

Blackpool Council

28 February 2017

To: Councillors D Coleman, Collett, Critchley, O'Hara, Owen, Scott, Stansfield, L Taylor and T Williams

The above members are requested to attend the:

RESILIENT COMMUNITIES SCRUTINY COMMITTEE

Thursday, 9 March 2017 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 26 JANUARY 2017 (Pages 1 - 8)

To agree the minutes of the last meeting held on 26 January 2017 as a true and correct record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 9 - 14)

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

5 COUNCIL PLAN PERFORMANCE REPORT QUARTER 3 2016/2017 (Pages 15 - 24)

To present performance against the Council Plan 2015-20 for the period 1 October – 31 December 2016.

6 ADULT SERVICES OVERVIEW REPORT (Pages 25 - 32)

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.

7 THEMATIC DISCUSSION - CARE AT HOME SERVICES (Pages 33 - 44)

To inform the Committee about the Care at Home services available in the Community in Blackpool and support a thematic discussion.

8 THEMATIC DISCUSSION - INTERMEDIATE CARE SERVICES (Pages 45 - 50)

To inform the Committee about the Intermediate Care services available in the Community in Blackpool and support a thematic discussion.

9 SCRUTINY WORKPLAN (Pages 51 - 62)

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

10 DATE OF NEXT MEETING

To note the date and time of the next meeting of the Committee as Thursday, 27 April 2017, commencing at 6pm.

Venue information:

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

Other information:

For queries regarding this agenda please contact Chris Kelly, Acting Scrutiny Manager, Tel: 01253 477164, e-mail chris.kelly@blackpool.gov.uk

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Agenda Item 2

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 26 JANUARY 2017

Present:

Councillor D Coleman (in the Chair)

Councillors

Collett	O'Hara	Scott	T Williams
Mitchell	Owen	Stansfield	

Mrs Frances McErlane, Co-optee (Parent Governor)

In Attendance:

Councillor Graham Cain, Cabinet Secretary (Resilient Communities)

Councillor Kath Benson, Cabinet Member for Schools and Learning

Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Leisure Services

Mr Neil Jack, Chief Executive

Ms Delyth Curtis, Director of People

Ms Amanda Hatton, Deputy Director of People

Mr Graham Cowley, Vice Chairman of Lancashire Economic Partnership

Ms Merle Davies, Director for Blackpool Centre for Early Child Development

Mr Simon Fisher, Service Manager, Children's Social Care

Ms Moya Foster, Senior Service Manager, Families in Need

Mr Andrew Lowe, Youth Offending Team Manager

Mr Steve Sienkiewicz, Clerk to the Committee.

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 8 DECEMBER 2016

The Committee agreed that the minutes of the last meeting held on 8 December 2016 be signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

The Committee noted that there were no applications from members of the public to speak at the meeting.

4 EXECUTIVE AND CABINET MEMBER DECISIONS

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 26 JANUARY 2017

The Committee considered the Executive and Cabinet Member decisions within its remit, taken since the last meeting of the Committee.

Councillor Cain, Cabinet Secretary (Resilient Communities) responded to questions from the Committee about decision no. EX/56/2016 'Pan-Lancashire Health and Wellbeing Governance Arrangements'. He confirmed that future reports on the Health and Wellbeing Board would be directed to the Health Scrutiny Committee. He added that Blackpool would form part of the pan-Lancashire Health and Wellbeing Board, underneath which would be five health and wellbeing partnerships. Blackpool would be a member of the Fylde Coast Partnership arrangement.

The Committee expressed concerns that the local impact of health economy arrangements would be reduced as a result of the new Health and Wellbeing Board plans. Councillor Cain explained that meetings had taken place with the current Health and Wellbeing Board Chairmen and there had been consistent dialogue between the various boards. He agreed to supply further detailed information to the Committee Members via email.

In connection with decision no. EX/58/2016 'Domestic Abuse and Interpersonal Violence Partnership Strategy 2016/2020', Councillor Cain confirmed that regular updates would be provided to the Resilient Communities Scrutiny Committee going forward.

The Committee agreed to note the Executive and Cabinet Member decisions.

5 FORWARD PLAN

The Committee considered the item contained within the Forward Plan, January 2017 – April 2017, that related to the portfolio of the Cabinet Secretary.

The Committee questioned whether decision ref. 7/2016 'Headstart Round Three Funding Bid Result and Future Action' should still be on the Forward Plan. Councillor Cain explained that the funding arrangements and future actions were now in place and he believed the item should no longer appear on the Forward Plan. He did however recommend that it be placed on the future workplan for the Resilient Communities Scrutiny Committee.

The Committee agreed to note the Forward Plan item and to query with Democratic Governance why it was still appearing on the Forward Plan.

6 CHILDREN'S SERVICES OVERVIEW REPORT

The Committee considered a report which provided an overview of the recent work undertaken by the Children's Services department, together with an update on the progress and implementation of developments within the area.

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The report was introduced by Mrs Curtis, Director of People and Councillor Cain, Cabinet Secretary (Resilient Communities), who responded to questions from the Committee on the content of the report.

The Committee expressed its praise for the statistics reported in relation to the work carried out by Connexions and the Virtual School, which taken collectively amounted to approximately 60% of the 16-24 year old looked after children finding either employment, further training or volunteering opportunities during the 2016/17 academic year. Members questioned what became of the 40% that were outside of those statistics, to which Mrs Curtis confirmed they were still tracked and agreed to provide a more detailed report to the Committee on the outcomes at a future meeting.

With regards to High Needs Block Funding, the report suggested that the proposed funding figures for each local authority would mean that Blackpool's funding would not be increased, despite a rising need within the town. Responding to questions from the Committee, Mrs Curtis confirmed that situation, explaining that the initial feedback received indicated that Blackpool did not meet the criteria for funding increase. She further explained that this did not necessarily mean that Blackpool would lose out, due to a funding cap that was in place.

The Committee raised questions about the work of the School Improvement Board, specifically about work being undertaken to improve the statistics that indicated a big dropout rate between school years 6 and 7. Mrs Curtis acknowledged that the figures were challenging and spoke of the pilot pieces of work underway with a view to improving the situation. These included various initiatives underway to work closely with the children involved and also the carry over of some teachers that would transition from years 6 to 7 at the same time as the pupils to maintain a degree of continuity. Councillor Benson, Cabinet Member for Schools and Learning added that she had recently attended a meeting of the School Improvement Board, where a great deal of discussion had taken place around transition, the results of which were encouraging.

The Committee asked for more information on the bid for the special free school which had been submitted to the Department for Education (DfE), to provide 48 places for pupils aged 10-16 years with social, emotional and mental health needs. Mrs Curtis explained that following submission of the bid, the Department for Education had responded by requesting more information, together with a feasibility report on possible site locations. This information was currently being prepared, with options on sites also being discussed.

In connection with the section of the report on Inspections, Members asked for more details on the Spire Academy, which was reported as requiring improvement. Mrs Curtis pointed out that whilst the academy was outside of the direct influence of the Council, a full and detailed report was available to access on the Ofsted website.

Mr Jack, Chief Executive, updated the Committee concerning the recruitment arrangements for the position of Director of Children's Services and Deputy Director of Children's Services, both of which would become vacant in the near future. He confirmed that following a

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rigorous process, an appointment had been made to the Director position and that the formal reference process was now being undertaken. Due to the notice period that would apply, it would be necessary to apply interim arrangements and Mr Jack confirmed the details that had been put in place with regards to this. He also confirmed the interim arrangements that would be applied in relation to the Deputy Director position.

Mr Cowley, Vice-Chairman of the Lancashire Economic Partnership, attended the meeting to report on progress in relation to the New Opportunities Area. The Committee was informed that Blackpool had been one of six areas selected for the scheme, to receive funding to promote social mobility, supporting schools and links with employers. Mr Cowley reported that plans were being developed to ensure that pupils would get the best start in life, regardless of background. These included engaging in dialogue with colleagues from the Department for Education to determine required outcomes, as well as mapping out with the School Improvement Board as to what was already happening. The intention was for the plans to be finalised by the end of March 2017.

Responding to questions from the Committee, Mr Cowley confirmed that Blackpool would receive £6m of funding in relation to the scheme. The Committee raised concerns about the amount of funding that might be taken up in administration and staffing arrangements. Mr Cowley assured the Committee that everyone involved was keen to avoid bureaucracy and that as much money as possible would go to the route of the issue. He added that all monies would be invested in an evidence based way and that lots of data was available to support the planned initiatives. In connection with data sharing with the other areas involved in the scheme, Mr Cowley confirmed that in terms of demographic data, Blackpool was closely linked with Oldham, although acknowledged that Blackpool had its own unique problems. He added that the Department for Education would be sharing information across all of the six areas.

Members asked about the age range for eligibility for the scheme and Mr Cowley confirmed that this would be from pre-school early years, through to early adulthood. Asked which of the partner bodies would ultimately be responsible for the project, he confirmed that a senior civil servant would be taking ultimate responsibility, although locally a network of partnership initiatives would be key to its success. Mr Jack confirmed that the Council would be closely involved and would be the formal accountable body responsible for the project's finances.

Ms Foster, Senior Service Manager, Families in Need and Mr Lowe, Youth Offending Team Manager presented the Committee with an update regarding the Vulnerable Adolescent Hub, the aim of which was to integrate services and systems to provide better support for vulnerable young people and to impact positively on looked after children. Ms Foster reported that good progress was now being made, with the management structure having been agreed and appointed to, and a change management team was now in place to ensure implementation and delivery. A full implementation plan was being worked on with an anticipated start date of April 2017. It was anticipated that by bringing five to six services together, duplication would be reduced and young people would have a single point of

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contact and access. The Committee requested a further update be provided upon implementation of the project.

