.
Documents to be submitted to the decision maker for consideration	Report The Adult Social Care Charging Policy The Equality Analysis A Report on the outcome of the Consultation Exercise
Name and address of responsible officer	Karen Smith Deputy Director of People (Adult Services) e-mail: karen.smith@blackpool.gov.uk Tel: (01253) 476803

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref N ^o 7/2016	Headstart Round Three Funding Bid Result and Future Action
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	July 2016
Who is to be consulted and how	N/A
How representations are to be made and by what date	In writing to the responsible officer, at the address shown below, by 1 June 2016.
Documents to be submitted to the decision maker for consideration	Report
Name and address of responsible officer	Neil Jack, Chief Executive e-mail: neil.jack@blackpool.gov.uk Tel: (01253) 47 7006

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision *Ref N° 11/2016	School Place Planning Next Steps. Following the publication of the School Organisation Pupil Place Plan 2015-2020 to agree what actions need to be taken to ensure delivery of sufficient school places over the next decade.
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	May 2016
Who is to be consulted and how	Once the preferred option is selected a full consultation exercise will be undertaken.
How representations are to be made and by what date	Not applicable
Documents to be submitted to the decision maker for consideration	Report to be submitted
Name and address of responsible officer	Delyth Curtis, Director of People e-mail: Delyth.curtis@blackpool.gov.uk Tel: (01253) 47 65 58

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision *Ref N ^o 12/2016	To approve the 2016-19 Health and Wellbeing Strategy
Decision making Individual or Body	Council
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	July 2016
Who is to be consulted and how	Health and Wellbeing Board – presentation and discussion Public Health Scrutiny Panel – presentation and discussion General Public (in collaboration with HealthWatch) – promotion, circulation, engagement activity, feedback forms Partner organisations – circulation and brief survey.
How representations are to be made and by what date	Through the above methods in time for the July meeting of the Health and Wellbeing Board
Documents to be submitted to the decision maker for consideration	Covering report – to approve the Health and Wellbeing Strategy 2016-19 Appendix: Health and Wellbeing Strategy 2016-19
Name and address of responsible officer	Dr Arif Rajpura, Director of Public Health e-mail: arif.rajpura@blackpool.gov.uk Tel: (01253) 476367

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision *Ref N ^o 13/2016	To approve the annual Youth Justice Plan
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Eddie Collett, Cabinet Member for Children's Safeguarding and School Improvement
Date on which or period within which decision is to be made	July 2016
Who is to be consulted and how	Members of the Youth Offending Team Partnership Management Board, through the established cycle of meetings and/or activity specifically for the purpose of producing the plan.
How representations are to be made and by what date	Not Applicable
Documents to be submitted to the decision maker for consideration	Covering Report Plan
Name and address of responsible officer	Delyth Curtis, Director of People e-mail: Delyth.curtis@blackpool.gov.uk Tel: (01253) 47 65 58

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	12 May 2016

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 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience.'

5.0 Background Information

5.1 Scrutiny Workplan

- 5.1.1 The Scrutiny Committee Workplan is attached at Appendix 6 (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 6 (b). 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 Implementation of Recommendations/Actions

- 5.3.1 The table attached to Appendix 6(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.
- 5.3.2 Members are requested to consider the updates provided in the table and ask questions as appropriate.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 6 (a), Resilient Communities Scrutiny Committee Workplan
Appendix 6 (b), Scrutiny Review Checklist
Appendix 6 (c), Implementation of Recommendations/Actions

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	
17 th March 2016	ADULTS – Adult Services Overview Report CHILDREN – Children’s Services Improvement Report - Child Sexual Exploitation – Progress against actions - BCSB Business Plan HEALTH - Blackpool Clinical Commissioning Group – New Models of Care Performance - Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC inspections Scrutiny Workplan
6 th April 2016	Members of the Tourism, Economy and Resources Committee also invited THEMATIC DISCUSSION: DOMESTIC VIOLENCE THEMATIC DISCUSSION: HOMELESSNESS
14 th April 2016	THE HARBOUR
12 th May 2016	ADULTS - Adult Services Overview Report - Domiciliary Care CHILDREN – Children’s Services Improvement Report - Better Start Scrutiny Workplan
9 th June 2016	Council Plan – Performance Monitoring - Communities ADULTS - Adult Services Overview Report CHILDREN – Children’s Services Improvement Report HEALTH – Blackpool CCG Performance Report - Healthwatch - Public Health report - Joint Health and Wellbeing Strategy/Oral Health Strategy THIRD SECTOR – Community Engagement
14 th July 2016	- Thematic Discussion: Transforming Care for Adults with Learning Disabilities (Winterbourne View)
September 2016	HEALTH – Blackpool Hospitals Trust – Progress in relation to Ambition Targets and Work Programmes
November 2016	Update on Volunteers

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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	Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.	Ongoing	Claire Powell	Outcomes are regularly circulated. To date Members have received reports pertaining to: Mental Health, Outpatients, Dentistry, Maternity Services	Green
02.07.15	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.	12 May 2016	Healthwatch/Sharon Davis	Originally scheduled for 17 th March 2016, delayed until May 2016 to alleviate workplan pressures. Reported requested from Healthwatch, awaiting response.	
02.07.15	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 November 2015	Pat Oliver	First report circulated 18 January 2016. Ongoing.	Green
02.07.15	Summary of all Ofsted inspection reports within the Children's Services Improvement Report and to receive full Ofsted inspection reports outside of the Committee meeting as and when they are published.	Ongoing	Del Curtis/Sharon Davis	A summary of Ofsted Inspection reports is included in every Children's Improvement report. Full inspection report links to be circulated via the Chairman.	Green
10.09.15	To request that the potential use of a similar test to the NHS friends and family test for appropriate	17 March 2016	Hilary Shaw	The ability to rate and comment on residential homes and care at home providers is already available through the NHS Choices	Amber

	services be investigated.			<p>website. Members of the public can search CQC registered providers in a given area, see ratings given by other people, and leave their own comments. The questions asked are: “Recommend to Friends and Family?”, “Your review”, and “When did you visit this care provider”. The results are shown by way of an overall user rating out of 5 stars. The care homes information also indicates which providers have a registered manager in post, levels of staff turnover, food hygiene rating, and size of the home. For homecare, shared lives and supported living, the public can see whether the provider is accepting new clients alongside the star rating.</p> <p>The facility is currently not being accessed by a large number of people, so the Adult Services Department is exploring ways to promote feedback through Social Care staff and providers.</p>	
10.09.15	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.	Not yet due
10.09.15	Training session on how both the Council and the CQC regulate services.	31 March 2016	Sharon Davis/ Karen Smith	The detail around a training session is being investigated. An Ipool module has been set up for Adults Safeguarding – consideration required to whether this is appropriate for Members.	Red
05.11.15	To monitor the developments made in relation to a central database for volunteers, a policy for recruitment and a potential corporate celebration event.	November 2016	Councillor Kirkland	To be received 12 months after date of meeting.	Not yet due

05.11.15	All Councillors be requested to attend dementia awareness training.	31 May 2016	Sharon Davis	Email sent from the Chairman of the Committee requesting Leaders to promote attendance at future training sessions. The Committee to receive an update in 6 months on attendance.	Not yet due
12.11.15	To receive a report from LCFT in approximately three months: <ol style="list-style-type: none"> 1. The results of the independent investigation into the incident on Byron Ward in appropriate detail, whilst respecting confidentiality of the parties involved. 2. The results of the independent piece of work to be undertaken regarding the model used to determine the number of inpatient beds required. 3. Additional information regarding the increase in community provision. 4. An analysis of the impact of the clinical decision unit on the capacity of beds available. 5. Assurance that the failings identified within the CQC inspection report were being addressed. 6. Update on impact of the new recruitment, retention strategy. 	14 April 2016	Sue Moore/Sharon Davis	Meeting held 14 April 2016.	Green
10.12.15	To receive an update on the progress to meet the national waiting list target for Psychiatric Therapies in approx six months.	30 June 2016	Helen Lammond-Smith	Update to be sought in June 2016.	Not yet due

10.12.15	To receive the results of the additional piece of work regarding feedback from service users from Healthwatch Blackpool and LCFT in due course.	30 June 2016	Steve Winterson	Timescales currently unknown. Feedback will be sought in due course.	Not yet due
10.12.15	To receive performance reports from Blackpool CCG biannually commencing in approx six months.	Ongoing	Roy Fisher/David Bonson	First report due 9 th June 2016.	Not yet due
10.12.15	To request that Mr Johnston investigate the use of the pharmacist on the Blackpool Victoria Hospital site and report back through the Chairman.	31 March 2016	Mark Johnston	Answer provided: Lloyds pharmacy are not contracted to dispense normal prescriptions (FP10's), they only process hospital scripts (such as outpatients), Monday to Friday service only. On a weekend it's picked up BTH pharmacy dispensary.	Green
10.12.15	To request that inspection results for all regulated services be included in future Adult Services Overview Reports.	Ongoing	Karen Smith	Included in Adult Services Overview Report.	Green
10.12.15	To receive further information on the review of the Emergency Duty Team at a future meeting of the Committee.	30 June 2016	Del Curtis	To be included in a future Children's Services Improvement Report.	Not yet due
10.12.15	That the overview of complaints and compliments as provided to the Corporate Parent Panel be circulated to Members of the Committee outside of meetings.	Ongoing	Sharon Davis	First paper circulated.	Green
10.12.15	To invite the Director of the BetterStart Programme to a future meeting of the Committee.	9 June 2016	Merle Davies/Sharon Davis	Item on agenda.	Green
04.02.16	To establish a Scrutiny Review	31 May 2016	Sharon Davis	Scrutiny Panel has been established and has met	Green

	Panel to consider all Quality Accounts received in 2016.			to consider LCFT and BTH Quality Accounts.	
04.02.16	To receive an update on the uptake of milk with fluoride in approximately six months.	September 2016	Councillor Cross	An update will be sought in due course.	Not yet due
04.02.16	To receive a briefing note on the research undertaken on the safe level of consumption of fluoride for children.	31 March 2016	Councillor Cross	Briefing note circulated.	Green
04.02.16	Future performance reports include clearer target information to allow Members to measure progress more effectively.	June 2016	Sally Shaw	To be improved for the next report to Committee due in June 2016.	Not yet due
04.02.16	A report in approximately six months detailing the progress the Trust has made in relation to the ambition targets and work plans.	September 2016	Tim Bennett	Update to be sought in September 2016.	Not yet due
04.02.16	That further data be circulated relating to the performance in the Families in Need Service.	31 March 2016	Amanda Hatton	Awaiting response.	Red
04.02.16	To receive any action plans developed from the Serious Case Reviews and the details of lessons learnt for detailed consideration.	September 2016	Del Curtis	To be received at a future meeting.	Not yet due
04.02.16	To receive an update in approximately six months regarding the review of social care placements.	September 2016	Del Curtis	Update to be sought in September 2016.	Not yet due
04.02.16	To request additional information regarding delayed discharges from Blackpool Teaching Hospital Foundation Trust and LCFT.	30 April 2016	Sharon Davis	Action superseded by decision to have a special item on the agenda regarding this.	To be deleted.
04.02.16	To receive regular updates	May 2016	Karen Smith	To receive regular updates, first one scheduled	Green

	regarding the Pilot Scheme for Respite Provision including occupancy rates and how the results of the pilot would inform future respite provision.			for May 2016 and included in report.	
04.02.16	To receive an overview of general trends of any concerns in relation to homecare provision.	17 March 2016	Karen Smith	To be included in next Adult Services Overview Report.	Green
17.03.16	The Committee agreed to receive a CSE update report once the Ofsted inspection had been undertaken.	Following inspection	Philippa Holmes	Date for update to be received once inspection has been undertaken.	Not yet due
17.03.16	To receive a comparison of costs of the new approach to providing equipment versus the equipment store approach following the meeting.	31 May 2016	David Bonson	Update to be circulated outside of Committee. Awaiting response.	Not yet due
17.03.16	That the CCG provide an update report to a meeting of the Committee in approximately six months.	September 2016	David Bonson/Roy Fisher	To be included in workplan.	Not yet due
17.03.16	The Committee agreed to receive the Annual Blackpool Safeguarding Board Report at a future meeting.	September 2016	David Sanders	To be added to workplan.	Not yet due
17.03.16	The Committee agreed to invite relevant NHS organisations to a future meeting in order to discuss discharges that had been delayed as a result of the NHS.	June 2016	Blackpool Hospitals Trust/Blackpool CCG	Scheduled for next meeting.	Not yet due
17.03.16	The Committee agreed to receive the analysis of contacts received from the Multi-Agency	Tbc	Josie Lee	Date to be confirmed once timescale for analysis is identified.	Not yet due

	Safeguarding Hub.				
06.04.16	The draft domestic abuse strategy be considered at a future meeting of the Resilient Communities Scrutiny Committee, once it was available.	Tbc	Amanda Hatton	To be added to workplan when date for completion is known.	Not yet due
06.04.16	That the strategy and action plan for preventing and dealing with homelessness be presented to the Resilient Communities Scrutiny Committee, once it had been drafted.	Tbc	Andy Foot	To be added to workplan when date for completion is known.	Not yet due
06.04.16	To receive a report containing further information regarding health issues for homeless people, with a particular focus on their access to healthcare.	31 July 2016	Andy Foot/Arif Rajpura	Further report to be requested.	Not yet due
06.04.16	To request that a list of service providers and organisations that offered services to rough sleepers be circulated to Members.	30 April 2016	Andy Foot	Information circulated to the Committee.	Green
14.04.16	To receive an update from LCFT on The Harbour in approximately 6 months.	October 2016	Lisa Moorhouse	To be added to workplan.	Not yet due

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Report to:	RESILENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Merle Davies, Director Centre for Early Child Development
Date of Meeting	12 May 2016

BETTER START

1.0 Purpose of the report:

1.1 To update the Committee on the work of the Blackpool Better Start Partnership to allow effective scrutiny.

2.0 Recommendation:

2.1 To receive the presentation and ask questions on the information provided in order to undertake effective scrutiny of the Better Start Partnership.

3.0 Reasons for recommendation:

3.1 To ensure Better Start is effectively scrutinised.

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

4.0 Council Priority:

4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience.'

5.0 Background Information

Merle Davies, Director CECD will be in attendance at the meeting to provide a presentation on the work of Better Start to date and to answer any questions from Members.

Two documents have been provided as supporting information for Members to read prior to the meeting. The first is the Better Start Strategy, which sets out the approach to be taken and the second, setting out the story to date.