Ms Davis, Director for Blackpool Centre for Early Child Development, then presented the Committee with an update on the PAUSE project. It was reported that the project had been commissioned by the NSPCC via the Better Start Programme to carry out a detailed data analysis of repeat removals of children into care in Blackpool, with a view to securing funding locally to set up a Pause Practice. It was explained that PAUSE was designed to offer long term contraception, as well as mental health, drug and alcohol interventions to women who were most at risk at having children taken into care. It was reported that between 2013 and 2016, of the 422 women in Blackpool who had children removed, 104 would now be assessed as meeting the PAUSE criteria, for which excellent evidence based outcomes were predicted, based upon a similar scheme in place in Hackney.

Ms Davies responded to a number of questions from the Committee. In doing so, she confirmed that the scheme was aimed squarely at pregnant women and therefore, men were not included directly in the scope. Members discussed the generational failures that appeared to occur time and again within the same family units. Ms Davies pointed out that the various programmes of the scheme would help to break that cycle. She added that the continuous support offered by the staff during the project was also anticipated to make a difference.

The Committee asked about the funding arrangements for the PAUSE project. Councillor Cain confirmed that out of the £380,000 overall cost, £200,000 would be provided via Council funding, with the remainder coming from other funding sources. It was anticipated that the cost of the scheme, based upon its scoped success criteria would ultimately lead to financial savings within Children's Services.

Members discussed the success of the similar project in Hackney, but expressed concern that projects which work in other areas, do not necessarily map across elsewhere. Mr Jack responded by explaining that the issues in Blackpool that would be focussed on by PAUSE were the same as those in Hackney and that the project was aimed at the same cohort. Therefore, there was every confidence that the project would be a success.

The final section of the Children's Services report on special projects considered by the Committee was in connection with the Edge of Care model and was presented by Mr. Fisher, Service Manager, Children's Social Care. He explained that the Argosy Children's Home was now nearing the end of a significant service redesign, after which it would become a four bedded respite unit for 11-17 year olds who were considered to be at risk of coming into care. The aim of the new model would be to prevent placements at home breaking down and thus to reduce the risk of those children being admitted into the full time care system. Mr Fisher explained that referrals would be planned and considered by a panel for suitability and the aim was for the project to commence in April 2017.

Responding to questions from the Committee, Mr Fisher explained that part of the assessment criteria would be to assess both the child and family circumstances, which

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would define the work that was needed in connection with both the family and the individual child. The Committee asked about the possibility of physical interventions within the home, such as tidying up garden space in order to improve the immediate family environment. Mr Fisher explained that the Edge of Care model was based upon resilience therapy, of which physical interventions would form a part. The model would work closely with Headstart to promote the use of volunteers to undertake physical works where this was deemed appropriate.

The Committee expressed its concern about the high numbers of looked after children in Blackpool, along with the associated costs. Mrs Curtis and Mr Jack explained that the plan was to reduce the current numbers of around 500 to 450 within three years and that those reductions in numbers would largely depend on the success of the initiatives that had been reported upon during the current Committee meeting.

The Committee discussed the range of ages of the children in care and Mrs Curtis agreed to provide more information on the breakdown of ages at a future meeting. A discussion also took place about the possible benefits of early intervention social work within schools. Mrs Curtis explained that a pilot scheme was currently underway with the safeguarding boards where social workers were having conversations with schools about ways of future integration and interventions. The Headstart programme also had a direct link into social care.

The Committee agreed:

1. To note the report.
2. To request a more detailed report on the outcomes of the 16-24 year olds who were outside of the success criteria for the Connexions and Virtual School projects.
3. To request an early update report on progress relating to the New Opportunities Area, the Vulnerable Adolescent Hub, The PAUSE project and the Edge of Care model as soon as the projects had gone live.
4. To request a more detailed report on the age ranges of children in care at a future meeting.

Background papers: None.

7 SCRUTINY WORKPLAN

The Committee considered its Workplan for the remainder of the current Municipal Year and the Chairman invited suggestions from Committee Members as to possible Workplan items.

Councillor Owen referred to a report in the Health Journal, dated 23 January 2017, claiming that elderly people being looked after in their own homes were being forced into care by Clinical Commissioning Groups (of which Blackpool was one of those cited) because of a 40% rise in fees for home care.

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The Committee agreed that the matter should be investigated further and that it would be a suitable topic for scrutiny, possibly to be undertaken jointly with the Health Scrutiny Committee.

The Committee agreed:

1. To note the Workplan and scrutiny recommendations report.
2. To request that the Scrutiny Manager obtains more information on the report referred to by Councillor Owen, with a view to determining the suitability for the allocation of work to a scrutiny committee.

Background papers: None.

8 DATE OF NEXT MEETING

The Committee agreed to note the date of the next meeting as Thursday 9 March 2017, at 6.00pm.

Chairman

(The meeting ended at 19:40)

Any queries regarding these minutes, please contact:
Chris Kelly, Acting Scrutiny Manager
Tel: 01253 477164
E-mail: chris.kelly@blackpool.gov.uk

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Chris Kelly, Acting Scrutiny Manager
Date of Meeting	9 March 2017

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.

6.0 Witnesses/representatives

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

- Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Leisure Services
- Councillor Cross, Cabinet Member for Adult Services and Health
- Councillor Kath Benson, Cabinet Member for Schools and Learning.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4(a): Summary of Executive and Cabinet Member decisions taken.

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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APPENDIX 4a

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
<p>FEES AND CHARGES FOR LEISURE AND PARKS SERVICES 2017/18 The Cabinet Member agreed the recommendations as outlined above namely:</p> <ol style="list-style-type: none"> 1. To agree the Community and Environmental Services fees and charges for Leisure and Parks Services, with effect from 1 April 2017 to 31 March 2018. 2. To agree that the Leisure Management team explore alternative more flexible pricing models through 2017/18 including options to price based on demand and ability to pay. 3. To agree that the Parks Service will review the pricing model for sports pitches to ensure a consistent town wide approach that supports local sports clubs. 4. To agree that the fees charged can be reduced from these rates on the published Officer decision of the Director of Community and Environmental Services, following consultation with the relevant Cabinet Member. 	<p>The proposed Community and Environmental Services fees and charges for Leisure and Parks Services for 2017/18.</p>	<p>PH7/2017</p>	<p>14 February 2017</p>	<p>Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Leisure Services</p>
<p>ADULT SOCIAL CARE FEES AND CHARGES 2017/2018 The Cabinet Member agreed the recommendation as outlined above namely: To agree the charges for Adult Social Care, with effect from 1 April 2017 to 31 March 2018.</p>	<p>To consider the proposed Adult Social Care Fees and Charges 2017/2018.</p>	<p>PH9/2017</p>	<p>17 February 2017</p>	<p>Councillor Amy Cross, Cabinet Member for Adult Services and Health</p>
<p>BLACKPOOL SCHOOLS FUNDING ALLOCATION 2017/2018 The Cabinet Member agreed the recommendation as outlined above namely: To approve the local authority's schools funding</p>	<p>To consider the local authority's schools funding formula for 2017/2018.</p>	<p>PH15/2017</p>	<p>22 February 2017</p>	<p>Councillor Kath Benson, Cabinet Member for</p>

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
<p>formula for 2017/2018, including the proposals developed in consultation with Schools including the following aspects:</p> <ul style="list-style-type: none"> - Reduce lump sum from £165,000 to £150,000 per school. - Retain the 2016/2017 Income Deprivation Affecting Children Index Banding per pupil rate as detailed. - Increase the Private Finance Initiative factor by £140,024 to account for the affordability gap on the Highfield Private Finance Initiative scheme. - Retain the capping and scaling levels at 2% and 17% respectively in order to cover the Minimum Funding Guarantee (MFG) requirement and ensure that the formula is affordable overall. 				Schools and Learning

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Ruth Henshaw, Delivery Development Officer
Date of Meeting:	9 March 2017

COUNCIL PLAN PERFORMANCE REPORT QUARTER 3 2016/2017

1.0 Purpose of the report:

1.1 To present performance against the Council Plan 2015-20 for the period 1 October – 31 December 2016.

2.0 Recommendation(s):

2.1 To consider the content of the report and highlight any areas for further scrutiny which will be reported back to the Committee at the next meeting.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of performance against the Council Plan 2015-2020.

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: N/A

4.0 Council Priority:

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

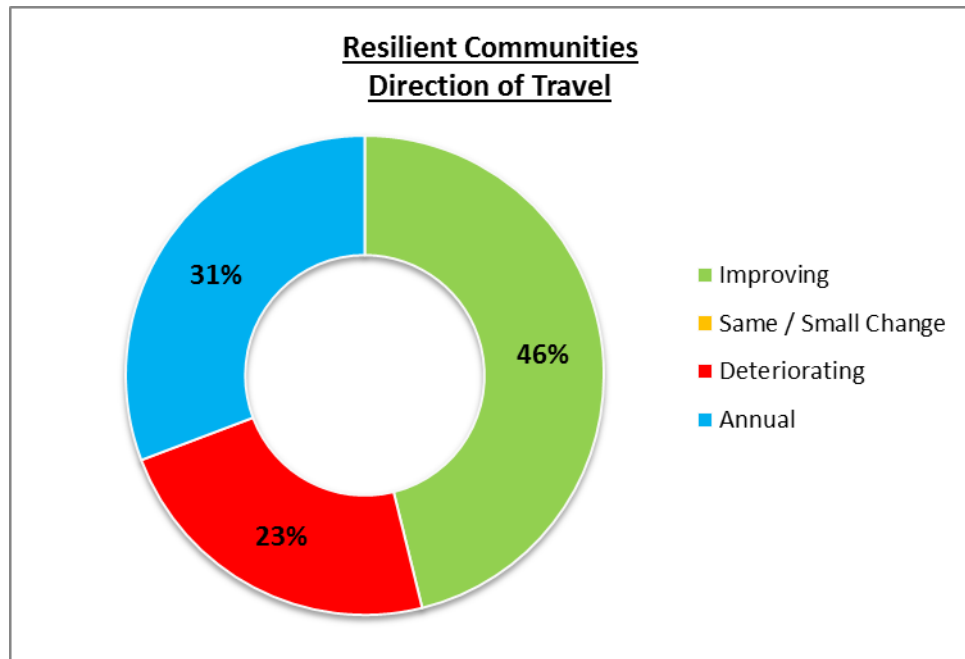
5.0 Background information

5.1 This report reviews performance against the priorities in the Council Plan 2015 - 2020. The report focuses on a set of core performance indicators which have been developed in consultation with the Corporate Leadership Team.