6.0 List of Appendices:

6.1 Appendix 6(a): Better Start Strategy
Appendix 6(b): Our Story

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Equalities considerations:

9.1 None.

10.0 Financial considerations:

10.1 Leverage from partners over the next 9 years to ensure sustainability.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

Blackpool Better Start Strategy

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Our vision is that Blackpool will be a place in which families raise happy, healthy children who grow up to take pride in belonging to the community. Through Better Start, every new baby in Blackpool will enjoy the early care and nurture they need for healthy development and to be ready for school.

Background

In Blackpool we all have a role to play in ensuring that our children have high aspirations and reach their potential. Building healthier, more resilient communities across Blackpool is about making our town a good place to live, to raise a healthy family, run a business and engage in wider community life. Communities that seek to advance their children's health and development, and overall community health, provide a backbone for local economic growth and social prosperity.

Early child health and development starts in the communities where children are conceived, grow-up, learn and play. Collectively, the Better Start Partnership has the responsibility to implement high quality, cost effective evidence-based programmes, and align services and public systems, to give our families and communities the strong foundations they need for their children to be healthy, happy and ready to learn.

Appendix 1 states our Vision, Values and Principles.

Einstein wrote "the problems that exist in the world today cannot be solved by the level of thinking that created them". Blackpool Better Start has the unique opportunity to employ new ways of thinking about early child health and development and to implement them. Better Start is one of the key components of our wider strategy for regeneration of the town but it is one of a variety of initiatives such as Head Start, Vanguard and Complex Lives which will enable the systems change required to change the outcomes for Blackpool residents and regenerate the town. However, it has the distinct advantage of providing the greatest opportunity to break the intergenerational cycle of poor outcomes by intervening at the earliest possible and most cost effective stage, before our children are born.

"Our community is united in our ambition to give every new baby in Blackpool a better start in life"

We are determined to make a decisive change to transform their life chances. We want to achieve a generational shift, ensuring that today's babies enjoy the early care and nurture they need for healthy development and to be ready for school, and that in turn, as they grow up and become parents themselves, they will pass on the Better Start legacy to the next generation.

The early years is a crucial stage in human development, brain development begins before birth and is rapid and intensive throughout the first three years of life. A young child's development is profoundly affected by their early care-giving experiences. When parents are struggling with problems like substance misuse, mental ill health or domestic abuse, children are affected too. These are modifiable causes of unnecessary child suffering at the population level. Scientists have shown that exposure to high levels of early adversity can be harmful, predisposing the child to problems in learning, behaviour and health across their life course.

"We are focussing on pregnancy to preschool because we know this is such a crucial time for child development and a unique opportunity for prevention"

Better Start is laying the solid foundations that will enable babies and young children to thrive in the context of sensitive and responsive relationships with their caregivers. Our approach is to enable families and communities in Blackpool to support and protect their children's health and development, from conception to three. Building resilience and empowering communities.

“Better Start is a ten year programme to transform the life chances of Blackpool’s babies”

With £45m of investment from the Big Lottery Fund, Blackpool Better Start is one of only five areas in England selected to trail-blaze service transformation from conception to three. Each local area has developed its own distinctive strategy to improve the three key child outcomes of: *diet and nutrition*; *social and emotional development*; and *language and communication*.

Wherever possible the Better Start partnership will use local suppliers and services this will help local businesses and thereby the local community and town.

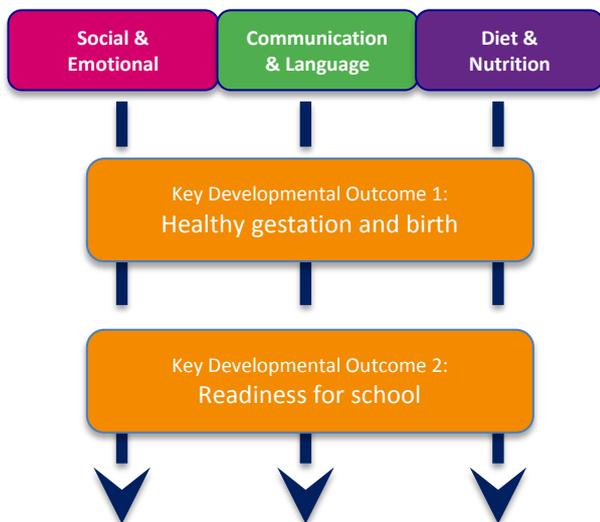
Led by the NSPCC, Blackpool Better Start is an inclusive partnership made up of the Local Authority, Clinical Commissioning Group, Blackpool Teaching Hospitals Foundation Trust, Police and the Community. It brings together local families, communities, and agencies from across public, private and voluntary sectors. Initially, we are focussing in the seven wards where communities face the greatest challenges: Bloomfield, Brunswick, Clarendon, Clifton, Park, Talbot and Victoria. As we learn what works in these wards, the partnership will invest further local funds in replicating effective programs and services across the whole town, leaving a lasting legacy for Blackpool.

What needs to be done

Blackpool has grasped the opportunity provided by a Better Start to provide outstanding services for our children. The partnership and the town is excited by the possibilities it offers for change and to act collectively to promote early child health and development. Our community and key stakeholders from the voluntary, statutory and private sectors are united in our shared vision and shared plan for delivering change.

Within 10 years the Better Start partnership is determined to change outcomes for our youngest children and their families, which will create a generational change for our town and our people. To make this change we are all responsible for ensuring children and families live in caring, stimulating environments, have access to the best possible services delivered by a highly skilled and committed workforce.

We have a *developmental strategy* focused on achieving the three overarching outcomes of; *Social and Emotional development, Communication and Language development and Diet and Nutrition*. We will use the key developmental milestones of Healthy gestation and birth and Readiness for school to monitor progress towards the Big Lottery outcomes.

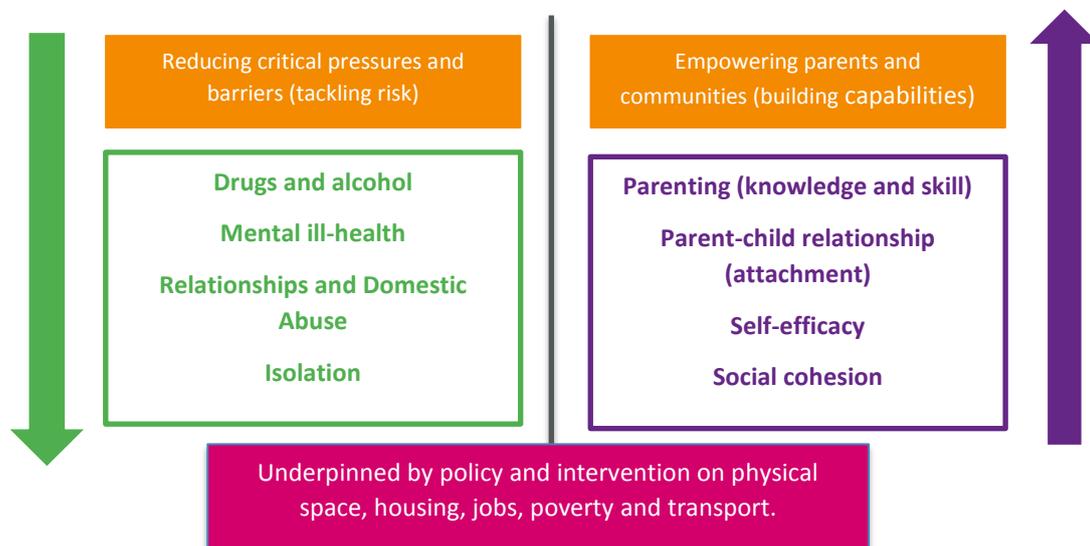


With focused action on reducing local stressors and building capabilities, (see diagram below) we will achieve sustainable developmental outcomes for all our babies and children. By forming strong foundations for future development we will grow strong, nurturing and resilient parents and communities for future generations. We are determined to transform local environments both social and physical alongside transforming the workforce in their ambition to provide more tailored services to enable families and communities to make sustainable changes.

Better Start is rooted in an evidence base and our shared theory of change which will direct our approach. Our theory of change has a *framework for focused action* working with communities to;

- Reduce critical pressures and barriers (tackling risk) for our families – *reducing stressors*
- Empowering parents and communities - *building capabilities*

There are four key stressors which we aim to reduce through our programme, and we will empower parents and the community through our mechanisms for change i.e. building capabilities. We will deliver appropriate services and evidence based interventions which meet this approach.



Our strategic programme of action is based around the four cornerstones of Blackpool Better Start, *Appendix 2*,

1. Public Health Approach
2. Evidence Based Interventions
3. Reframing and System Transformation
4. Centre for Early Child Development

We believe these provide strong foundations to drive our work over the next ten years and beyond. We will have a staged process to implementation and *Appendix 3*, shows our timeline for implementation. These cornerstones prioritise those activities that will make the most impact on our outcomes and ensure we make tangible and sustainable changes in the way we do things.

In the following sections each of these cornerstones will be further explored to explain how they will deliver the vision of Better Start.

Cornerstone 1 – Public Health

The first cornerstone is our *Public Health* approach which takes account of;

- the needs of the whole population
- the underlying socio-economic and wider determinants of children's outcomes
- collective responsibility and partnerships with all those who contribute to the wellbeing of young children and families

Given the scale and nature of some of the problems in our community, such as alcohol and domestic abuse, we believe there is a strong case for action to address these challenges at a population level. We will work with the community and our partners to develop and implement interventions across the population, identify ways to prevent harm and promote positive outcomes for young children using a twin approach

Key Cornerstone Elements

A Population Approach

Blackpool already has solid foundations on which to build our public health work. Working closely with Blackpool Council's Public Health team we will deliver, over the next 10 years, four targeted child health and development strategies (campaigns). Our four strategies will each have a clear theory of change based on the best available evidence and will be informed by formative research which will help us better understand local values, attitudes and behaviours that might inhibit or motivate change. Our first strategy will focus on preventing and reducing the prevalence of alcohol exposed pregnancies in order to minimise the alcohol related harm to the unborn child. Our subsequent strategies will be informed by both our research into the community's priorities and local data.

We recognise that improving outcomes is best achieved by applying *behaviour change models*, giving people the opportunity to practice new habits and learn by doing. Our targeted child health and development strategies will complement a range of integrated community action programmes that will support behaviour change across the population. In addition to this we will undertake further reviews in order to identify interventions required to address issues in our communities that are impacting on early child development, and draw on the latest work in the field for example Adverse Childhood Experiences (ACEs). We will address our Diet and Nutrition outcome by working with partners to improve infant and young child healthy weight and oral health.

We will strive to better understand the needs and concerns of subpopulations to enable us to design more effective programs and services. To achieve this we will conduct formative evaluations to better understand beneficiaries' decision-making, determine factors influencing the demand for and potential effectiveness of programs, and how programs should be framed for the greatest adoption at both individual and population levels.

In our first year of work we will conduct a series of in-depth community assessments which will provide the formative evidence base for developing new or enhancing existing programs, and facilitating the selection of the type of programs to initially implement in the community.

Engaging and empowering families and communities

To achieve sustainable change as a result of the public health approach and to deliver on the Better Start pledge to the children and families of Blackpool *“enabling everyone to play their part in improving the outcomes of the babies and children”* a community empowerment programme will be developed. This programme will require significant participation of local families and community members providing exciting and challenging opportunities to coproduce initiatives that influence how they engage with local services and support the healthy development of their babies and children.

Community Voice was formed to enable families to be involved in meaningful co-production. This will be a representative group of empowered local parents which will over the lifetime of Better Start identify, recruit and develop new members and community leaders from across the town. Community Voice will have formal structural links to the governance of the Better Start partnership. We will coach and support this group to achieve real decision making powers and to lead on the delivery of a range of community action programmes including; improving safe space and play by redeveloping parks and open spaces, Dads engagement, activity cards, children’s centre engagement and activity programme and outdoor activities.

A crucial element of our community action work is the development of parks and open spaces in the seven better start wards, providing parents with young children accessible safe space to play. This element of our community work is to be developed in conjunction with wider developments in Blackpool to rejuvenate parks for all ages.

By engaging families in the co-design of programmes we are able to build their skills and strengthen joint understanding and cooperation. We can liaise directly with families about the accessibility and fit of local programmes and services. Natural leadership within the community will be developed to become community champions known as Child Health Promoters who will be a key part of delivering behaviour change. It is central to the community empowerment approach that the local positioning of Child Health Promoters will be vital to the impact on families. Initiatives within the community engagement programme will be highly concentrated in the earlier years of this 10 year programme as families and communities become empowered as a result of their participation in the co-production process. As part of this process we will be working with partners to consider how the community can be better involved in our universal delivery systems. The use of Children Centres is central to this but over the years we will expand this to other areas such as General Practitioners.

Please see [Appendix 4](#) for the Project Implementation Documents which are applicable for this cornerstone.

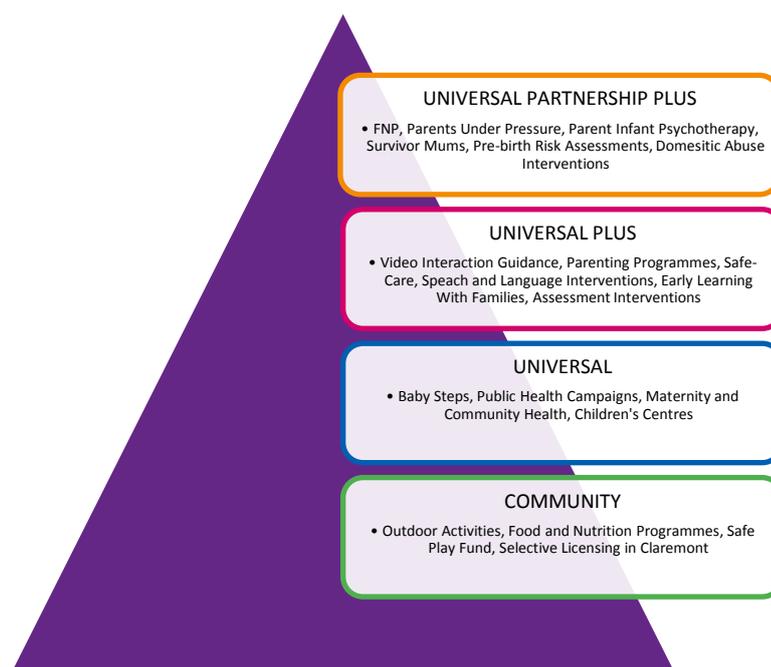
Cornerstone 2 – Evidence Based Interventions

Our second cornerstone, *Evidence Based Interventions*, aims to support those families in Blackpool who fall within all levels of the Healthy Child Pathway with a focus on supporting those with additional needs, known in the Healthy Child Pathway as Universal Plus and Universal Partnership Plus level. Through our analysis of services and community assessments, we will ensure that all families in Blackpool have access to effective programs, which meet their needs. This type of approach ensures the implementation of services which will make a difference, focus on outcomes, and help bring substantial and positive changes in our communities.

Key Cornerstone Elements

Enhanced Healthy Child Pathway

Our *Evidence Based Interventions* will not only be limited to those families with additional needs but through our *Public Health Approach* we will ensure that all parents have access to high quality parenting programmes which are evidenced to reduce stressors and build capabilities.



Initially working with Health Visitors and Midwives to provide a universal evidence based antenatal programme for all new and expectant parents in our seven wards, with the aim to expand this to all parents across the town in line with the new commissioning processes for health visiting and access to appropriate parenting advice and support for all families with young children.

Our enhanced pathway will provide access points to targeted services for parents requiring additional support around attachment, neglect, substance abuse, mental illness, domestic abuse and historical abuse and trauma. Additionally, we will review the effectiveness of existing assessment services, which identify vulnerable families, and where necessary, we will develop new approaches and pathways to help families access the most appropriate service as early as possible.

What works

Better Start will implement a suite of interventions which are either based on

- **Evidence**, Interventions where the estimate of the impact has been published as a systematic review in the academic literature, or where the impact has been estimated from a strong study design (randomised control trial and/or strong quasi-experimental study design)
- **Science**, Interventions that are rooted in the best-available evidence but have not yet been evaluated.
- **Innovation**, the development of a new solution that is theory driven and is unlikely to do harm.

All our interventions will be assessed by the following considerations to ensure they fit with our priorities,

- Current level of evidence for program effectiveness,
- Alignment with the needs, values and preferences of our vulnerable families
- The early child developmental priorities of Diet and Nutrition, Social and Emotional Development and Language and Communication
- Clearly addresses our key stressors and build capabilities
- Cost effectiveness and resource implications
- Feasibility and acceptability for our workforce
- Sustainability and potential for scale

This cornerstone is focusing on those areas of need which are particularly important in influencing the poor outcomes for our children: mental health conditions, alcohol abuse and substance dependence, and exposure to domestic abuse.

Detailed formative evaluations will be conducted to ensure that we take a thoughtful and considered approach to implementing new interventions. We will always build on the existing scientific evidence and work with beneficiaries, practitioners, programme developers and experts to tailor interventions and programmes for our local population. Furthermore, we will ensure the programme passes the 'My Child Test'. i.e. we will not implement any programme or service which could cause harm to parents and their children.

Staged Approach

A staged approach will be used to implement these programs. Firstly we will be building on local successes and expanding those evidence based interventions currently operational in Blackpool or nationally within the partnership. We will then develop new innovative research projects with national and international experts to offer the best services to meet the needs of our families. Our staged approach will take three steps;

1. Expansion of Existing Services

- Full expansion of Family Nurse Partnership to all under 20s in the town
- Full expansion of Baby Steps to all over 20s in Blackpool

2. Introduction of Interventions Developed Elsewhere

- Parents Under Pressure for families with drug and alcohol problems

- Video Interaction Guidance increasing parental sensitivity in families
 - Safecare with families at risk of neglect
 - Parent Infant Psychotherapy addressing critical mental health needs
 - Speech and Language Programmes
 - Diet and Nutrition Programmes
 - Parenting Interventions
- 3. Innovation and Research Projects**
- Living without Violence, Targeted intervention for Domestic Abuse in pregnancy and infancy
 - Pre birth risk assessments
 - Survivor Mums Companion
 - Targeted intervention for alcohol abuse in pregnancy
 - Winning Ways with Children
 - Assessment Service - Step Up Domestic Violence Programme
 - Assessment Service – Selective Licensing

When introducing evidence based programmes where possible we will build capacity within current services, placing new workers in existing multi-disciplinary teams the skills are transferred to the wider team which ensures the sustainability of the programmes. The Better Start partnership have a responsibility to deliver programmes to families which make a difference and address their needs, we will ensure that we will deliver these through an integrated workforce.

Please see [Appendix 4](#) for the Project Implementation Documents which are applicable for this cornerstone.

Cornerstone 3 – Reframing and Systems Transformation

Our third cornerstone focuses on *Reframing and Systems Transformation*. This refers to the change that we need to see at all levels of local services and systems. We have a collective responsibility as a society to ensure that our children live in safe and secure environments, are free from abuse and neglect and have the early care and nurture that they require to develop into fully functioning adults. To achieve this the Better Start partnership is committed to systems transformation for all services that impact on this critical point in a child’s life.

Key Cornerstone Elements

Systems Transformation



Reframing

Delivering our vision requires rigour and a strategic vision for prioritising those activities that will make the most impact on our outcomes and deliver real and sustainable changes. It requires careful implementation and systems that help, not hinder progress. We need to build local capabilities and develop an infrastructure for learning and sharing.

Our *Public Health* approach will lead on the Engaging and Empowering Families and Communities element of Systems Transformation.

Underpinning this will be our reframing of Early Child Development, our commitment to have a common understanding and language around Early Child Development.

Investment, Leadership and Accountability:

The Blackpool Public Reform Board is a new innovation and has been established to provide a single vision for Blackpool in terms of public service delivery. This wider vision has the transformation of services from conception to three at its heart, in recognition of the long term impact this will have on the outcomes for the town. To ensure systems change is achieved at all levels, we are actively engaged in monitoring how ‘things are done’ and how they could be done better in Blackpool. The governance structure, *Appendix 5*, shows accountability and how this will be achieved as the drive to ensure these changes become embedded as business as usual. There is representation from Community Voice at all levels of the decision-making process.

As part of the systems transformation the Executive Board will be working with an independent consultant, through the Local Government Association Local Vision programme, and have appointed the same consultant to work with a group of managers on the National Leadership Challenge. Both of these

programmes will challenge current ways of thinking and action and enable partners to develop more inclusive ways of working, including service co-design with the community.

The partnership is also responsible for redirecting investment towards early years and ensuring that the interventions that are proven to make a difference are sustainable and that leverage funding is used to roll out successful interventions across the town. The Finance Group ensures that all proposed interventions are within agreed budgets, monitors allocation of spend and has the responsibility of development of the Bank of Blackpool concept. The Strategic Commissioning Group will have a role to play in the commissioning and decommissioning of services as evidence of what works becomes available. As can be seen from the timetable in [Appendix 3](#), we have built in key review points over the course of the programme, when we will undertake full assessments of the portfolio.

This systems transformation of services from conception to three, sits within a wider systems transformation programme for the whole of Blackpool with all the key partners signed up and committed to making this happen.

Workforce

Part of this change will be to undertake workforce planning and visioning for the workforce for the next 10 years and put in place the training and development necessary to deliver what is required, this will be part of the work undertaken through the Public Service Transformation Board. Training will also be delivered to the current early years workforce to bring them up to speed with the best available evidence on early child development.

Reframing Early Child development

We believe this type of systems transformation can only be successfully implemented if it is underpinned by a shared understanding (or ‘framing’) of the issue we face combined with an integrated approach. We will build a shared language with professionals, parents and community members which will enable us to communicate effectively. We will use reframing tools to give a shared understanding of child development and, through this shared language, we will break down barriers to building trust and confidence within our workforce and communities. This will be complemented with our [Core Story of Early Child Development](#) developed to give consistent clear messages on the importance of early intervention in child development.

All key policies will go through the Policy Review Group to ascertain the impact on children and families. This will ensure that Better Start objectives are aligned with wider policy across the town and that our programme is able to influence decisions around the wider social determinants of child outcomes, such as housing, welfare, employment and transport.

Please see [Appendix 4](#) for the Project Implementation Documents which are applicable for this cornerstone.

Cornerstone 4 – Centre for Early Child Development

Our fourth cornerstone is the *Blackpool Centre for Early Child Development*. The Centre is the dedicated focus for driving the vision, strategy, programme evaluation and implementation. The Centre will build local capacity and expertise and become internationally renowned as a Centre for innovation and learning through knowledge exchange.

The Centre's role is to ensure that key partners are actively engaged in the delivery and co-production of services and to keep the aspiration of Better Start and the communities of Blackpool at the heart of its work ensuring pace of change is consistent to meet the need. The Centre will provide support and challenge to the partnership ensuring that focus is kept on the systems change required, early child development, prevention and early intervention, evidence and learning. The Centre will create a virtual network of national and international experts to share findings, research, policy and practice in relation to early child development and the Centre will ensure that the latest pioneering research and knowledge in the field is brought to Blackpool and shared with the early years workforce.

The Centre will be evidence-driven using the most recent and best available science to improve the health and development of children. To achieve this we will leverage our close relationship with the NSPCC and our panel of national and international experts to continually improve our practice and work.

Key Cornerstone Elements

Collaborative Partnership Building

The Centre will work with Better Start partners, parents, community members and other relevant stakeholders to contribute towards the community-wide promotion of early child health and development. We will ensure that the partnership is sustainable and productive, making changes in preventative approaches from conception to the first three years of life. The Centre has a key role to play in ensuring strategic direction, innovation and development, monitoring and evaluation, community engagement, reframing and support and challenge to systems transformation. We will keep the partnership focused in achieving its outcomes and celebrating successes. At the same time the Director of the Centre for Early Child Development will report to the Executive Partnership Board through regular meetings, to keep them informed of impact and pace of the transformation.

In addition, the Centre will be part of an evidence-based movement within health and social care systems in Blackpool and across the town providing insights into outcomes for our communities and harnessing the learning from implementing and evaluating interventions and services.

Planning, Monitoring, Evaluation and Learning Team

A dedicated team will work to ensure that all activity focuses impacting on:

- a Better Start indicators *Appendix 6*
- key developmental outcomes for a Better Start

These local Indicators have been identified to enable us to measure progress towards a Better Start key developmental outcomes.

The Centre will apply and embed a *Strategic Planning for Prevention Framework, Appendix 7*, to achieve our goals. This is an outcomes-based rather than activity based prevention framework. In this framework, a logic model for a specific outcome will be identified. This specifies the intermediate factors and interventions that need to change to achieve the outcome. The advantages of using such a framework is to make dynamic adjustments to our activity over time. We will build professional and community support to embed this framework into the development of our interventions.

The Centre will work with Better Start partners to create a central linked data set which will be hosted by Blackpool Teaching Hospitals Foundation Trust. The analysis of this data set will give partners insights for commissioning programmes related to early child health and development.

The Local Evaluation team will work with Warwick University to undertake a full programme evaluation looking at the benefits of our first two years of work at population level, and continue to monitor the progress of these children until they are seven years old. As the programmes are implemented the centre will work with other academic establishments to evaluate impact and change. Local evaluation evidence will be particularly important to informing the work of the Strategic Commissioning Group.

Business Operations

The Big Lottery Funds will be used to strategically design and implement new interventions, expand existing programmes and bring international and national expertise to Blackpool's workforce as the catalyst for change. The Centre, along with partners, will ensure that funds are prioritised where they will make the most difference. Based on economic evaluations we will provide insights for our partners and other stakeholders to demonstrate the potential cost savings of early interventions and a preventative approach from conception to three. Within the 10 years leveraged funds will supplement the Big Lottery Funds to ensure sustainability of interventions and to make systematic changes to ensure they are embedded within existing provision, *Appendix 8*.

Please see *Appendix 4* for the Project Implementation Documents which are applicable for this cornerstone.

Appendices

Appendix 1 Blackpool Better Start – Our Pledge for the Children and Families of Blackpool

Blackpool Better Start Service Key Principles

Children, young people and their families will be **at the heart of everything we do**;

1. There will be **“no wrong door”** – equitable service will be accessed no matter which agency is first contacted
2. Service will be delivered in and through the **universal services** rather than through separate specialist services
3. We will **“hold the baton”** – the service will work with the family rather than just refer them on.
4. Relationships will be at the centre of our work – **relationships before tasks**
5. **“Services for people, not people for services”** – services will be flexible enough to meet need wherever and whenever children and families need them.
6. Services will be experienced as **“seamless”** by children and parents.
7. There will be a **single point of contact** - children and families will not be required to struggle through the maze of services, but will have a named individual contact.
8. There will be clear, **simple lines of accountability**.

Priorities

- Giving our babies the best start in relation to *Diet and Nutrition, Language and Communication* and *Social and Emotional Development*
- Tackling poor parental health and unhealthy gestation and birth
- Enabling our youngest children to enter school ready and able to learn and reach their full potential
- Safeguarding and protecting the most vulnerable children and families
- Tackling poor mental health and well-being along with other parental risk factors
- Delivering quality services through a committed, professional and motivated workforce.

Values

- We are **accountable** for delivering on the promises we make and take responsibility for our actions and the outcomes achieved.
- We will have the **courage** to communicate openly and honestly, challenging the status quo and using our independence and experience to lead change for children in all our activities
- We take pride in delivering **quality** services that are community focussed and based on listening carefully to what the families need.
- We will **respect** all children and seek to foster respect for them in others.
- We are **trustworthy** in all our dealings with children and families and will be honest and transparent about the decisions we make and the services we offer.
- We are **compassionate**, caring, hard working and committed to deliver the best services that we can with a positive and collaborative attitude.