5.2 Performance against the resilient communities' indicators will be reported to the Committee on a quarterly basis.

6.0 Overview of Performance

6.1 There are 13 indicators within the performance basket for Resilient Communities. The graph below shows the direction of travel against performance in Quarter 3 2016/2017 compared with previous performance.



6.2 Of those indicators where data is available this quarter, the majority are showing an improvement in performance.

6.3 There are three indicators where performance has deteriorated in Quarter 3 2016/2017:

- Number of referrals / Rate of referrals to Social Care per 10,000 children;
- Number of looked after children / Rate of looked after children per 10,000 population; and
- % of children who became subject to a child protection plan for a second or subsequent time.

Further information on these indicators can be found in **Appendix 5(b) – Q3 Exception Reports**.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 5(a): Q3 KPI Spreadsheet

Appendix 5(b): Q3 Exception Reports

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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KEY - Direction of Travel Icons:

↑✓	Performance is improving or on target
↓✓	Performance is improving or on target
↑	Small deterioration in performance / slightly off target
↓	
↔	No change
↑✘	Performance is deteriorating or off target
↓✘	

Lead Cabinet Member	Indicator	Outturn 2013/14	Outturn 2014/15	Outturn 2015/16	DoT (13/14 v 15/16)	2016/17				Outturn 2016/17	Target 2016/17	Direction of Travel		Notes	Dept	
						Q1	Q2	Q3	Q4			Against Previous	Against Target			
Cabinet Secretary 61 (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)	Cllr Cain	% take up of free school breakfasts	77.4%	82.3%	83.1%	↑✓	A	A	A			Increase on last year	Annual		CES	
	Cllr Cain	Death to service time for cremations (% within 14 days)	55.6%	40.7%	44.9%	↓✘	41%	52.4%	57.7%		60%	↑✓	n/a	57.7% compared with 57.2% in Q3 2015/16.	GPS	
	Cllr Cross	% of long-term service users with an annual review (new indicator)	n/a	n/a	54%	n/a	22.7% (428/1883)	38% (591/1554)	61.6% (847/1386)			Increase on last year	↑✓	n/a	New indicator to replace the proportion of service users with a completed review in year which is being phased out.	AS
	Cllr Cross	Permanent admissions of older people (65+) to residential care per 100,000 population	994.3 per 100,000 pop.	876.5 per 100,000 pop.	983.1 per 100,000 pop.	↓✓	No. 69 / Rate 242.6	No. 147 / Rate 516.8	No. 147 / Rate 727.7			1,100 per 100,000 pop.	↓✓	n/a	727.7 compared with 839.12 per 100,000 pop. in Q3 2015/16.	AS
	Cllr Cross	Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation	84.6%	78.6%	78.1%	↓✘	A	A	A			80%	Annual		AS	
	Cllr Cross	Proportion of older people offered reablement services following a discharge from hospital	1.9%	1.8%	Data available Mar 2017	n/a	A	A	A			Increase on last year	Annual		AS	
	Cllr Cain	% of children attending a primary or secondary school judged by Ofsted to be good or outstanding	73.2%	68.3%	61.9%	↓✘	A	77.8%	A	A	77.8%	Increase on last year	↑✓	↑✓	77.8% compared with 61.9% in 2015/16.	CS
	Cllr Cain	Achievement of 5 or more A* - C grades at GCSE or equivalent including English and Maths	46.7%	44.6%	41.5%	↓✘	A	42.4%	A	A	42.4%	60%	↑✓	↓✘	42.4% compared with 41.4% in 2015/16. Further details reported in Q2 Council Plan report.	CS
	Cllr Cain	% of pupils achieving a Good level of development at EYFS profile	51.8%	54.9%	61%	↑✓	A	64.5%	A	A	64.5%	Increase on last year	↑✓	↑✓	64.5% compared with 61% in 2015/16.	CS
	Cllr Cain	% of 16-18 year olds not in education, employment or training	6.8%	6.5%	6.4%	↓✓	A	A	A			6.2%	Annual		CS	
	Cllr Cain	No. of referrals / Rate of referrals to Social Care per 10,000 children	No. 3,610 / Rate 1,242.2	No. 2,774 / Rate 955.6	No. 2,550 / Rate 885.1	↓✓	No. 2,813 / Rate 980.7	No. 3,029 / Rate 1,056	No. 3,039 / Rate 1,059.4			No. 2,291 / Rate 795.4	↑✘	↑✘	3,039 compared with 2,434 in Q3 2015/16. Please see App B - Exception Reports for more details.	CS
	Cllr Cain	Number of children looked after / rate of children looked after per 10,000 population	No. 443 / Rate 152.4	No. 454 / Rate 156.4	No. 469 / Rate 162.8	↑✘	No. 487 / Rate 169.8	No. 502 / Rate 175	No. 501 / Rate 174.7			No. 443 / Rate 153.8	↑✘	↑✘	501 compared with 447 in Q3 2015/16. Please see App B - Exception Reports for more details.	CS
	Cllr Cain	% of children who became subject to a child protection plan for a 2nd or subsequent time	18.4% (73/397)	18.2% (83/455)	19.1% (99/517)	↑✘	21.6% (37/171)	16.1% (57/354)	19.1% (101/528)			Decrease on last year	↑✘	n/a	19.1% compared with 15.5% in Q3 2015/16. Please see App B - Exception Reports for more details.	CS

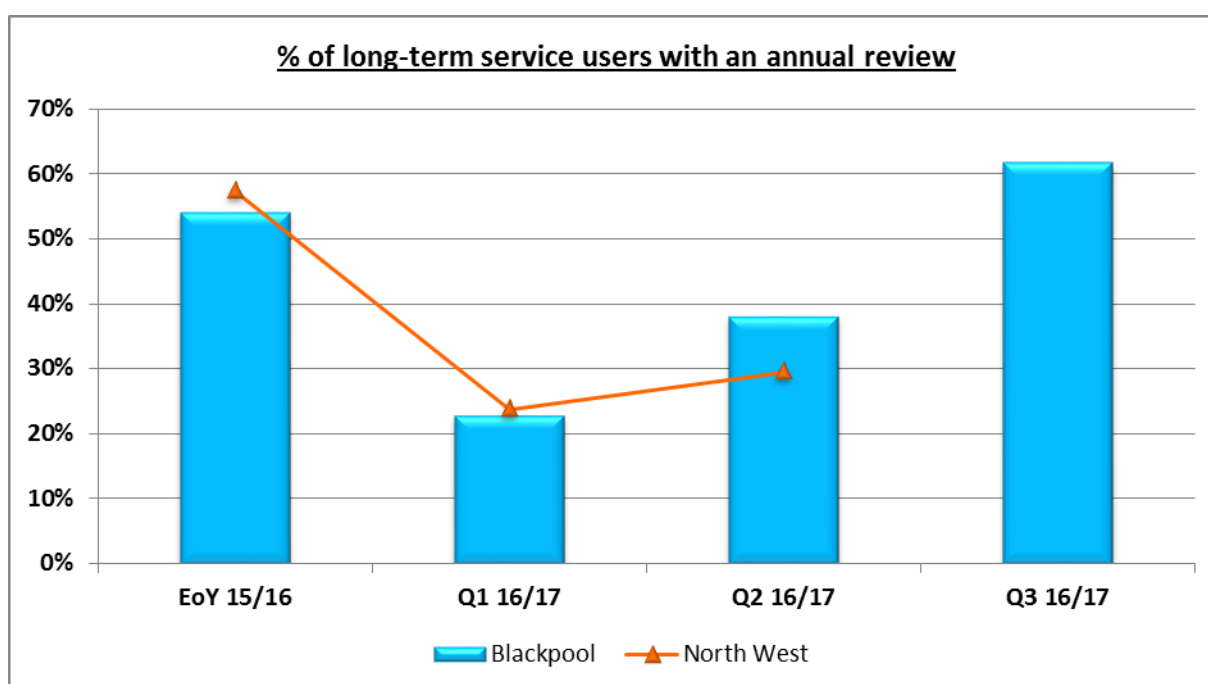
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**CABINET SECRETARY
(RESILIENT COMMUNITIES)**

Indicator Description	Better to be?
Percentage of long-term service users with an annual review (new indicator)	High

2015/2016	2016/2017					
	Q1	Q2	Q3	Q4	EoY	Target
54%	22.7%	38%	61.6%			Baseline

Direction of Travel			
Blackpool 15/16 vs. North West 14/15	Blackpool Q1 vs. North West Q1	Projected Q2 vs. Blackpool 15/16	Current North West Quartile
↓ ✘	↓ ✘	↑ ✔	Upper Middle



Commentary:

This new, local indicator was introduced at the end of 2015/2016 to replace the local indicator which reported on the number of clients in receipt of any service at any point in the year who received a completed review. This new indicator refers only to those clients who were in receipt of long-term services at the start and end of the reporting period, ensuring that we are reporting on those who genuinely require a review at some point in the reporting year.

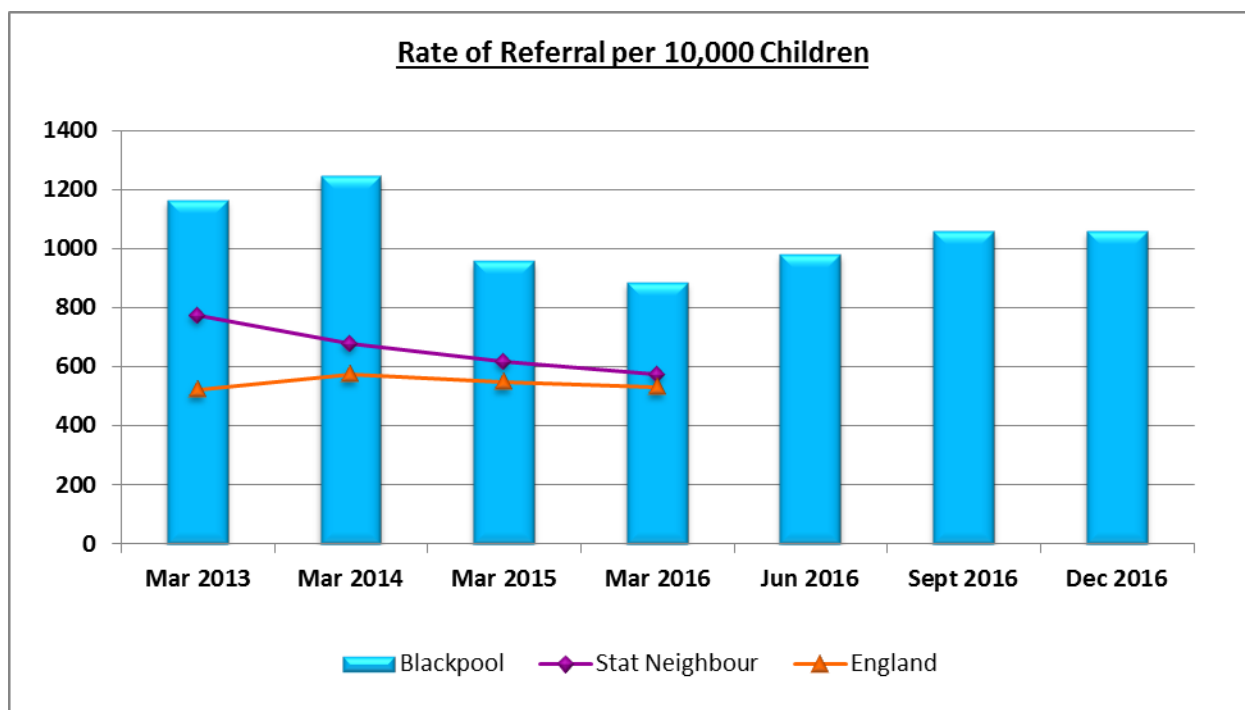
Quarter 3 sees a significant increase in the proportion of clients with a completed review. There are a total of 535 clients who have been on the books since 1 April 2016 who have not yet received a completed review, although some of these are not due to receive their annual review until the final quarter of the year. Additional resources have been invested into extra pairs of hands to ensure that all service users are seen at least one a year wherever possible, and this is bearing fruit, with forecasts for this year looking optimistic.

Appendix 5(b) - Exception Reports (Quarter 3 2016/2017)

Indicator Description	Better to be?
Number of referrals / Rate of referrals to Social Care per 10,000 children	Low

	2014/2015	2015/2016	2016/2017				Target
			Q1	Q2	Q3	Q4	
No. (Rate)	2,774 (955.6)	2,549 (884.8)	2,813 (980.7)	3,031 (1056.6)	3,039 (1059.4)		2,291 (795.4)

Direction of Travel			
Current vs. Q2 (15/16)	Current vs. EoY (15/16)	Current vs. England (15/16)	Current vs. Stat Neighbour (15/16)
↑ ✖	↑ ✖	↑ ✖	↑ ✖



Commentary:

The Corporate Delivery Unit are now four weeks into a mapping exercise with Children's Services and are working with staff and managers at all levels to understand how support is coordinated, how services are managing resources effectively to match demand and how systems and processes support or challenge practitioners to do the right thing for children and families in Blackpool.

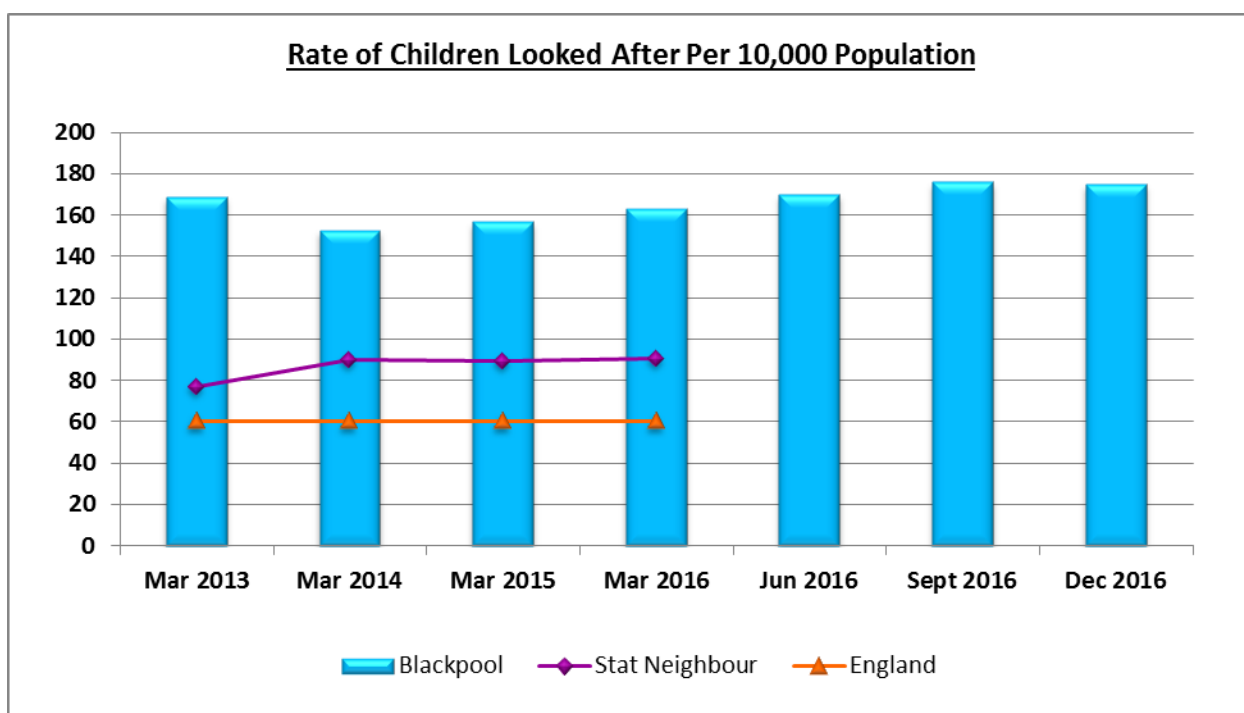
The mapping exercise will be used to support the interim Director of Children's Services and Diane Booth, the new Director of Children's Services coming into post in April, to work with the service as a whole to determine where attention needs to be focussed to deliver practical, process and cultural change to deliver real measurable improvements in performance and outcomes for children.

Appendix 5(b) - Exception Reports (Quarter 3 2016/2017)

Indicator Description	Better to be?
No. of children looked after / rate of children looked after per 10,000 population	Low

	2014/2015	2015/2016	2016/2017				Target
			Q1	Q2	Q3	Q4	
No. (Rate)	454 (156.4)	469 (162.8)	487 (169.8)	504 (175.7)	501 (174.7)		443 (153.8)

Direction of Travel			
Current vs. Q2 (16/17)	Current vs. EoY (15/16)	Current vs. England (15/16)	Current vs. Stat Neighbour (15/16)
↑✓	↑✘	↑✘	↑✘



Commentary:

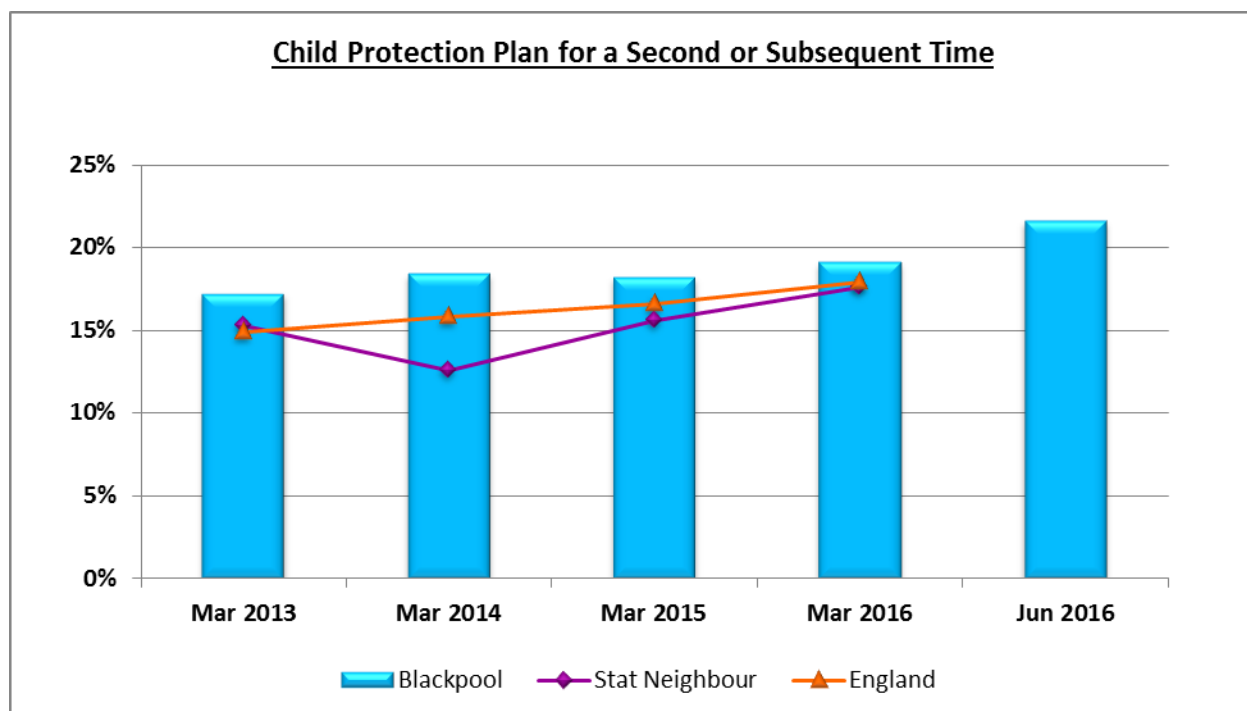
** See commentary above re: children's social care whole system review**

Appendix 5(b) - Exception Reports (Quarter 3 2016/2017)

Indicator Description	Better to be?
% of children who became subject to a child protection plan for a second or subsequent time	Low

2014/2015	2015/2016	2016/2017				Target
		Q1	Q2	Q3	Q4	
18.2%	19.1%	21.6%	16.1%	19.1%		Decrease on last year

Direction of Travel			
Current vs. Q2 (16/17)	Current vs. EoY (15/16)	Current vs. England (15/16)	Current vs. Stat Neighbour (15/16)
↑*	↔	↑*	↑*



Commentary:

** See commentary above re: children's social care whole system review**

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting	9 March 2017

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(s):

2.1 To consider the contents of the report and identify any further information/action required.

3.0 Reasons for recommendation(s):

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

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 Vitaline

5.1.1 In Quarter 3, Vitaline answered just under 70,000 calls in the call centre, 99% in under one minute. The call centre now receives, on average, a new call every two

minutes. The team support 3026 service users who have a unit which has been commissioned by health and social care and a further 493 who purchase the service directly. The majority of these are at the Silver level, where Vitaline will provide a mobile response for the person when required. The team have attended 1399 falls from April to December of 2016, lifting people and helping them remain at home successfully 97.6% of the time.