Appendix 2 Cornerstones of Blackpool Better Start

1. Public Health

- *Reading Programmes*
- *Best Beginnings, Baby Buddy App*
- *Public Health Campaigns*
- *Speech and Language Programmes*
- *Family Card*
- *Green Space Development*
- *Engaging Families and Communities*
- *Volunteering Support*
- *Parent Led Activities*

3. Reframing and Systems Transformation

- *Reframing*
- *Workforce Development*
- *Early Years Training*
- *Leadership Investment*

2. Evidence Based Interventions

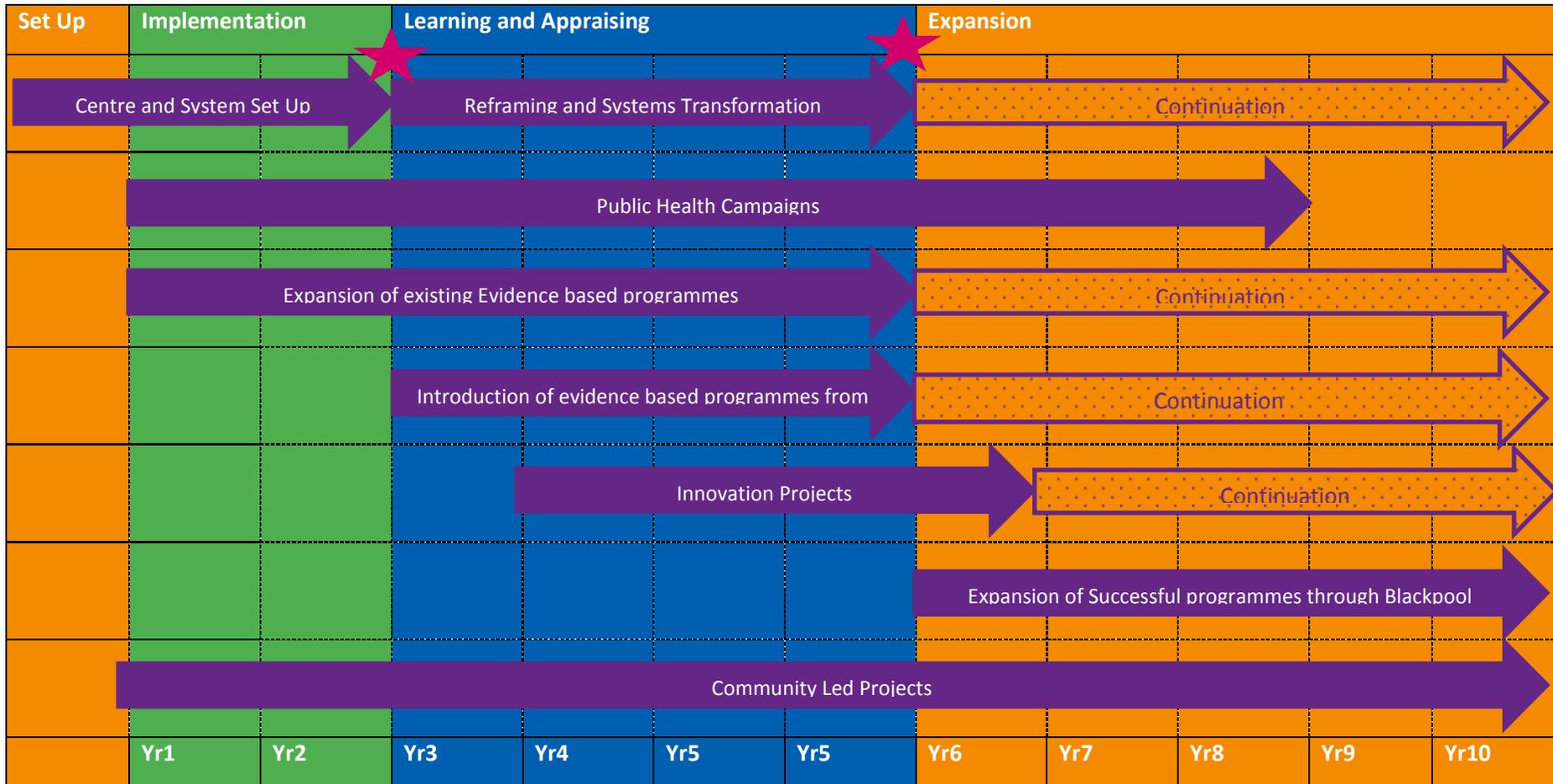
- *Family Nurse Partnership and Baby Steps*
- *Parenting Courses*
- *Green Space Development*
- *Safe Care, Parents Under Pressure, Video Interactive Guidance, Selective Licencing*
- *Step Up Domestic Abuse Project*
- *Alcohol Abuse in Pregnancy*
- *Pre Birth Risk Assessments*
- *Early Diet and Nutrition*
- *Living without Violence*

4. Centre for Early Child Development

- *SEND Early Years Expert*
- *Evaluation*
- *Communication and Marketing*
- *Bank of Blackpool*
- *ICT Development and Infrastructure*



Appendix 3 Timeline of Interventions



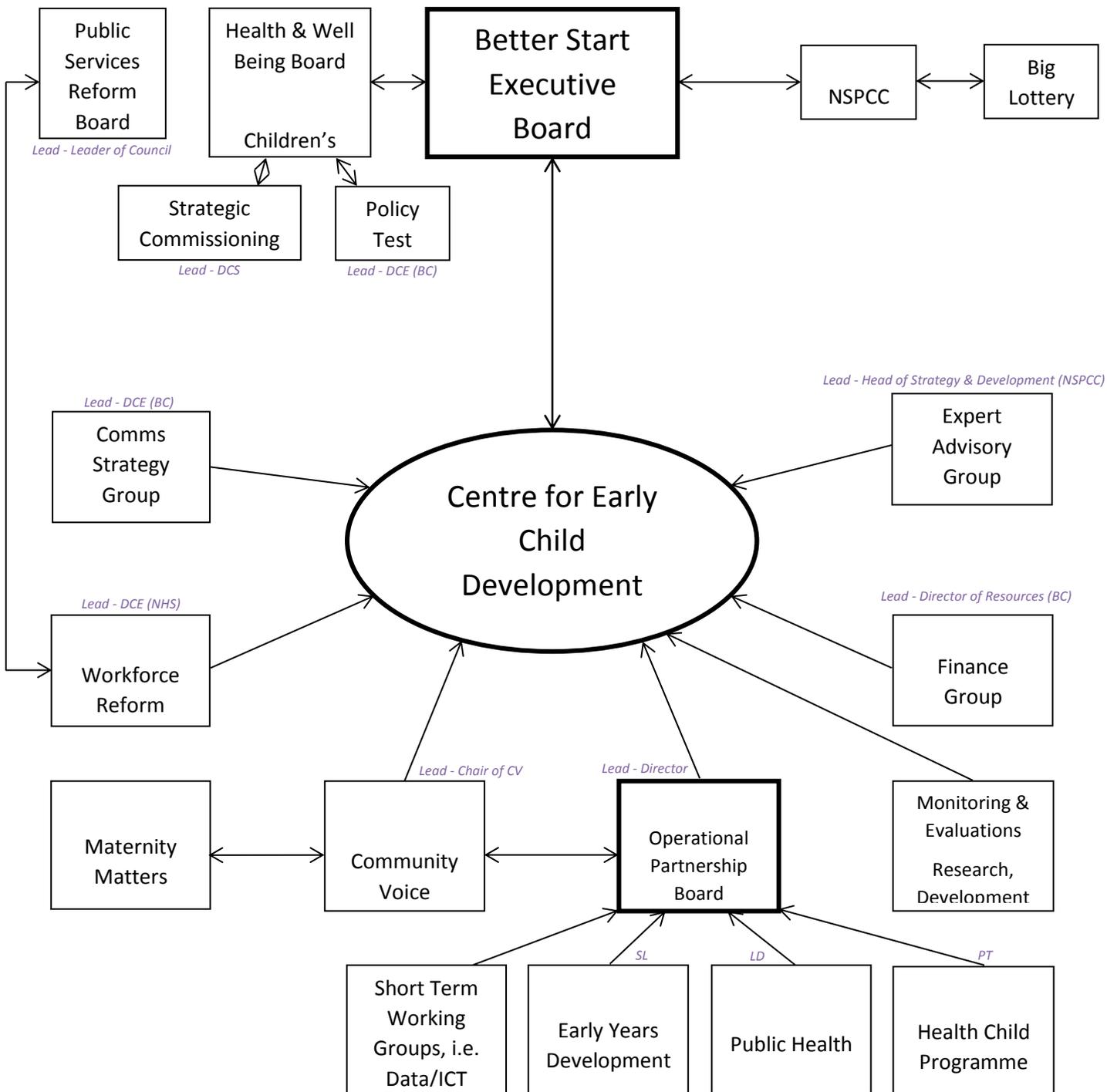
★ Portfolio review

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Appendix 4 Project Implementation Documents

1. PUBLIC HEALTH	Implementation Date	
Engagement of Dads	16/17	PID03.1
Parks and Open Space Development	September 2015	PID03.2
Children's Centres Engagement/Activity Budgets	July 2015	PID03.3
Activity Cards	October 2015	PID03.4
Outdoor Activities	September 2015	PID03.5
Family Card	February 2016	PID05
Volunteering	October 2015	PID08
Best Beginnings	16/17	PID09
Reading Programme	January 2016	PID10
Public Health Campaigns	March 2016	PID11
Adverse Childhood Experiences	16/17	PID11.1
Alcohol Abuse in Pregnancy	16/17	PID11.2
Speech and Language Therapy	March 2016	PID13
2. Evidence Based Intervention		
Diet and Nutrition	16/17	PID01
FNP Scale Up	July 2015	PID02
Universal Parenting Course	16/17	PID04
Baby Steps	September 2015	PID12
Selective Licencing	October 2015	PID14
Safe Care	April 2016	PID15
Parents Under Pressure	April 2016	PID16
Video Interaction Guidance	April 2016	PID17
Parent Infant Psychotherapy	16/17	PID18
Pre-Birth Risk Assessment	16/17	PID21
Survivor Mums	16/17	PID27
Step Up	October 2015	PID22
Early Learning with Families Project	16/17	PID23
3. Reframing and System Transformation		
Frameworks	May 2015	PID06
Early years Training	16/17	PID07
Family Engagement and Crisis Support	January 2016	PID25
4. Centre for Early Child Development		
Research Projects	16/17	PID19
Early Years Expert	October 2015	PID24
Launch and Conference	October 2015	PID26
Bank of Blackpool/Leverage Funds	16/17	PID28

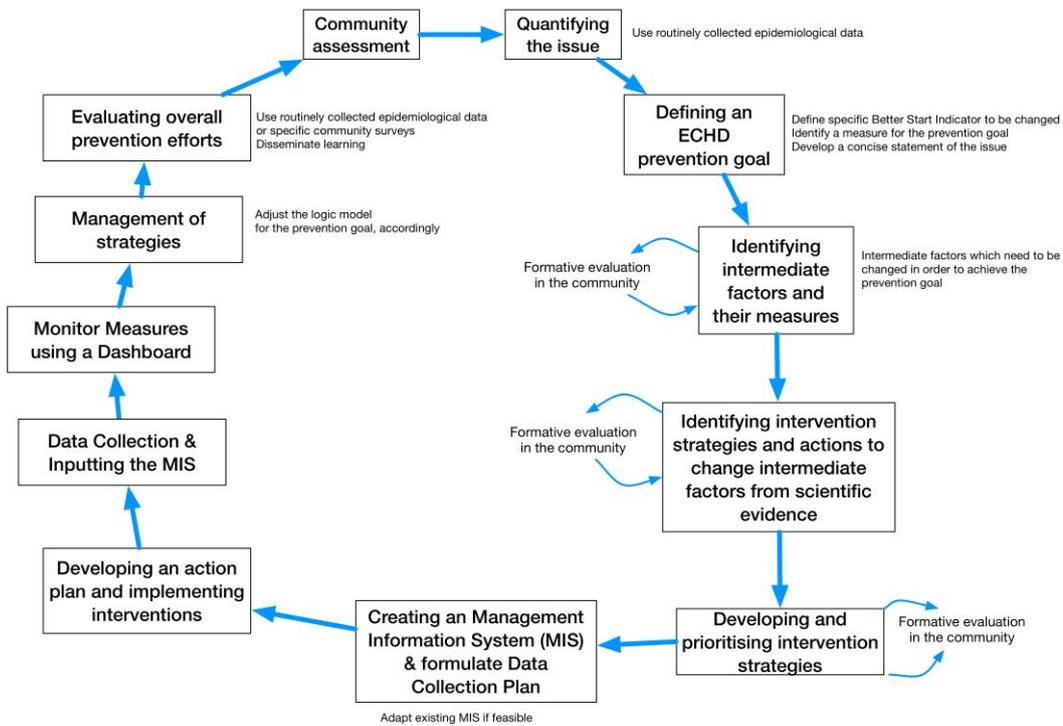
Appendix 5 Better Start Governance Structure



Appendix 6 Better Start Primary Indicators

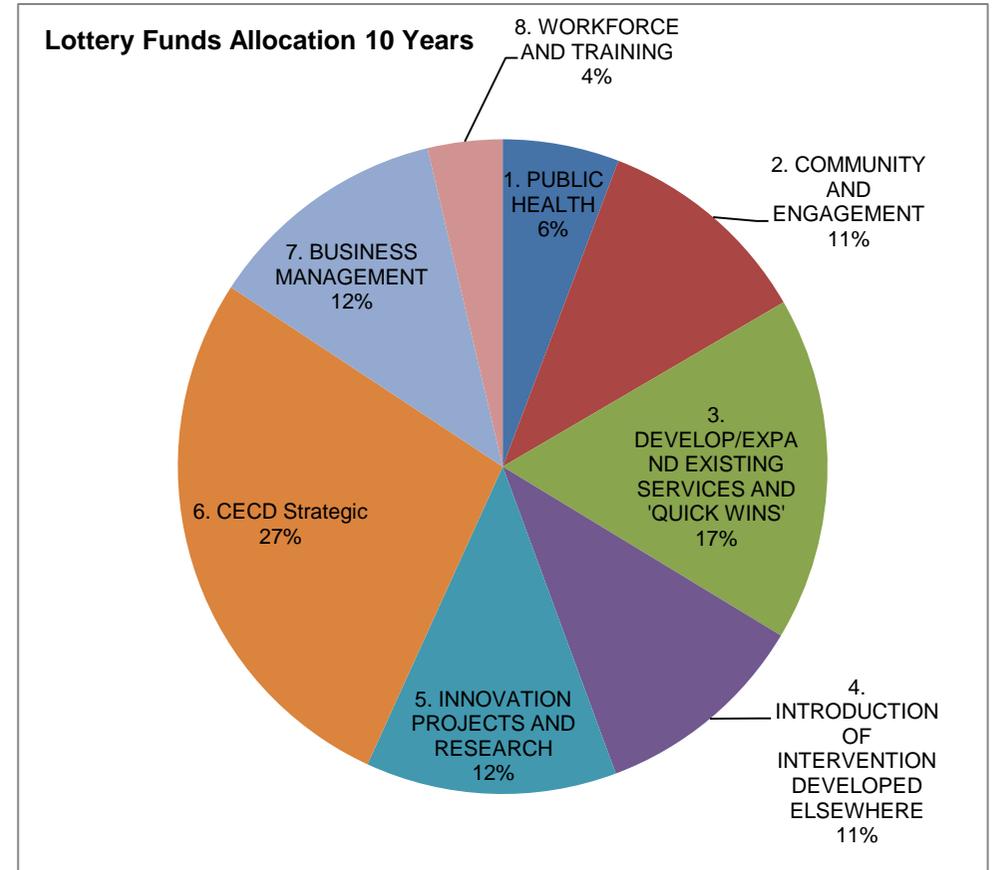
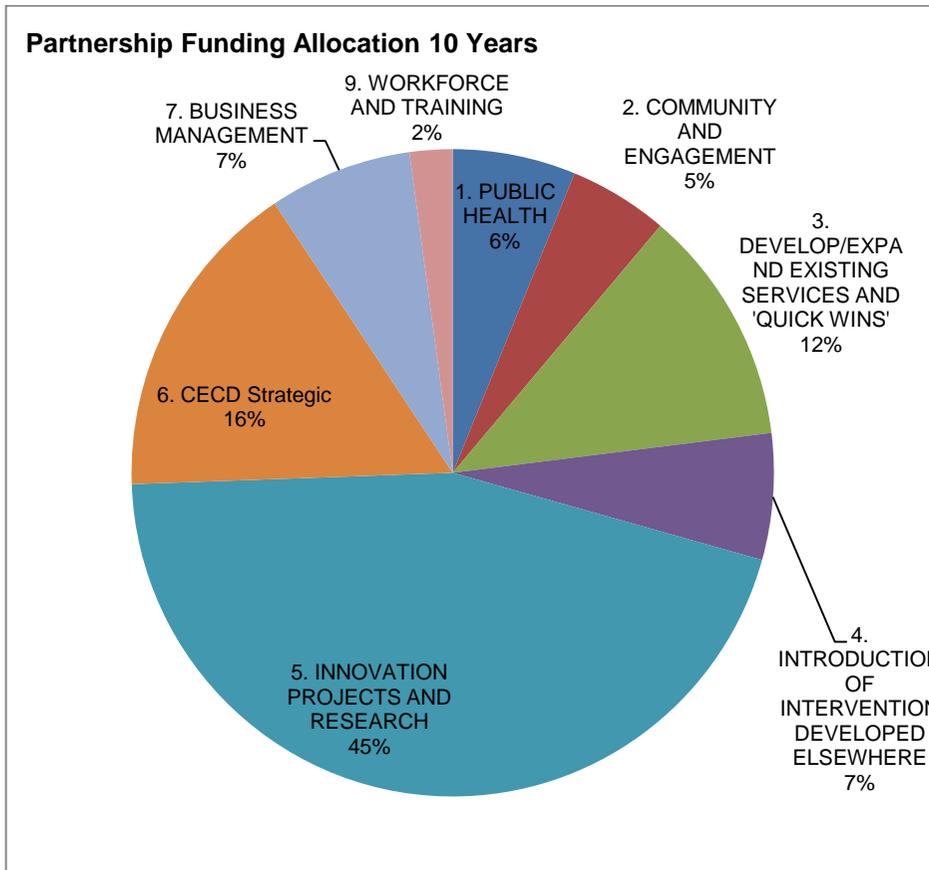
Key Developmental Outcome 1 – Healthy Gestation and Birth		
Diet and nutrition	Language and communication	Social and emotional development
<p>Primary Indicator: Smoking at time of delivery</p> <p>Secondary indicators:</p> <ul style="list-style-type: none"> Breastfeeding initiation Reduction in gestational diabetes Increase in vaccinations for pregnant women Increase in proportion of women who are a healthy weight (at booking in) Reduction in antenatal alcohol consumption Reduction in antenatal substance misuse Reduction in prematurity 	<p>Primary Indicator: Amended Prenatal Attachment Inventory</p> <p>Secondary indicators:</p> <ul style="list-style-type: none"> Depression antenatally screening- Whooley questions Depression antenatally- PHQ9 form Pregnancy anxiety in targeted interventions 	<p>Primary Indicator: Anxiety measure-GAD7</p> <p>Secondary indicators:</p> <ul style="list-style-type: none"> Depression antenatally screening- Whooley questions Depression antenatally- PHQ9 form Pregnancy anxiety in targeted interventions
Key Developmental Outcome 2 – Children are ready for School		
Diet and nutrition	Language and communication	Social and emotional development
<p>Primary Indicator: Oral health for 5 year olds</p> <p>Secondary indicators:</p> <ul style="list-style-type: none"> Mean number of teeth of 3 year olds which are decayed/missing/filled % of 3 year olds with early childhood caries Increase in child MMR vaccinations Reduction in child attendances at A&E Reduction in rates of child obesity Prevalence of child chronic health conditions Parental smoking in home environment 	<p>Primary Indicator: Language and communication scale from Ages and Stages Questionnaire (ASQ-3)</p> <p>Secondary indicators:</p> <ul style="list-style-type: none"> Tools for targeted populations, including: McArthur communicative development inventory and adaptations; Communication Trust Progress tools and checklist; Wellcomm speech and language toolkit. Measure of cognitive development for young children in care. 	<p>Primary Indicator: Ages and Stages Questionnaire- Social and Emotional development (ASQ-SE)</p> <p>Secondary indicators:</p> <ul style="list-style-type: none"> School readiness PHOF measure SDQ and BITSEA as child outcomes for targeted interventions Measures for parenting and parent-child relationships- (PSC and PCRI) Measures for social support, alcohol and drug use, parental mental ill health and domestic abuse

Appendix 7 Strategic Planning for Prevention Framework



Appendix 8 Financial Profile

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In Blackpool, we all have a role to play in ensuring that our children have high aspirations and reach their potential.

In the early years, children's experiences have a major impact on their development and future outcomes. So by ensuring they have the best possible start in life, we enable them to maximise their achievements, which in turn builds a stronger Blackpool for us all.

That is why the work of Blackpool Better Start, a partnership led by the NSPCC, made up of the Blackpool community including parents, Police, Local Authority, the Hospital Trust, Clinical Commissioning Group, Public Health and the Voluntary Sector, is so important to our town.

Better Start is funded by The Big Lottery and partners to deliver lasting change so that Blackpool will be a place in which families raise happy, healthy children who grow up to take pride in belonging to, and giving back to, the community.

Better Start will improve services for 0-3 year olds and their families and every new baby in Blackpool will enjoy the early care and nurture they need for healthy development and to be ready for school.

Initially we are focussing our work in the seven wards where the local community faces the greatest challenges: Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot and Victoria. Linked Children's Centres are Claremont, Grange Park, Mereside, Revoe, St Cuthbert's, Talbot & Brunswick and Thames.

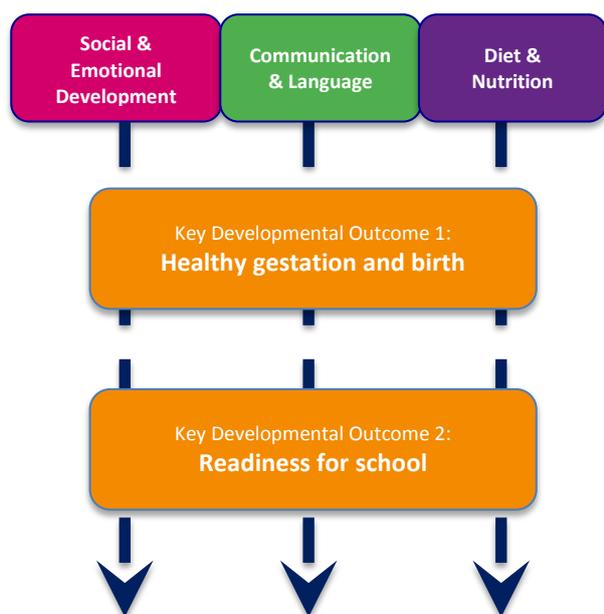
If we think of the developing brain as a construction project, Better Start's ambition is to give every new baby born in Blackpool a better start at a time when their brains are developing rapidly. Building healthy brains is the key to future success

One of the things that we know supports positive brain development is the back-and-forth interaction between the baby and their caregiver, known as 'Serve and Return' interactions. This crucial aspect of development helps to build strong foundations for brains, forming a good basis for a child's future and enabling them to cope better with life's challenges.

We will ensure that high quality support is available to our communities by delivering appropriate services and evidence based interventions, including those which promote the 'serve and return' that our children so richly deserve and that will enable our families to thrive.

Within 10 years the partnership is determined to change outcomes for our youngest children and their families which will create a generational change for our town and our people.

A Developmental Strategy



Our developmental strategy focuses on two key milestones for families: Healthy Gestation and Birth and School Readiness. These will achieve long lasting positive outcomes for all our babies and children and form strong foundations for when they are parents themselves.

We have “effectiveness factors” that we know will work, for example Family Nurse Partnership provides home visits from specially trained nurses to all mums under the age of 20, throughout their pregnancy until their child is two. This high quality support helps young mums to bond with their baby, strengthening the foundations in the baby’s developing brain and increases the chance of positive outcomes for the child. We will also enhance Breast Feeding Support to new mums to initiate and maintain breast feeding; giving babies the best possible nutritional start. Breast feeding also provides a great opportunity to build the baby’s brain through ‘serve and return’ – as the baby ‘serves’ by babbling or gesturing, the mum speaks and engages with the baby to ‘return’. Research shows that this ‘serve and return’ approach builds strong links in a baby’s developing brain that has a lasting effect on development and learning.

Delivering these services and others within our town enables families and communities to thrive. We know how to create programmes that support children’s healthy brain development and we can improve outcomes for our youngest children, their families and for our town.

Running though these two outcomes are the overarching goals of focused support in diet and nutrition, language and communication, social and emotional development

To ensure this happens in all levels of the community, we are **actively engaged** in monitoring how ‘things are done’ and how they could be done better in Blackpool. The parents’ group Community Voice ensures representations at all levels of the decision-making process. Part of the long term goal of Better Start is to **transfer power** from the statutory services to the community to ensure **sustainability and to build capacity** within Blackpool communities. A **Systems leadership** approach is being developed starting with middle managers as well as members of the Executive to ensure a **dynamic** change programme is supported throughout organisations.

As part of the overall **regeneration of the town**, Better Start is linked into some of the other key initiatives which will help us to reinstate **pride** within the town and regenerate the town

back to a stable, healthy and vibrant community. All of the initiatives and work undertaken to transform services for 0-3's will be viewed within the wider vision of the transformation of Blackpool.

As part of this vision Better Start will **invest in the town** ensuring, wherever possible, that local suppliers and services are used. We will invest in **growing our own workforce**, including the wealth of volunteers and apprentices who are ready and able to support the work with families in the town. Better Start is **everyone's** responsibility within a community and **everyone** will have an awareness of the best way to raise children.

Our **strategic programme of action** is based around **four cornerstones**.



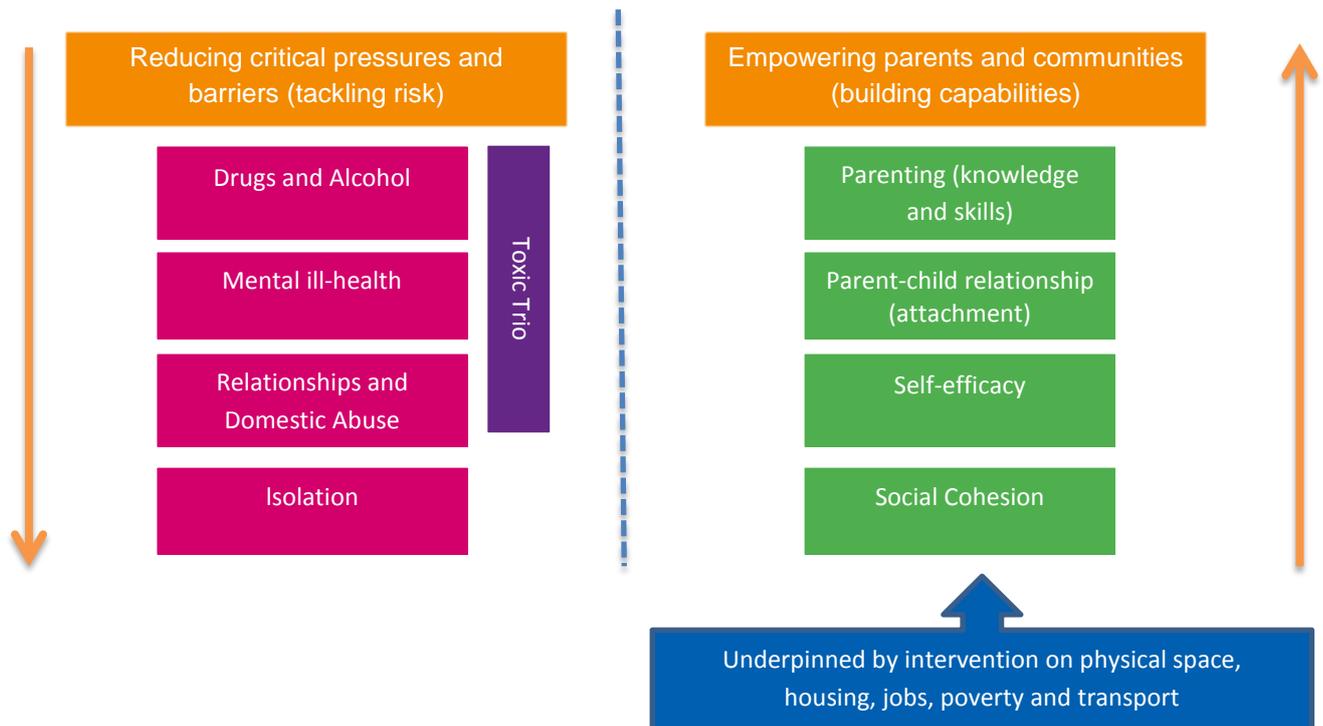
1. Public Health Approach

We are **grounded** in a public health approach, changing the 'norms' across the population by shifting the 'curve' ensuring all new parents have access to a suite of universal health promotion resources.

Together we intend to influence the behaviour of communities around key factors which cause poorer outcomes for children, by building a sense of collective responsibility for our children's well being.

This will be done through universal campaigns and targeted interventions such as a specialist programmes to support dads. We will use our **framework for focused action to reduce barriers and critical pressures** impacting on families and **empower parents and communities** to enable them to address these issues themselves.

Framework for Focused Action



The Blackpool Centre for Early Child Development will work with international experts to help Better Start identify how local expertise can be built upon and enhanced to reduce harmful behaviour

2. Evidence Based Interventions

We will introduce a tiered model of provision of evidence and science based interventions spanning all levels of need for children on their journey through the **Healthy Child Programme** giving support to all parents at the earliest opportunity.

These programmes will all fit with our **framework for focused action** and **developmental approach** they will be tailored according to our local needs and be regularly reviewed by communities and professionals for impact and outcomes.

We will have a staged approach to implementation, firstly we will expand our existing evidence based services and underpinning this will be the extension of the successful Family Nurse Partnership for all parents under 20 in our Better Start wards, and Baby Steps for all other expectant parents.