5.1.2 Case study:

Mr D is a 70 year old gentleman living independently in his own home with the use of telecare equipment consisting of fall pendant and bed sensor. Mr D is an unstable diabetic and has epilepsy. He receives daily calls from Vitaline for medication reminder. Mr D has no next of kin and relies on Vitaline for any emergency, advice or reassurance. During the last three months Vitaline received 125 incoming calls. On one of these occasions the operator received no response from a generated pendant call just after midnight. A mobile responder was dispatched to ascertain Mr D's welfare where on arrival Mr D was collapsed and unresponsive on the floor. Emergency services were called who established dangerously low sugar levels and Mr D was taken to hospital. Without the Vitaline service it is highly likely that Mr D could have died after being left all night.

5.2 **The Phoenix Service (Mental Health Crisis Service):**

- 5.2.1 The Phoenix Service offers a residential placement to people with mental health needs who require additional support at times of crisis to help them manage their continued recovery and maintain mental health and wellbeing.
- 5.2.2 People can access the service for between one night and 14 nights typically, although this is dependent upon their need at the point of referral. The purpose of a short placement at the Phoenix is to enable the person the time they require, in a low stimulus and therapeutic environment, to take back some control of their period of poor mental health with a focus on them returning home in the least amount of time as possible.
- 5.2.3 The Phoenix is not an alternative to hospital, however supporting people who experience particular mental crisis has a positive preventative outcome and can typically mitigate further deterioration in a person's mental health and this can prevent an in-patient hospital admission.
- 5.2.4 The Phoenix also offers Respite (Crisis Prevention) to a small group of people whose mental health needs cannot be met by typical residential homes as specialist support is required.

- 5.2.5 Referrals are made to the Phoenix from a number of sources including the Mental Health Crisis Team, Accident and Emergency Mental Health Liaison Team, Community Mental Health Teams, Adult Social Care and the Police with support from the Mental Health Crisis Team.
- 5.2.6 In Quarter 3 of 2016/2017 the Phoenix received 86 referrals for mental health crisis or respite crisis prevention.
- 5.2.7 The service delivered 396 bed nights of provision during Quarter 3 which equates to an occupancy rate of 108% (based on four beds). The service is commissioned to provide four beds per night, however there is capacity built in to provision to expand and contract capacity in response to demand up to a maximum of six beds per night. The average length of placement at the Phoenix across Quarter 3 was four nights. The service delivered between four and six beds per night for 77% of the quarter with the remainder of provision being delivered between one and three beds per night.

Case Study:

- 5.2.8 The case study below illustrates the positive outcomes for the person receiving support from the Phoenix and demonstrates both the preventative and demand reduction impact of this type of provision.

B is a young woman who was originally born outside of the UK (army child) and made Blackpool her permanent residence 2003/2004.

B was first diagnosed with mental ill health in 2014 when she was referred to the Phoenix by the crisis team due to the way she was presenting and she was also struggling to cope in her home setting as well as experiencing some relationship difficulties. The initial referral was for three days but this was extended to five days due to the positive impact the placement was having on B's recovery.

B was referred into the service again in late 2016 by crisis team due to similar reasons as the previous referral although evidence of self-harming was also present on this occasion which required additional support by the Phoenix team during the placement.

Due to the nature of the service it was able to offer a safe environment enabling B to get the rest and recuperation she needed and as a result her overall mental health and well-being improved. B's interaction and conversations with the staff team also enabled her to look at the challenges she was facing with more of a positive outlook going into the future.

B's personal statement taken from the discharge questionnaire:

I found both my stays at the Phoenix beneficial; the team offered me a lot of support in the form of listening and giving me information on where I could find the support I needed to move on.

The team at the Phoenix and especially the manager was the first service that I felt that I was getting the help that I really needed; I felt that I was finally being listened to and my views and concerns were taken seriously.

What I found most useful was that even after I was discharged there was still support available for me; I was able to pop in and have a brew if I was feeling a little low and always left feeling more positive.

It was the fact that the team actually believed in me and encouraged me to follow the path I wanted to; that gave me the confidence to actually do it – I did not want to get into care work before I spent time at the Phoenix Service, but it was watching how the whole staff team worked in supporting others which inspired me.

The job I have now is the first proper job I have had since I left school and I now feel that there are real career prospects available to me now that I have gained and am gaining qualifications to help me achieve this.

I have not had to use any services recently and I am now free of medication for my mental health and only have to take medication for my physical health needs.

The future looks bright for me and I would like to thank the Phoenix team and the council for providing such a service, because without it I might not be in the position I am now.

5.3 January 2017 Review Update Report

5.3.1 Adult social care in Blackpool has struggled to ensure at least annual reviews across all teams, as indeed is the case across most, if not all, local authorities. A risk based approach, based on the notion that outstanding assessments are inherently more risky than known commissioned care packages, had been followed. However, the 2014 Care Act stipulates the need for a statutory review of all service users in receipt of adult social care at least annually. The recruitment of extra staff to address this backlog of reviews was started in late 2016.

5.3.2 Consequently, intensive work to reduce this outstanding review queue is now underway across Adult Social Care. The capacity created by the appointments has allowed for a significant impact to be made on the outstanding reviews as evidenced below. The majority of the new staff that were recruited were in post from November onwards.

Review statistics

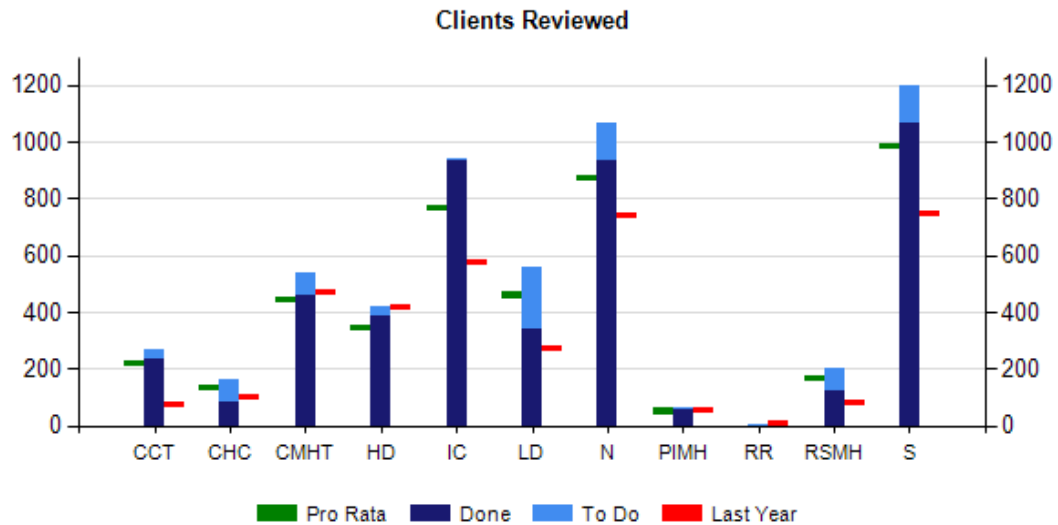
	Dec-16		Jan-17	
	Number of overdue reviews Total	Number (more than 8 weeks old) due prior to Nov	Number of overdue reviews Total	Number (more than 8 weeks old) due prior to Dec
Community Mental Health Team Older Adults (CMHTOA)	110	49	105	52
Complex Care Treatment Team (CCTT)	35	16	27	20
Hospital Discharge Team (HDT)	18	4	17	7
Initial Contact Team (ICT)	31	4	35	3
Learning Disability	245	219	205	181
North	142	59	70	26
Primary Intermediate Mental Health Team (PIMHT)	3	2	5	2
Recovery	70	62	61	56
South	117	62	86	13
**CHC	110		117	
Totals	881	477	728	360

**CHC

(Continuing Health Care)

Not counted towards our statutory returns as no social care funding

5.3.3 The Chart below shows the position as of the 26 January 2017, from the management reports available to all managers.



5.3.4 As can be seen, in almost all areas there has been a significant improvement over the position last year. The main exception to this is in the Community Mental Health Team, but is due to a change of recording systems where this is monitored, from the health system, Extra Contractual Referral (ECR), to the local authority system and Frameworki. The transfer of records from one system to another does take time but will give a more accurate picture of the actual position and will not be reliant on a Health partner agency providing the information needed to monitor the actual position.

5.3.5 Each team is now providing monthly reports in relation to outstanding reviews, (i.e. overdue – where the service user has not been reviewed in the last 12 months), and they have an action plan to reduce these to zero by the end of November 2017. The management reports available to Team Managers enables them to keep this under close scrutiny in real time. It must be remembered that this reflects a dynamic environment. In the event of significant unanticipated pieces of work arising, this will impact on the ability of relevant team(s) to meet their monthly target in managing overdue reviews. However, the monthly monitoring reports will allow for some flexing to try and manage this, and will also demonstrate if there are any particular viability issues which threaten the end date, later this year.