We will then introduce interventions successfully developed elsewhere for example; programmes to support parents with additional needs and provide pathways to support for parents who have or are experiencing substance misuse, trauma, and mental ill health.

Finally we will look at innovation and research projects, we will develop new interventions designed to address critical gaps in current support such as our work on domestic abuse in pregnancy and infancy and alcohol abuse in pregnancy.

3. Reframing and System Transformation

A key cornerstone of Better Start is systems reform, we will champion change at all levels and ensure there is a shared vision of Better Start. We recognise the importance of **early intervention** and investing in the early years. We are **passionate** about the need to change to impact on the outcomes for some of our most vulnerable children and families and we will **challenge** where and when necessary to ensure this change happens.

Working with the FrameWorks Institute (Washington DC) we will introduce a **shared language** for the community and professionals to talk about early child development, our **Core Story**, which will help our families understand this crucial stage of development.

System Transformation



We will ensure that all the early years workforce **communicate** this vision to service users and the wider community ensuring that **everyone** in Blackpool has a **shared understanding** of Better Start and early child development.

As a community we will break down professional boundaries and build a culture of **trust** and **confidence**. We will identify what communities **need** over the next 10-20 years and work with partners to ensure the Early Years workforce have the **skills and training** to deliver these in our community.

We will make services more **accessible** so that we have services for people not people for services.

4. Centre for Early Child Development

The Blackpool Centre for Early Child Development will have a critical role in driving Better Start it will provide leadership and strategic direction and will ensure that all partners are **actively engaged** in the delivery and **co production** of services.

The centre will keep the **aspiration** of Better Start and **community** at the heart of its work and ensure the **pace** of change is consistent to meet the **change** required.

The centre will build local capacity and expertise by creating a virtual network of national and international experts and keeping research and evaluation at the heart of what it does, the centre will become internationally recognised and a renowned source of expertise and innovation in services and system from pregnancy to three.

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Report to:	RESILENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Deputy Director of People
Date of Meeting	12 May 2016

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

- 1.1 To inform the Committee of the work undertaken by Adult Services on a day to day basis in order to allow effective scrutiny of services.

2.0 Recommendation:

- 2.1 To consider the contents of the report and identify any further information and action required, where relevant.

3.0 Reasons for recommendation:

- 3.1 To ensure services are effectively scrutinised.

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

4.0 Council Priority:

- 4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience'.

5.0 Background Information

5.1 Adult Social Care

The Ombudsman investigates complaints about 'maladministration' and 'service failure'

5.2 Regulated Services

5.3 **Care Quality Commission (CQC) Residential Care Inspection Outcomes update.**

To date, 52 Residential Care and Nursing Homes have been inspected under new methodology, 22 remain for the CQC to inspect.

19/04/2016	Blackpool	Blackpool	National	National
	Residential	Residential	All	All
	Number	%	Number	%
Outstanding	1	1.89%	21	1.57%
Good	43	81.13%	796	59.54%
Requires Improvement	7	13.21%	309	23.11%
Inadequate	1	1.89%	83	6.21%

5.4 Outstanding Care Home – Links Lodge – Key Strengths

Links Lodge
16 Links Road
Blackpool
Lancashire
FY1 2RU

The home is registered to accommodate up to 10 adults, with a learning disability who require assistance with personal care. The home specialises in supporting people with learning disabilities who are living with dementia.

5.5 **CQC Judgment**

Overall	Outstanding
Safe	Good
Effective	Outstanding
Caring	Outstanding
Responsive	Outstanding
Well-led	Outstanding

Feedback was positive throughout.

5.6 The inadequate home is currently suspended to new placements whilst improvement work is undertaken. The provider is working to an action plan, and is receiving support from the Contracts Team to make improvements.

5.7 Five Care/Nursing Homes are currently subject to a regime of enhanced monitoring. One of these homes is currently rated as 'Requires Improvement'; the remainder are rated as 'Good'. These providers are each working to an action plan, and are receiving support from the Contracts Team to make improvements.

Since the last report we have ceased contracting with two small residential homes

because they were unable to maintain consistent levels of quality of service.

5.8 The Council utilises one Residential Care home that is struggling to meet quality expectations. The home is currently under enhanced monitoring and consideration will be given to suspending this home.

5.9 **CQC Care at Home Inspection Outcomes update.**

To date, seven Care at Home agencies have been inspected under the new methodology. There are 10 left for the CQC to inspect.

19/04/2016	Blackpool	Blackpool	National	National
	Care at Home	Care at Home	All	All
	Number	%	Number	%
Outstanding	0	0.00%	21	1.57%
Good	6	85.71%	796	59.54%
Requires Improvement	1	14.29%	309	23.11%
Inadequate	0	0.00%	83	6.21%
	7	100.00%	1209	90.43%

5.10 Blackpool has a higher percentage than the national average at 'Good', and a lower percentage than the national average at 'Requires Improvement' and 'Inadequate'. The Contracts and Commissioning team continue to work very closely with CQC where there are identified issues and work hand in hand to support improvements which benefit vulnerable service users wherever possible.

5.11 Since the last report, two Care at Home agencies have been suspended to new packages of care. One of these agencies has been rated as 'Requires Improvement' by the CQC and the other is rated 'Good' but has an acute staffing shortage.

5.12 These providers are each working to an action plan, and are receiving support from the Contracts Team to make improvements.

5.13 The Council is investigating quality concerns with one of our Care at Home providers with a view to taking action should the extent and causes of underperformance warrant this once the risks are assessed.

5.14 **Healthwatch**

The AGM has taken place in March, the new board has been appointed and inducted and the new Manager of Healthwatch has been appointed and commenced the post on 18 April 2016. A community consultation is underway for reviews and consultations to be delivered in 2016/17 and will inform the board in agreeing the Healthwatch work plan. The Contracts and commissioning team are revising the key performance indicators for the scheme in partnership with Healthwatch. This is from

the perspective of refining the focus on key strategic outcomes, quality assurance of the work and projects being undertaken and developing a robust evidence base in respect of the impact that Healthwatch actually makes in Blackpool.

5.15 Respite Services

The respite pilot is underway. The Contracts and Commissioning Team has worked proactively with Adult Social care to respond to and address concerns raised by carers following the closure of Hoyle@Mansfield to ensure they are fully supported to access the most appropriate alternative provision that best meets their needs. In addition Contracts and Commissioning are currently exploring ways to utilise carers' experiences and perspective to influence the contract monitoring process.

Respite pilot data as of 27 April 2016				
Provider	Client Group(s)	Notable points	No of registered places	Vacancies as at 27.04.16
Coopers Way Respite Service	Learning Disability with complex health needs and general needs	5 referrals <ul style="list-style-type: none"> 3 fully transitioned and bookings made 1 in transition 1 referral approved 	5	0
Hollins Bank Care Home	Older People, Physical Disability	6 referrals <ul style="list-style-type: none"> 5 have block booked respite Bookings in place up until Christmas. Currently no bookings in August 1 is no longer accessing respite from the decision – family decision 2 enquiries received 	44	0
Elmsdene Care Home	Dementia	5 referrals <ul style="list-style-type: none"> 2 cancellations 1 booking for April 16 1 booking for June 16 1 awaiting assessment No further enquires received 	33	4
Other respite provision being accessed by services users who had previously used Hoyle@Mansfield				
Provider	Client Group(s)	Notable points	No of registered places	Vacancies as at 27.04.16
Belgravia	Older People, Physical Disabilities, Mental Health, Learning Disability, Under and Over 65s	2 bookings	15	1
Princess Alexandra Care Home for the Blind	Older People, Mental Health, Dementia, Physical Disabilities	2 bookings	40	2

	Sensory, Stroke			
Amber Banks	Older People, Mental Health, Dementia, Physical Disabilities	1 booking	46	15
Haddon Court	Dementia	1 booking	33	5
Langdales Care Home	Older People	1 booking	24	4
Rosehaven Care Home	Older People	1 booking	24	1
Highcroft Care Home	Older People Mental Health	1 booking	31	1
Napier Lodge Care Home	Dementia Mental Health, Older People, Physical Disabilities Younger Adults	1 booking	15	0

5.16 Care At Home – Healthwatch Domiciliary Care Report Response

Healthwatch Blackpool has published a report on the findings from the Domiciliary Care consultation carried out with service users in Blackpool. A report detailing the Council response to the report has been prepared and submitted separately for scrutiny.

5.17 Care And Support – Adult Provider Services – CQC Regulatory Activity:

The Council’s Coopers Way Respite Service for adults with a learning disability was inspected by the Care Quality Commission (CQC) on the 14 March 2016.

The Inspector engaged with family members of eight people who used the service, they told inspectors that their relatives were well supported, safe and treated with dignity and respect when they stayed at Coopers Way. One person said ***“They are a brilliant service, we couldn’t survive without them. I find the staff polite and accommodating”***. Another person said ***“[Relative] loves staying at Coopers Way, they get on really well with the staff. We would know if they were unhappy”***.

The outcome and overall rating for the service is **GOOD** in all five areas:

5.18 Is the Service Safe:

- The service was safe
- The service had procedures in place to protect people from abuse and unsafe care
- Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

5.19 Is the Service Effective:

- The service was effective
- People were supported by staff who were sufficiently skilled and experienced to support them
- People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs
- The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard DoLS). They had knowledge of the process to follow.

5.20 Is the Service Caring:

- The service was caring
- People were able to make decisions for themselves and be involved in planning their own care
- Observations of people being supported by caring and attentive staff who showed patience and compassion to the people in their care
- Staff understanding their daily duties were observed respecting people's privacy and dignity

5.21 Is the Service Responsive:

- The service is responsive
- People participated in a range of activities which kept them entertained
- People's care plans had been developed with them to identify what support they required and how they would like this to be provided
- The relatives of people told the inspector they knew their comments and complaints would be listened to and acted on

5.22 Is the Service Well-Led:

- The service is well-led
- Systems and procedures were in place to monitor and assess the quality of service people received
- The registered provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care

A range of audits were in place to monitor the health, safety and welfare of people who used the service. Quality assurance was checked upon and action was taken to make improvements, where applicable.

5.23 Intermediate Care

Staff from Blackpool Council and Blackpool Teaching Hospitals Trust are now working together to deliver the new model of residential and community Intermediate Care in Blackpool in partnership with key existing teams at the Hospital and in the Community. The CQC has reviewed the planned arrangements and granted

registration for further regulated activities at the site which facilitate the enhanced clinical support to be delivered. The Council is working with the existing staff team at the Assessment and Rehabilitation Centre, a team who has joined the Trust from Spiral and new staff as they come on board to build on the excellent outcomes which have been achieved in Intermediate Care to date deliver real change and independence for more people who, with intensive therapy led support are able to live independently at home.

6.0 List of Appendices:

6.1 None.

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Equalities considerations:

9.1 None.

10.0 Financial considerations:

10.1 None.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Deputy Director of People
Date of Meeting	12 May 2016

HEALTHWATCH - DOMICILIARY CARE PUBLICATION RESPONSE

1.0 Purpose of the report:

1.1 To receive the response to the report recently published by Blackpool Healthwatch into Domiciliary Care services in Blackpool.

2.0 Recommendation(s):

2.1 To note the findings from the report and endorse the action plan for implementation.

3.0 Reasons for recommendation(s):

3.1 This report has been brought to the Scrutiny committee to raise awareness of the Healthwatch consultation into domiciliary care services across Blackpool and to secure endorsement for the proposed response to the findings of the Healthwatch 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? Yes

4.0 Council Priority:

4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience.'

5.0 Background Information

5.1 Blackpool Healthwatch is the independent consumer champion for Health and Social Care services across Blackpool. As part of their work plan in 2015/16 a consultation

with people receiving Adults Domiciliary Care services was carried out. The report of findings has been published and the commissioning team response has been formulated and laid out in the appendices.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 9(a), Healthwatch Publication on Domiciliary Care

Appendix 9(b), Blackpool Council Response to Healthwatch Publication

6.0 Legal considerations:

None

7.0 Human Resources considerations:

None

8.0 Equalities considerations:

None

9.0 Financial considerations:

None

10.0 Risk management considerations:

None

11.0 Ethical considerations:

None

12.0 Internal/ External Consultation undertaken:

None

13.0 Background papers:

None

Healthwatch Blackpool

Domiciliary Care Report

December 2015

www.healthwatchblackpool.co.uk



Introduction

Healthwatch Blackpool is an independent consumer champion of health and social care services across Blackpool. Our aim is to represent the voices and experiences of those using services, to take these to the commissioners and service providers to improve the way they operate. We believe that the best way to improve service is by listening to those using them.

We held a public consultation in April 2015 asking which areas of health and social care were a concern and needed looking into. We then collated these responses and prioritised those which most people were concerned about. During our consultation, home/domiciliary care was highlighted by many as needing an independent review.

Further to this response domiciliary care has been in the national spotlight in 2015 following reports of care agencies not allocating the full amount of time to their service users, and care workers having to care for many people in short spaces of time.

Following the national news coverage of domiciliary care, along with the response we had from the public we felt that we should look further into domiciliary care.

Our aim:

To identify the current standard of domiciliary care in Blackpool, to discover what people who receive home care think of the service they get, and what - if any - areas need improvement.

Our approach:

We developed a survey with a set of questions which asked people about all aspects of their home care. We included the question of which service provider they use, with an option of preferring not to say. We wanted to know about people's choices, if they were in control of when services

were provided to them. Questions were also asked about the consistency, capability, presentation and attitudes of the care workers, as well as if they arrived on time and stayed for the full duration of the visit they were meant to.

One of our ultimate aims was to discover if the service met the needs of that person, and if not, why not. All of the questions we asked came with the option of adding further comments, and there was a section at the end of the survey to highlight any issues we did not ask about.

We wanted to reach as many people in receipt of domiciliary care as possible. We approached individual care providers, as well Blackpool Council who together were able to send out over 750 surveys to people's home complete with a prepaid envelope for returning to us. We also held focus sessions at Warren Manor and worked with Age UK and the Carer's Trust who were able to assist us further by placing surveys and prepaid envelopes in their outreach centres. We felt this would be the most appropriate way of getting the views directly from the people receiving care, allowing them to complete the survey in their own time at home and making it as easy as possible to send it back to us.

Disclaimer

*Please note that this report relates to views collected over the specific dates 1st November - 7th December 2015. Our report is not a representative portrayal of the experience of all members of the community just the **98** who completed our survey and returned it to us.*

Due to the nature of sending our survey to people's homes and having them returned to us we cannot guarantee that all questionnaires were completed without coercion and give a true representation of domiciliary care across Blackpool.