5.3.6 The plan going forward is to deal with the backlog of reviews. Once achieved the staffing resource, together with the management information, should be adequate, as things stand in terms of demand and legislative requirements, to limit the

likelihood of a similar position arising. A further report in terms of progress achieved will be provided in September 2017.

Does the information submitted include any exempt information?

No

List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting	9 March 2017

THEMATIC DISCUSSION – CARE AT HOME SERVICES

1.0 Purpose of the report:

1.1 To inform the Committee about the Care at Home services available in the Community in Blackpool and support a thematic discussion.

2.0 Recommendation(s):

2.1 To consider the contents of the report and identify any further information/action required.

3.0 Reasons for recommendation(s):

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

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 In Blackpool the term 'Care at Home' covers three distinct types of service:

- Care at Home for Adults
- Supported Living
- Care at Home for Children.

5.1.1 The care that people receive includes support with personal care; getting out of bed, washing, dressing, and support with other essential daily living activities and 1:1 care.

5.1.2 Supported Living usually takes the form of a shared accommodation arrangement where each individual requires support. The support provided will usually comprise shared background support, individual support, sleep in or waking watch provision.

5.1.3 Providing care for someone in their own home can prevent or delay admission to more expensive forms of institutional care such as care and nursing homes.

5.2 Key Market Trends

5.2.1 Nationally there are growing concerns about the instability of the domiciliary care market. There is evidence that more providers are considering handing back substantial packages of care to commissioning local authorities, and many have concerns about the viability of their businesses. ***Source: United Kingdom Homecare Association Summary An Overview of the Domiciliary Care Market in the United Kingdom May 2016.**

5.2.2 The care sector as a whole, nationally and locally has significant difficulty attracting quality applicants and retaining good staff. Low wages, lone working and travelling are cited as barriers to retaining care staff.

5.2.3 The most pressing issue affecting the majority of providers locally is the ability to recruit and retain staff at current hourly rates of pay which average around £7.40 per hour. In addition jobs in the care sector are seen as more demanding with higher levels of responsibility, for example, the requirement to perform health related duties such as changing dressings and administering medication. The overall effect is that the size of the workforce remains fairly static with little increase in capacity possible.

5.2.4 Blackpool Commissioners aim to ensure that local care at home services are resilient and able to meet and respond to continually rising demand effectively. The Contracts and Commissioning Team are currently exploring a range of alternative ways to procure care at home in the future which may offer increased flexibility and resilience.

- 5.2.5 Some care providers have suggested that they would like to see fewer contracted providers delivering a higher volume of commissioned care hours in order to make care at home more efficient in terms of locations, cutting down on unnecessary travel time. In future there may be some scope for the Council and its contracted care providers to increase efficiency by reducing the amount of travelling time between visits by moving towards a Neighbourhoods or zoned approach to provision.
- 5.2.6 Unlike some other local authorities, Blackpool Council does not commission care visits of less than 30 minutes. The Council includes an element for travelling time paid in the hourly rate to its contracted care at home providers. The policy decision is intended to avoid 'call cramming' practices (leaving a call early/arriving late) and is founded in our commitment to the safety and welfare of service users and care staff.
- 5.2.7 A care at home model where fewer care providers deliver a higher proportion of care hours in a defined geographical footprint might offer opportunities for a smaller number of care providers to increase their turnover and profits by reducing associated operational and administrative overheads.
- 5.2.8 Between 2009 and 2015 the number of people receiving local authority funded domiciliary care in the UK decreased by 20%. Over the same period the hours delivered decreased by 6.8%. Fewer people are receiving more hours of care and support at home. This suggests that that nationally access to domiciliary care is being restricted to those with the greatest levels of care and support needs. ***Source: United Kingdom Homecare Association Summary An Overview of the Domiciliary Care Market in the United Kingdom May 2016.**
- 5.2.9 However, locally Blackpool is bucking this trend by directing resources at Intermediate Care and Reablement services designed to assist people to overcome or adapt to recent illnesses or disabilities by learning or relearning skills necessary to maintain their independence at home. Increasing numbers of people have been supported either at or closer to home by Intermediate Care services.

5.3 Service Users

- 5.3.1 Many Service Users are poorly and present with a range of complex needs and health conditions requiring increasing levels of support with medication regimes and routines. Some Service Users also present with very challenging behaviours.
- 5.3.2 Approximately 1,056 Adults (including Learning Disability and Mental Health clients) in Blackpool receive care at home services each week and contracted providers deliver a combined total of around 22,000 hours of care at home each week.
- 5.3.3 Around 27 Children in Blackpool receive care at home services each week totalling approximately 187 hours per week.

5.4 The Cost Of Care at Home In Blackpool

5.4.1 The rising expenditure is reflective of financial pressures across the care sector including; National Living Wage increases and employers pension contributions. Over recent years the reducing reliance on residential care has led to more people with complex needs and health conditions receiving care at home for longer than was previously the norm.

5.4.2 Adults care at home (includes: Older Adults, Learning Disability, Mental Health) across 2014 -2016 and projected costs for 2016/17:

2014/2015 – £6.780m

2015/2016 - £7.408m

2016/2017 - £8.270m

5.4.3 Supported Living (Shared accommodation where each individual requires support) across 2014 -2016 and the projected cost for 2016/2017:

2014/2015 - £5.335m

2015/2016 - £6.687m

5.4.4 2016/2017 - £7.763m (up to the end of December 2016) Children's Services care at home commissioned spend up to end December for 2016-2017 is £101,196.

5.5 Care at Home Providers

5.5.1 Care at Home Providers are regulated under the Health and Social Care Act 2008 by the Care Quality Commission which took over from the Commission for Social Care Inspection on 1 April 2009.

5.5.2 Blackpool Council Contracts with 17 Care at Home providers (Table 1), some of whom cover more than one client group across Adults, Learning Disabilities and Children's Services. Of these:

- Eight of the 17 providers are contracted to deliver care at home to Adults.
- Nine of the 17 providers are contracted to deliver care at home to Adults with a Learning Disability.
- Six of the 17 providers are contracted to deliver care at home to Children.

5.5.3 14 contracted care at home providers are rated by the Care Quality Commission as 'Good' and three are rated as 'Require Improvement' (one x Generic Adults and two x Learning Disability care at home providers). The quality of local contracted provision compares favourably with the national picture.

5.5.4 A further six domiciliary care providers operate within the Blackpool area, although Blackpool Council does not hold contracts with them.

5.5.5 The In-House Care Team is registered with the Care Quality Commission to deliver care at home and is rated 'Good'. The service focuses on stepping up/down care at home, urgent care, reablement at home, end of life specialist care and primary night care.

5.5.6 Table 1

Contracted Domiciliary Care Providers operating across Blackpool	Adults	Adults LD *Autism and ABI	Children
Autism Initiatives		* X	X
Carewatch (Blackpool, Fylde and Wyre)	X		
Cherish UK Limited	X	X	X
Comfort Call - Blackpool	X		
Creative Support - Blackpool Service (Learning Disabilities)		X	
Fylde Community Link		X	
Guardian Homecare (Blackpool)		X	
Homecare For You (Blackburn)	X		X
I Care (GB) Limited	X		
Napier Homecare Services Limited	X		
Safehands Care Limited	X		X
Sevacare - Blackpool	X		X
The Oaklea Trust (South Cumbria and Lancs)		X	
The Ormerod Home Trust Limited		X	X
UBU		X	
United Response (St Annes DCA)		X	
Lifeways		* X	

5.6 Local Workforce

5.6.1 Around 600 paid carers work for contracted external care at home providers delivering support to Adults and Children across Blackpool.

5.6.2 A further 467 paid carers work for contracted external Care At Home providers delivering Supported Living.

5.6.3 In addition, the Council's own In-House Care Team employs 40 staff, and a further 14 In-House care staff deliver the In-House Primary Night Care service which supports people requiring care during the night to remain at home.

5.6.4 Care providers offer a range of incentives to attract staff to join and remain with them. For example; by offering discount schemes, interest free loans, etc., but these benefits are not seen as attractive as the higher rates of pay offered locally in the retail and leisure sectors (Aldi, Lidl and Morrisons all offer an hourly rate of more than £8.20). A comparative Health Care Assistant post with the National Health Service pays between £7.84 – £9.34 per hour.

- Aldi £8.53 – £10.15 per hour (Blackpool Aldi)
<https://www.aldirecruitment.co.uk/apply/>
- Lidl £8.25 - £10.60 per hour (Blackpool Lidl)
http://careers.lidl.co.uk/cps/rde/career_lidl_uk/hs.xsl/customer-assistant-1735.htm
- Morrisons - £8.00 per hour (Blackpool)
<https://www.google.co.uk/#q=morrisons+jobs+salary>
- NHS Healthcare Assistant (Health Care Assistant Pre Degree) £7.84 - £ 9.34 per hour (£15,100 – £17,978 Pay grade 2). Patient care responsibilities include: direct care of patients in the placement areas, assisting with observations, hygiene needs, fluid balance, dressing changes movement, positioning and transfer of patients, completion of appropriate care records, supporting primary care practitioners and the clients in their self-care.
https://www.jobs.nhs.uk/xi/vacancy/44f67b080343edeb7bfafcaf1252a7af/?vac_ref=914511296

5.6.5 The overall effect of these pressures is that the size of the workforce remains fairly static with little to no increase in capacity.

5.7 Local Fees and Financial Viability

5.7.1 The cost of delivering care at home (Adults) to the Council is approximately £152,000 per week. The figure varies depending on the number of hours commissioned and delivered each week.

Service	2017/18	2016/17	2015/16	2014/15	2014/14
Generic Rate	13.21	12.55	11.35	11.35	11.00
% Increase	5.3%	10.6%	0%	3.2%	
Learning Disability Rate	13.71	13.00	Varied	Varied	Varied
% Increase	5.5%	4%			
Children's Rate	13.21	12.55	Varied	Varied	Varied
% Increase	5.3%	10.6%			

N.B. Every penny increase across care at home, direct payments and residential care rates costs almost £40,000 to the Council.