Healthwatch Blackpool - Domiciliary Care

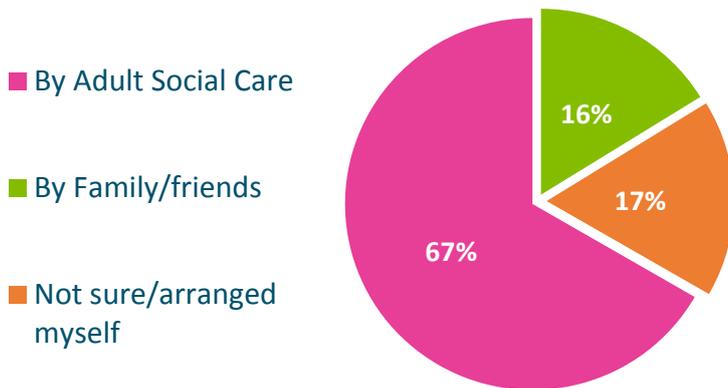
Care Agencies that took part in our survey:



Domiciliary Care Survey

In order to establish the way in which care is arranged for people across Blackpool, we first asked who arranged the care, how was it paid for and in their opinion whether the times agreed were best for the person receiving the care.

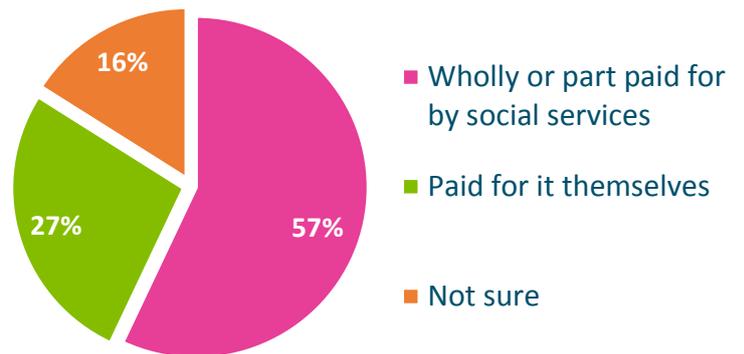
How was your care arranged?



The majority of care is arranged by the local authority, whilst the input of family arrangement is relatively low. Even lower however was the number of people who arranged care for themselves, or were unaware of how it was arranged on their behalf.

In almost consistent numbers with the arrangement of care, the majority of care is also funded by the local authority. However, here there is a clearer picture of how many people pay for their own care. Just under a third of people pay for their own care entirely, with others contributing in part with the local authority.

Who pays for your care?



82% of our respondents had agreed a time with the care agency which suited them.



10% didn't get a choice but were told when their carers were coming.

7% either weren't sure or never knew when carers were attending.



"Times were agreed but not always kept. On weekends it falls apart."

"We have agreed times but carers generally not adhered to very well"

The Carers

Do the same carers visit you every time?

- ❖ 16% always receive visits from the same carers
- ❖ 74% mostly receive the same carers, with the odd change
- ❖ No one said they have different carers each time.

“Carers who know me always attend, if a carer leaves I always know who will take over etc.”

“Through the week yes, at weekends it varies”

“It's better if the same carer can come on a regular basis, as a bond between a carer and patient is a good thing and they learn a lot about each other.”

Do your carers explain what they are there to do?

84% of the people who completed our survey said that carers *always* or *nearly always* explained why they were there and what they were there to do.



Do they record (in a booklet or document) what they have done for you?

92% of the people who completed our survey said that carers always recorded “what they had done”, though it was not clear if this information was always readily available for the service user to see for themselves.



Appearance



76% of the people who completed our survey said that carers always wore their name badge.

“I believe they should wear their badges, they are in uniform which enables me to identify them.”

Do your carers stay for the full amount of time?



- 41% said: Always
- 40% said: Mostly
- 3% said: That they never stay their full amount of time.

“1.5hrs early one day [with a] 15-20 minute stay”

“Never 30 minutes, more 20 and they are always in a rush.”

“Morning and bedtime calls are usually 20-30 minutes maximum, however lunch and tea are too short - usually 10 minutes maximum. It would be beneficial if carers could chat to my mum for 5-10 minutes as this helps her and allows carers to assess her wellbeing etc.”

Whilst there appeared to be a varied range of responses around carers and times, we found that when we opened up questions for wider responses, many felt able to elaborate on their individual situation, giving us insight into the gaps they felt existed in their service provision:

“It concerns me, I live with my mother and am aware of everything. I would be extremely worried if I wasn't around.”

“Carers seem stressed by their workloads. I am happy to wait but can be unfair on them.”

“Unless they have attended before they do not know what has to be done.”

“They are a caring service that looks after me.”

“I have been with [my agency] for 14 months, bit apprehensive in the beginning then I got to know my main carers and looked forward to them coming. But things have changed and now [I am] not getting my regular main carers, since the company has expanded. After 14 months I now feel neglected.”

“There is a thing called continuity, which I do not feel my husband is getting. One time I spoke to a member of the CQC about another subject and even he said I should fight for continuity because it is beneficial to [my husband's] illness.”



“I just have a bath two mornings each week. Also dress and shave. They are all very kind. I attend Highfield Day Care Centre three days each week - excellent”

“My husband's carers don't tell me [his wife] why they are there, or speak to me. It would be nice to be updated as to my husband's welfare by them.”

“When my aunt was an emergency admission to hospital it became clear that she required domiciliary care. Social services in Blackpool (Holly) set up everything for us from Vitaline to KeySafe etc. I am now trying to negotiate some more hours so that they can do some general housework based on my aunt's age and needs.”



“We are very peeved that because we pay for care in full....direct to the council there is no refund when carers do not turn up. Extra hours can't be worked as we only have an allotted time slot/number of hours.”



“There are odd staff that are poor. My main concern is the timekeeping. It sometimes gets to half-an-hour to an hour late, which is worrying. This is not all the carers, just one or two who are no good at all.”

“Some of the new staff, I feel, need a little more training.”

Does the service meet your needs?

- 87% agreed that the service they were with met their needs
- 6% were unhappy with their service provider
- 7% were unsure

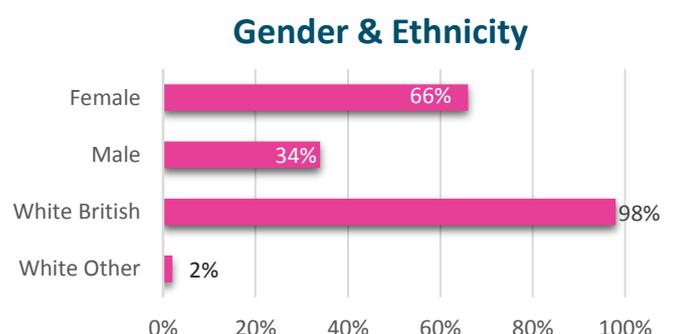
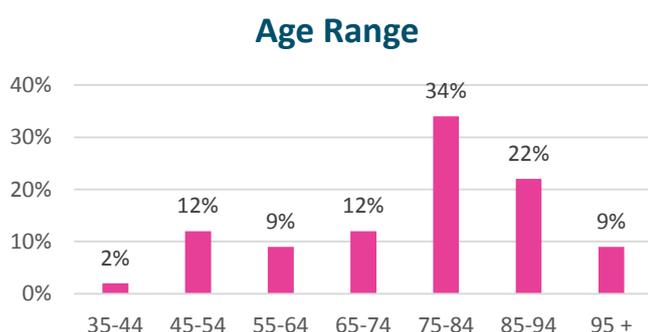
Summary of Findings

- Over 80% of respondents said that they were happy with their care agency
- 87% of respondents were happy with the level of care that they were receiving
- 1 in 10 respondents said that they feel they have no say/choice when carers attend
- Some family carers felt that the care staff did not engage them
- 1 in 10 respondents said that they were unsure what to do or who to contact if their carer was late or didn't attend
- Respondents told us that only 76% of carers wore their name/ID badges
- Less than half of carers consistently stay their allotted time
- Service users who pay the council reported not receiving refunds for care that goes undelivered

Recommendations

- Families and friends should have more involvement with the person receiving care when appropriate. Opportunities to do so would ensure that confidence is maintained in the service the companies provide. Families can be well placed to identify additional elements of care or areas which they may be able to provide support themselves.
- People receiving the care and their families should be given clear and understandable contact details or knowledge of who to contact if their carer is late or doesn't show.
- Timekeeping, there must be changes to:
 - Avoid motives to not deliver the full amount of time allocated to an individual. (Such as leaving early to get ahead to attend other appointments).
- Emergencies and further support needs on the day are unlikely to be known ahead of time, where possible identify service users whose appointments are likely to overrun and account for these and their impact on other service users.
- Encourage service user and friends and family feedback where possible to determine good practice and areas of improvement for individual's care.

Demographics



Council Response to the Healthwatch Report into Domiciliary Care Services

1. Introduction:

Blackpool Healthwatch is the independent consumer champion for Health and Social Care services across Blackpool. As part of their work plan in 2015/16 a consultation with people receiving Adult Domiciliary Care services was carried out. The report of findings has been published and the Commissioning Team response to this report is laid out below.

2. Scope of the Consultation:

It represents findings from two cohorts; views of those who receive care organised and/or paid for by The Council, as well as those who arrange their own Domiciliary Care. Therefore the report's findings relate to a wider group of providers than those on the Blackpool Framework. Under the Care Act 2014 the Council has responsibilities that relate to those people who arrange and pay for their own care therefore their views are taken account of here also.

The total number of service users receiving care at home support arranged by Blackpool Council is 1,118 (based on Framework I figures on 12 April 2016). The report is based on the views of 98 respondents. This is the equivalent of 8.5% of the Blackpool Council pool of Care at Home service users, although this does not include private service users, the size of this group is unknown.

3. Summary Of findings:

3.1. Meeting Overall Needs:

One of the ultimate aims of the consultation was to identify how well "care" needs are being met. A welcome finding from the consultation overall is the high proportion of respondents that said the care provided was meeting their needs; 87%. This is supported through the other findings in the report as referred to below.

3.2. How Care Was Arranged And Paid For:

Blackpool Council Adults Social Care plays a large part in arranging the Domiciliary Care for residents in Blackpool. Figures in the Healthwatch report identify the majority of packages (at least 67%) are assessed and organised by the council. At least 57% of packages are known to be wholly or partially paid for by the Council. It is possible that of the remaining 33% this will include some respondents who are paying a Council subsidised contribution. All residents are entitled to an assessment of their needs by the Council. For those who have eligible needs, care may be commissioned on their behalf and/or support to access alternative resources that may be available across the community. **Linking into the council plan Priority 2 Communities:- Creating stronger communities and increasing resilience.** This includes exploring the various resources available to the person, such as support from family friends and the wider community, voluntary and charitable services including informal support networks, benevolent and grant funds, community activities and private sector services. For those who fall outside the eligibility criteria the Council will offer advice and support to access non-commissioned community services described above.

3.3 Times:

The Council is pleased to note that the report provides evidence that the majority of carers turn up on time or mostly on time, with 84% of respondents stating this. In addition, the report provides evidence that a high proportion of respondents (82%) said the time agreed with the care agency suited them. Of the respondents, 84% said that carers stayed always or mostly the full amount of time and 90% of respondents are clear what to do and who to contact where they have a problem with late or missed visits. It is reassuring to know, as this is an area the Council is developing with Care at Home providers and field workers ensuring each service user receiving a commissioned care package receives a detailed individual care plan which describes their scheduled care arrangements and includes contact details for people involved in delivering their support. For the majority of packages the care plan specifies a window of time during which the commissioned care will be delivered, and in a smaller number of cases where there is a particular need, (for example around timing of medication), a more specific time will be included.

The Council's contract monitoring processes has identified that missed visits and late visits are an area for improvement.

3.4 Telephone Contact:

A very high proportion of the respondents (90%) have been treated with respect when contacting the agency by telephone, or never had to contact them. This is strong and pleasing evidence that people receiving care are being treated with dignity and respect by provider staff.

3.5 The Carers:

The Council is pleased to recognise very high levels of consistency, 90% of the respondents always or mostly receive support from the same carers and no respondents had different carers every visit. It is also evident that carers knew what was expected of them and are clearly communicating this to service users, and recorded what they had done. This is a very positive finding and one that the Council has focused on ensuring through its contract monitoring processes.

3.6 Qualitative feedback:

There are a number of areas that individuals have raised in addition to the areas they were directly questioned about. These highlight some key considerations that will be addressed through the ongoing programme of contracts reviews with the Council's "Care at Home" providers.

3.7 Areas to be improved:

Based on the content of the Healthwatch report into Domiciliary Care it is clear there are overall high levels of satisfaction from those consulted. In addition, a number of areas have been identified by respondents where they feel improvements can be made. These concerns will be fed into contract monitoring of the Council's "Care at Home" framework providers to supplement the commissioning team's evidence and understanding of issues affecting service

users, and to drive future service improvements. In addition to the findings from this Healthwatch report, the quality monitoring function has identified communication and missed/late visits and visit times, as key themes requiring improvement which is being taken forward through plans to develop further the quality monitoring function across the Care at Home provider framework.

An initial action plan to address findings from the report is outlined below and will be led by the Commissioning Team.

Area for improvement	Action required	Led by	comments
Understanding customer satisfaction	Spot check with service users part of contract monitoring	Commissioning team	Ongoing arrangement to be established by end of Quarter 1
	Follow up after complaints "how has care been"	Commissioning team	As required
Professional standards for safe care	Raising awareness professional carers' behaviour and effect on the cared for.	Providers	Raise at contract review ensure providers to include in inducting training and supervision procedures.
	Improved ID badge wearing by carers..	Providers	As above
Missed late visits	Explore the use of "live" electronic call monitoring (ECM) within contracted providers.	Commissioning team	Involve provider forum
	Review data collection on missed visits.	Commissioning team	Ongoing arrangement to be established by end of Quarter 1
	Identify how providers risk rate service users	Commissioning team	Through contract monitoring

4. Recommendation:

- Content of report for noting.
- Actions for implementation for consideration.

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Delyth Curtis, Director of People
Date of Meeting	12 May 2016

CHILDREN'S SERVICES IMPROVEMENT REPORT

1.0 Purpose of the report:

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

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 Local Authority Area.

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

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

budget?

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 'Communities: Creating stronger communities and increasing resilience.'

5.0 Reports

5.1 Children's Social Care /Safeguarding
Early Help and Social Care

There are a number of significant changes occurring across the service which are leading to increased demand and pressure on staff and resources.