5.7.2 In 2016 Blackpool Council agreed to increase the fee rates to be paid Care At Home providers. This was necessary to enable care providers to meet their statutory obligations to pay at least the National Minimum Wage, to meet pension auto enrolment duties, and to provide for the effective training and workforce development. The Council proposed a number of practices and behaviours, or 'asks' that it expected to see established across the care sector in Blackpool. These are as follows:

1. Staff are paid in accordance with National Minimum Wage regulations for all hours worked and this includes payment of the National Living Wage to all eligible staff.
2. Zero hours arrangements are only used for 'bank' staff or for staff who genuinely want casual hours.
3. The Council offers the use of I-Pool for mandatory training areas.
4. Staff attend appropriate training during paid working hours.
5. All time at work is paid time.
6. Rest days are not used for sickness.
7. Consistency of carer is provided where possible.
8. No 'call cramming'.
9. Essential equipment is provided at no cost to staff.

10. Staff have the opportunity to meet with other care workers periodically to share best practice and learn from colleagues.
11. There is a clear process for staff to raise concerns about the people in their care and these are responded to appropriately.
12. Providers will join with the Council in delivering a positive message about pay rates and the care industry.

5.7.3 The Council also made a commitment to keep the care at home fees model under review and allow for a continuing dialogue with providers. Consultation with providers of social care has been underway since August 2016 with discussions focusing on:

- Contracted care providers would like to be able to pay over National Living Wage in order to attract a suitable workforce capable of meeting increasingly complex care needs around medication, dementia and challenging behaviours.
- Encouraging contracted care providers to move away from use of zero hours contracts. The current Care at Home Framework contract does not specify this, although the Council does not support the use of zero hours contracts. Some contracted care at home providers already offer staff fixed hours contracts of 15 – 30 hours per week or hours on availability, for example, (Wed, Thu, Fri) with the flexibility to pick up more hours by mutual convenience.
- Concern amongst local providers about their ability to maintain financial viability given level of profit margins and the uncertainties in the sector, for example, National Living Wage, pensions contributions, contract tendering exercises, potential future fee rates/uplifts and other challenges related to pay and conditions.
- Other financial factors affecting some providers include the introduction of an apprenticeship levy from April 2017, which will require providers with a payroll bill of more than £3million to pay a levy of 0.5% of their total pay bill to HM Revenue and Customs. There is also growing pressure from levels of the Care Quality Commission fees for care at home providers with a 60% increase planned for 2017/2018 as the Care Quality Commission moves towards whole cost recovery.

5.7.4 Provision has been made within the Council's medium term financial sustainability strategy for increases to the National Living Wage and minimum pension contributions expected over the next four years so that fee rates can be set at a level that allows providers of commissioned care, in particular care at home and residential care, to meet their statutory obligations.

5.8 Managing Quality Standards Complaints and Poor Performance

- 5.8.1 Local care providers are interested in delivering quality services in a challenging market with an ever changing client base and the demands working in the care sector places upon them. Care staff work largely unsupervised in an often isolated and uncontrolled environment delivering increasingly complex care plans to people with challenging needs, health conditions and behaviours, also managing and supporting medication regimes and routines.
- 5.8.2 The focus of care at home contract monitoring is to work with partners to support care providers meet the Council's required standards of care, and to develop and improve care at home services with emphasis on the safe delivery of care and the eradication of late and missed visits; making sure systems are in place for ensuring carers are where they need to be at the right time.
- 5.8.3 The working relationship between the Care Quality Commission and the Contracts Team is collaborative, and is based on a significant degree of trust and the shared goal of driving up standards of local care provision. There are lines of communication between individual Care Quality Commission inspectors and Contracts Team members and intelligence about individual services and service issues is proactively shared. The Council is not bound to follow the Care Quality Commission's lead and the Care Quality Commission is not bound to follow the Council's lead in respect of individual providers. However, where possible within the confines of the Care Quality Commission's regulatory regime and Council policy, there is consultation between the Care Quality Commission and the Contracts Team and feedback and ideas are shared.
- 5.8.4 Action and improvement activity is discussed by both parties in advance of implementation and where possible such action is coordinated. The relationship between the Care Quality Commission and Blackpool Council is recognised nationally as good practice.
- 5.8.5 The Contracts and Commissioning Team monitors social care providers that Blackpool Council holds contracts with. Contract Monitoring involves assessing Provider compliance with pre-defined performance criteria and contract terms. The Council and the Clinical Commissioning Groups operate a joint Managing Poor Performance Policy and procedures which are bespoke to Blackpool Council and Blackpool Clinical Commissioning Group and reflect successful local joint working arrangements.
- 5.8.6 In broad terms, a developmental approach is adopted that reflects mutual dependence and partnership and supports improvements in the first instance. Actions are proportionate to the perceived risks to service users; the seriousness of the issues; whether contractual obligations have been breached; the relationship with the service, and their view of and response to the poor performance. Decisions about actions to be taken are made on a case-by-case basis and take account of any related actions already

being taken through the Council's or Clinical Commissioning Group's Complaints Procedures and/or Safeguarding Adults Procedures.

5.8.7 Through performance monitoring the Council aims to address poor performance at an early stage by providing appropriate support to improve. Depending on the concerns identified support via quality monitoring may include:

- Expert provider support to develop and ensure compliant policy and practice across care at home sector
- Medication training
- Medication Management Pharmacist support
- Access to Council training sessions
- Access to Council's iPool training system
- Expert Dementia Awareness training sessions
- Expert Learning Disability Awareness training sessions.

5.8.8 The Council works collaboratively with contracted care at home providers (Table 2). Commissioners and managers regularly meet with sector representatives at the Adults Care at Home Provider Forum and the Learning Disability Provider Forum. The purpose of the Forums are to:

- develop quality care at home services
- share good practice
- develop strong communication
- promote networking within the sector
- promote partnership working.

5.8.9 A representative from the Council's Communications Team recently attended the Adults Care at Home Forum to discuss ways in which the Council can assist in raising the profile of care at home locally by publicising 'good news stories' and events such as the Annual Carer of the Year Awards.

5.9

Table 2 – Care Quality Commission Inspection Results - Contracted Domiciliary Care Providers in Blackpool

Location Name	Last Inspection	Overall
Autism Initiatives	12.02.16	GOOD
Carewatch (Blackpool, Fylde and Wyre)	25.06.16	REQUIRES IMPROVEMENT
Cherish UK Ltd	29.09.15	GOOD
Comfort Call - Blackpool	01.07.16	GOOD
Creative Support - Blackpool Service (Learning Disabilities)	27.05.16	GOOD
Fylde Community Link	05.10.16	REQUIRES IMPROVEMENT
Guardian Homecare (Blackpool)	25.06.16	GOOD
Homecare For You (Blackburn)	12.10.15	GOOD
I Care (GB) Limited	24.06.16	GOOD
Napier Homecare Services Limited	04.03.16	GOOD
Safehands Care Ltd	23.04.16	GOOD
Sevacare - Blackpool	02.07.16	GOOD
The Oaklea Trust (South Cumbria and Lancashire)	11.08.16	GOOD
The Ormerod Home Trust Limited	22.12.15	GOOD
UBU	14.10.16	GOOD
United Response (St Annes DCA)	10.02.16	GOOD
Lifeways	13.01.16	REQUIRES IMPROVEMENT

Does the information submitted include any exempt information?

No

List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting	9 March 2017

THEMATIC DISCUSSION – INTERMEDIATE CARE SERVICES

1.0 Purpose of the report:

1.1 To inform the Committee about the Intermediate Care services available in the Community in Blackpool and support a thematic discussion.

2.0 Recommendation(s):

2.1 For discussion as part of the Intermediate Care themed Scrutiny item.

3.0 Reasons for recommendation(s):

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

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

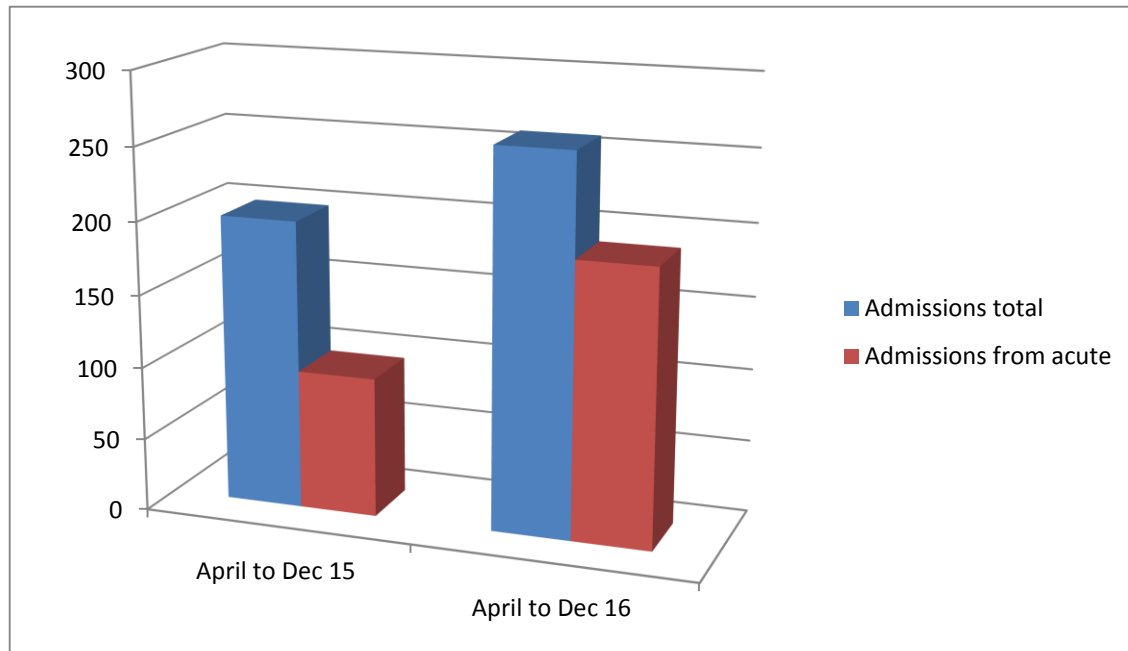
5.1 Intermediate care services are designed to help people adapt to a recent illness or disability by learning or relearning the skills necessary for independent daily living at home, and to ensure that people are supported to have assessments for long term services in an environment which is supportive and enabling.