5.1.1 Significant increase in work coming into the service

	April 2015	Average April – Jun 2015	Average December 2015 – Feb 2016
Numbers of contacts	774	822 per month	922 per month
Numbers of referrals	151	183 per month	228 per month
Numbers of section 47s (child protection investigations)	85	91	134
Numbers of ICPCs (initial child protection conferences)	32	38	53
Percentage of section 47 going to an ICPC	37	41	39
Percentage of Child Protection plans that last for 3 months or less	21.2	23.2	22.7
Numbers of Children subject to a child protection plan	352	356	334
Numbers of Looked	454	447	451

after children			
Numbers starting to be looked after per month	16	17	23

5.1.2 Change in the complexity of cases

There has been a significant increase in the number of cases that have required recourse to legal intervention.

2014 /15 84 sets of care proceedings
2015/16 107 sets of care proceedings

5.2 Foster Carers

5.2.1 The percentage of our children placed in internal foster placements has consistently reduced over time. Whilst spend has increased in external residential, numbers have been consistent. The increase in numbers has been in external fostering – this has been due to lack of internal carers that can meet the needs of older young people with challenging behaviour, but also due to a general lack of capacity. For example, in January a three month old baby with no additional needs had to be placed in an external foster placement. There are currently 11 exemption certificates (ie 11 households where children have been placed above the approved numbers) and this relates to 47 children living in households where there are more than 3 foster children. This is an increase from March 2015 when there were six exemptions relating to 27 children. The number was fairly stable until December 2015 when families increased to 7 (and 28 children) and January 9 and 37. A total of 224 children were placed with our internal carers in December 2015 and 253 in April 2016.

5.2.2 The service is currently updating its transformational plan and timescales in response to the changes and demand pressures. The creation of the Vulnerable Adolescent Hub and the redesign of some internal services will address the demand and increasing complexity of cases.

5.3 Speech, Language and Communication

5.3.1 The Commissioning Team is currently undertaking a review of Speech, Language and Communication across Blackpool. A consultation event is being held at St Mary’s Catholic Academy to consult and engage the views of primary and secondary Head-teachers. The review seeks to implement a consistent approach to speech, language and communication and ensure that pathways are linked and seamless. Jean Gross, a national expert in the field, will be at the event and leading some of the discussion. Commissioning is working in collaboration with Better Start to ensure that the work is linked as speech language and communication is one of the Better Start outcomes over the ten year programme.

5.4 Transformational Planning – Autism Spectrum Disorder (ASD)

5.4.1 The Commissioning Team is implementing a strategic and consistent approach as to how the Autism Spectrum Disorder agenda is taken forward as currently the coordination of the pathway is fragmented. A strategic group is being established to ensure that all key stakeholders are involved and that care is coordinated and accountability is clear as per the NICE guidance.

5.5 School Improvement Processes

5.5.1 The School Improvement Team has carried out its Spring visits where there was a clear focus on discussions around Pupil Premium gaps.

5.5.2 Summer visits will take place towards the end of the term when schools will have a clearer picture of attainment and progress as a result of Key Stage 1 and Key Stage 2 testing. This will lead towards a summer desktop exercise where school need will be reviewed against existing categories.

5.6 School Inspection Outcomes

5.6.1 HMI Monitoring Visits:

South Shore Academy: On 30 and 31 March 2016, South Shore Academy received a HMI Monitoring visit. Progress was reported as Good.

Montgomery: Montgomery received a HMI Monitoring visit on the 7 April 2016. The report is pending.

5.6.2 Full Inspections:

There has only been one inspection carried out under the new framework this term: St Nicholas C of E Primary School was inspected on 2 March 2016 and moved from a category of Requires Improvement to Outstanding. This is the first primary school in Blackpool to move to Outstanding.

5.7 Department for Education Funding Reforms

5.7.1 The Department for Education (DfE) has issued two consultations relating to the Government's commitment to introduce a national funding formula for schools within the current Spending Review period. The first of the consultations proposes a new nationally calculated formula for funding schools. This will replace the existing system whereby local authorities receive an allocation of Dedicated Schools Grant (DSG) based on significantly outdated levels of spending, and then allocate this to their schools through a local formula. The proposals will result in a redistribution of funding across local authority areas, and will target funding more fairly to schools with

high levels of deprivation and low levels of attainment. The new formula will be fully operational from 2019/20, but local authorities will retain a certain level of flexibility in the two preceding years.

- 5.7.2** Other proposals in the consultation are less positive. The consultation proposes to remove the general element of the Education Services Grant, for which the Council currently receives £77 per annum for every pupil in a maintained school. The DfE has indicated that local authority responsibilities for schools will be reviewed to enable the reduction in funding to be managed. The risks are being considered in the medium-term financial plan. Finally, the proposed formula excludes the existing mobility factor, which looks at the number of non-routine starters in schools to allocate an element of funding.
- 5.7.3** The second of the two consultations relates to the reform of the way that pupils with high cost needs are funded. The High Needs Block is one of the elements of DSG, and pays for education and support for pupils in special schools, the Pupil Referral Unit, Special Educational Referral Units, and other specialist and post-16 institutions. The funding that local authorities receive for High Needs does not reflect the relative needs in the local area, as it is also based on historical information. The proposals in the consultation are for local authorities to continue with their role of managing funding for High Needs, but that allocations to Councils will be based on a new formula. The formula is heavily influenced by a piece of research commissioned by the DfE from Isos, and uses proxy measures of deprivation, prior attainment and child health to distribute funding. Blackpool ranks highly in many of these measures, so there is a good possibility of the local authority receiving a relatively high share of the available funding.
- 5.7.4** The two consultations closed on 17 April 2016. Responses were submitted on behalf of the Council, which argued strongly for the retention of the mobility factor, and expressed concerns regarding the reduction of the local authority's responsibilities for schools. This is the first stage of a two-stage consultation; further details with full illustrations will be released later in the year, which will allow for a more in-depth understanding of the implications. A further consultation is also anticipated on the Early Years block of DSG, for which the DfE has stated that a national funding formula for nursery education will be introduced.
- 5.7.5 Early Years – Ofsted Inspections**
- Seven childminder inspection reports have been published since the last report to Committee. Of these, three childminders were judged outstanding, and three were good. The final childminder had no children on roll at the time of the inspection so did not receive a grading, but was found to be meeting statutory requirements. In addition, three group setting reports have been published, two were judged to be good, and one outstanding.

- St John Vianney Preschool (not connected to the primary school or school nursery) which was judged satisfactory at its most recent inspection (in 2013) has now closed. As one of the settings inspected recently improved from satisfactory to good, this means that currently in Blackpool there are only two group early years settings and one out of school club that are not at least good. This gives overall % of good and outstanding as:
Childminders - 92%,
Childcare on non-domestic premises – 91.2%,
All registered provision – 91.7%.

This compares to national figures as at 31 December 2015 of 84% CMs, 88% PVI's, 85% all provision.

5.8 Information for parents of disadvantage two-year olds

5.8.1 Early Years settings have been provided with a booklet to share with parents of disadvantaged two year olds (specifically those receiving the two year old grant funding) to help them understand more about their child's learning and development, and how they can help with this at home. The information in the booklet links specifically to the early year's curriculum used by childminders, nurseries and schools, and gives parents ideas of how to interact and play with their child in order to promote learning.

5.8.2 Early Years Pupil Premium (EYPP) take-up

The figures below are based on a DfE estimate of 643 eligible children in Summer term when all three intakes are present in the system. (Autumn low, summer high). The pattern of uptake is in line with enrolment pattern.

Summer 2015 term take up was 546 (85%)

Autumn 2015 term take up was 355 (55%)

Spring 2016 term take up is 467 children 73%)

Funding released to childcare settings for 2015-2016 is: £ 140,000

5.8.3 Free entitlement grant for 2 Year olds - Take up of the grant was 75% in Spring Term 2016

5.9 Special Educational Needs (SEN) and Disability

5.9.1 The Children with Disability Team has undergone a review to look at the duties in terms of social care and SEN and disability. The review is close to finishing and the proposal is for some of the team to move to be managed within social care whilst others remain within the SEND team.

5.9.2 The SEND team continues to work with partners to implement the 2014 Children and

Families Act changes and to prepare for the new CQC/ OFSTED inspection framework. This for the local area, including all relevant services for 0-25 year olds with SEN and/or a disability and their families. Storyboards are being prepared to cover the 20 main areas of work.

5.10 Vulnerable Adolescent Hub

- 5.10.1** The Council has been successful in securing £20,000 from the Local Government Association to participate in a national project. Whilst the funding is to be used to commission external challenge, the most important part of the project will be to work alongside other local authorities running change programmes to facilitate learning and the sharing of best practice.

A Project Board has been set up with various work strands being progressed for the initial 6 month change programme.

5.11 Connexions

- 5.11.1** NEET 71 Project – the service is currently analysing 71 young people who left school summer 2015 and were Not in Education, Employment or Training (NEET) at the end of December 2015. The purpose of the project is to gain a better understanding of the barriers faced and review lessons learned to improve support for young people who are NEET or at risk of NEET. The cases are currently being reviewed by a range of services. The WISH team is analysing the nineteenage parent cases, the colleges are reviewing those who started college but left before the end of the first term and the Connexions service is reviewing the 30 young people who hadn't participated in any learning or work since leaving school. The outcomes of the project will be reported in May.

- 5.11.2** Summer Ventures 2016 – the recruitment of school leavers at risk of NEET is well under way for the partnership programme with Blackpool and the Fyde College which begins in July. The Connexions Service is a sub-contractor in a Lancashire Colleges Consortium European Bid which will enhance the programme if successful. The results will be known in May.

Youthability Hub – the employer programme continues for unemployed 16 – 24yr olds with Arnold Clarke Cars and McDonalds attending in the last two weeks offering apprenticeship and job opportunities. The 12 week Princes Trust Team programme is attending to recruit young people in the next two weeks.

5.12 Adult Community and Family Learning

- 5.12.1** Mental Health Research Pilot. The 2015/16 contract has been successfully completed and an additional £30,000 has been allocated for the initial evaluation stage April –

July 2016. Blackpool Council will be allocated a grant of £99,000 for Phase 2 of the Pilot (August 16 – July 17) subject to the successful completion of the Phase 1 evaluation stage.

- 5.12.2** The Adult Learning Service has submitted a business case to be an Education Funding Agency High Needs Provider. If successful, the immediate benefit would be to deliver the course requirements for Project Search for young adults with learning disabilities. A decision will be made by a national panel by the end of the month.
- 5.12.3** The Adult Learning Service is also engaged in the early stages of two European Social Fund Bids. The “Positive Together” Bid led by Lancashire Sport focusses on social housing tenants and would provide funding for basic skills. There is also a Digital Inclusion bidding opportunity. The Head of Service chairs the Blackpool Digital Inclusion Partnership and is in discussions with Lancashire and Blackburn to progress a potential bid.
- 5.12.4** The number of unique learners participating in courses is 1,646 to date - 180 or 12% higher than the same period last year. The total number of enrolments (2,176) is also higher by 159 or 8% than the same period last year. Achievement rates are also higher – 89.4% compared with 83.4% although retention rates are slightly lower. Popular courses have included First Steps (employability courses for adults furthest away from the labour market), British Computer Society accredited courses and wellbeing /building confidence courses. Family Learning has also supported “Stick Man” – the literacy project led by Better Start.

5.13. Virtual School Governing Body

- 5.13.1** The first meeting of the governing body for the Virtual School will be held on 23rd June. There has been a pleasing amount of interest in and support for this venture from Elected Members, senior officers and other agencies including schools. Invitations for the first meeting have been sent to identify potential members and the majority of those invited have accepted. The work of the governing body will focus on the outcomes, the key priorities and key actions of the Virtual School.

5.14 Youth Offending Team

5.14.1 Improving Outcomes - Reducing Re-Offending

Re-offending by young people is measured by the Youth Justice Board for England and Wales for two years after the end of the court order and Youth Offending Team intervention.

Monitoring shows the success of improvement actions put in place following inspection in 2013. Blackpool’s re-offending rate reduced throughout 2013-14, while

the regional and national rates have increased. Re-offending by young people in Blackpool is now below the regional average.

5.14.2 Improving Outcomes – Restorative Justice

More victims of offending by young people are engaging in the restorative justice process with the Youth Offending Team (YOT) than ever before. Grant funding provided by the Youth Justice Board has been used to skill up the YOT's own Restorative Justice Trainer. All YOT staff are now trained in restorative justice and are bringing young people and victims together to repair the harm their offending has caused. A class of children at a primary school recently wrote letters of forgiveness to a young person who had damaged their school's minibus. YOT staff carefully prepared and brought together staff from the school and the young person to make their apology.

Young people have helped to deliver hundreds of copies of the Mereside 'Wotz On' newsletter as 'reparation' for their offending. The newsletter, which is about community based news and activities for the residents of Mereside is vital to them in terms of finding out about local issues and projects. The YOT has worked closely with the Mereside Community Office team over the last few weeks and they were delighted to have had a good response to the articles in the newsletter.

5.15 Elective Home Education

5.15.1 The statutory duty placed on the Authority is discharged to ensure every child is in receipt of suitable and full time education. The 'educational' whereabouts of children on anything other than a mainstream school roll is strategically monitored by the Blackpool Education Registers and Admissions panel (BERA). The majority of children who come into the town, move swiftly and easily into a mainstream school. Those who do not, will appear on registers held by Educational Diversity, Elective Home Education or they will be on the 'out of school register'. The report produced for the multi-agency panel allows the children to be tracked and expedited into appropriate educational provision. Of the children on this register, 95% are successfully and appropriately placed within, on average, a period of 9 days. The remaining 5% of children take longer to admit to appropriate provision. Over the academic year so far 31% of new arrivals to the town have been complex cases to place.

5.15.2 It is widely accepted that as a pupil's level of absence increases, their level of attainment decreases. Schools battle against absence when planning for progression and attainment at Key Stage 2 and Key Stage 4 and absence that is outside of the control of a school hinders progression, attainment and teaching. A paper demonstrating the importance of diminishing the use of part time timetables is currently being delivered to all Blackpool schools and their Governing Bodies/Trustees, through the vehicle of the Challenge Board. A school must provide

380 sessions per year for each pupil. This can be provided “on-site” or “off-site” in registered, inspected and quality provision. There should be AM and PM sessions of equal duration, separated by a lunch break. The Elective Home Education register (EHE) has grown by 136% over the last four years.

- 5.15.3** Ofsted has placed a high tariff on safeguarding in school at inspection, and this will be an added impetus to schools to undertake their duty in this respect. Whilst it must be emphasised that this applies only to a very small percentage of schools, the importance of the issue is great.

Does the information submitted include any exempt information? No

6.0 Legal considerations:

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

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 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

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