Intermediate care services are delivered by professionals in health and social care working together to support people to achieve their goals.

- 5.2 In Blackpool our main community Intermediate Care Services are the reablement service which supports people in their own home and the Assessment and Rehabilitation Centre (ARC) service which supports people in a residential environment to facilitate a hospital discharge or prevent an admission. There is an increasing focus nationally and locally on delivering reablement services as close to home as possible, and this is supported by initiatives with the neighbourhood teams, rapid response and early supported discharge in health.
- 5.3 In April 2016, Blackpool Clinical Commissioning Group (BCCG), Blackpool Council and Blackpool Fylde and Wyre Teaching Hospitals (BFWTH) refocused investment in Blackpool to focus on delivering a more intensive service from one site and directly routing more people directly home from hospital to receive support. In recognition of the change to delivering more services at home, there was a reduction in bed based services from 53 to 33. The Assessment and Rehabilitation Centre service is now an integrated Health and Social Care service, supported by staff from the Council and the Blackpool Fylde and Wyre Teaching Hospitals with the Council holding the Care Quality Commission registration.

6.0 Residential Rehabilitation – ARC

- 6.1 In April – December of last year, **96** people were admitted to Assessment and Rehabilitation Centre following a stay in Hospital, with a total of **199** admissions. In the same period in 2016, **189** people have been admitted to the Assessment and Rehabilitation Centre following a stay in Hospital, with a total of **259** admissions.



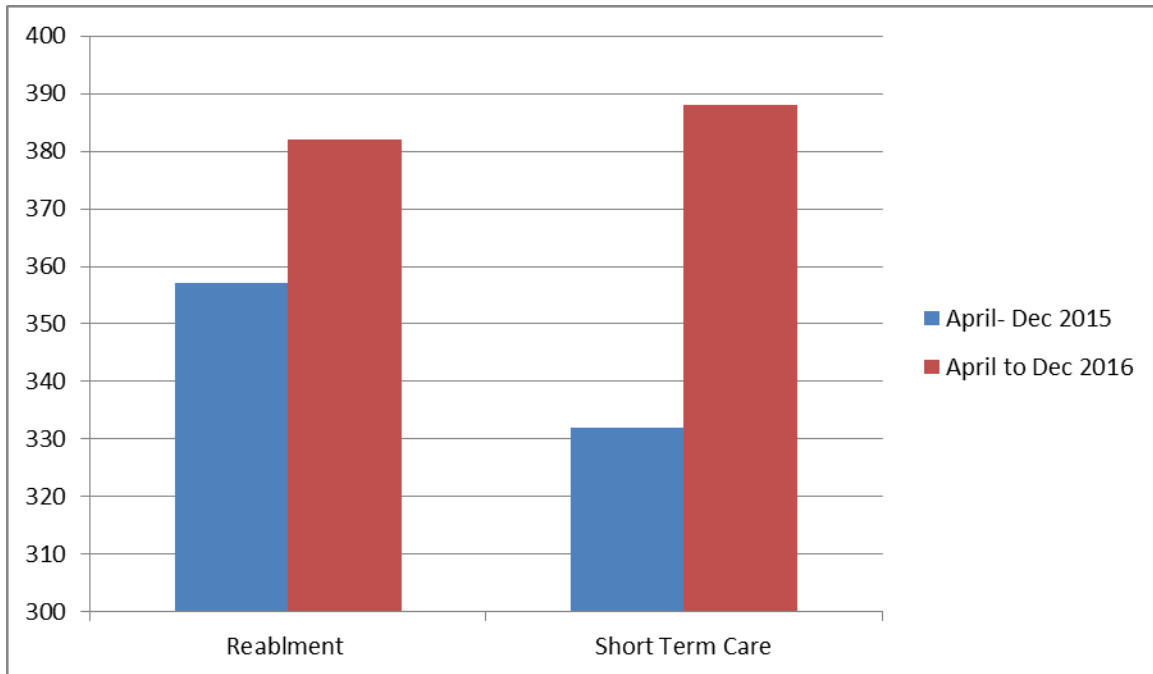
The overall number of admissions to Assessment and Rehabilitation Centre has increased by **30%**, with **97%** increase on the number directly from hospital.

- 6.2 With new, more focussed services in place and continuing to develop, **increased capacity has been achieved through reducing length of stay**. A new referral pathway has been put in to support referrals from community health services, these are now routed through the Rapid Response team. This team explore all options for the person to stay in their own home and receive support.
- 6.3 There are consistently vacancies available in residential rehabilitation, so we can be confident that although there has been a reduction in residential resource, there are not referrals routinely being declined due to service availability. It is the case, however, that there has been a higher demand for the ten beds which are “clinically led” with GP oversight and 24 hour nursing support, though this has been infrequent and with focus on timely discharges, capacity is freed up promptly to support new admissions. On one occasion to date there was a delay in admission of intensive stroke patients due to therapy availability, though admissions were arranged for these patients as soon as possible and alternative care was not required.
- 6.4 Length of stay has decreased from an average of 42 days per person prior to April 2016 to 29 days, with far fewer people staying more than six weeks. In this period last year 61 people stayed over 42 days, this year it has been 33.

- 6.5 The main reasons for delays in discharge has been the delivery of a complex two carer package of care, significant change in accommodation not foreseen on referral and finding a care home “for life” following a thorough assessment.
- 6.6 Last year, the 74% of people discharged were able to return home. Despite a significant increase in acuity with the introduction of clinically enhanced beds, over 70% of the people discharged in the first nine months of the service have been able to return home.
- 6.7 Where people have been discharged home from the ARC, a system follow up check is completed after 91 days. In this check for discharges in 96% of people discharged were still at home.

7.0 Reablement at Home

- 7.1 Our in house Home Care teams work with other professionals in the community to support timely discharges from, and prevent avoidable admissions to, hospital. The reablement at home function is commissioned from the team where the person has identified rehabilitation potential and will be working toward a reduced dependence on care services. The team also support timely discharges through the provision of short term care where a service provider is being identified, and will support people be as independent as possible during this period.
- 7.2 In 2015, the team supported 689 people between April and December. In 2016, the number has been 770. Overall there has been an 11.8% increase in demand for these services, with an increase of 7% in reablement services and 20.5% increase for short term care.



- 7.3 Most demand can be met with the resources available for Care at Home, however, where there is delay due to availability the themes are the availability of specific time slots or packages which require two carers. Additional resource has been secured until September 2017 to ensure that demand to meet hospital discharges can be met and discussions are ongoing with health colleagues to ensure that discharges are manageable next Winter.
- 7.4 The service is developing strong links with the developing neighbourhood services to maximise the potential for independence for individuals who have had a significant change to support them to access the right support and guidance, particularly where there is new medication, or where they have a new condition which they need to learn to manage.
- 7.5 In the last quarter of this year, the team worked with service users to reduce their dependence on formal care services and increase their control over their daily lives. Just under 400 hours per week were reduced from care packages through a successful reablement programme. 63% of people successfully completed the programme, with 66% of these requiring no ongoing formal care services on discharge.
- 7.6 Follow up system checks 91 days after discharge show that 87% of the people supported are still at home three months after their reablement period.

Does the information submitted include any exempt information?

No

List of Appendices:

None.

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/ External Consultation undertaken:

14.1 None

15.0 Background papers:

15.1 None

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Chris Kelly, Acting Scrutiny Manager.
Date of Meeting	9 March 2017

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 9(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 9(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 9(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 9(a): Resilient Communities Scrutiny Committee Workplan

Appendix 9(b): Scrutiny Review Checklist

Appendix 9(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 2016/2017	
9 June 2016	Children's and Adults Overview Report PRU Scrutiny update Introducing Infusion
14 July 2016	Council Plan – End of Year Performance Monitoring - Communities Children's Overview Report Adults Overview Report Thematic Discussion: Early Help
1 September 2016	Children's Overview Report Adults Overview Report Blackpool Challenge Board Report Children's and Adult's Customer Feedback Reports
13 October 2016	Council Plan – Q1 Performance Monitoring - Communities Thematic Discussion: Youth Justice System BSCB Annual Report
8 December 2016	BSAB Annual Report Children's Overview Report Adults Overview Report Council Plan – Q2 Performance Monitoring - Communities
26 January 2017	Children's Overview Report
9 March 2017	Adults Overview Report Thematic Discussion: Intermediate Care Thematic Discussion: Care at Home Council Plan – Q3 Performance Monitoring - Communities
27 April 2017	Children's Overview Report Update on Volunteer Strategy/Action Thematic Discussion: Community Engagement and the Infusion

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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	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
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.	April 2017	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	Update on attendance: 27 Nov 2015 – Cllrs Maycock, Cain, Mitchell, Humphreys, Critchley 13 Jan 2016 – Cllrs Cross, Ryan, O'Hara, G Coleman, Benson, L Taylor, Galley 28 Jan 2016 – Cllrs Adrian, D Coleman, Campbell 2 Feb 2016 – Cllrs Kirkland, Smith 12 April 2016 – Hunter 11 May 2016 - Jim Hobson, Derek Robertson, Lynn Williams, Tony Williams 10 January 2017 – David Owen 19 January 2017 – Cllr Mrs Wright 30 January 2017 – Cllrs Jackson, I Coleman, Elmes, Rowson	Amber
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. Future reports will be circulated in due course.	Green

DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
04.02.16	To receive any action plans developed from the Serious Case Reviews and the details of lessons learnt for detailed consideration.	Tbc	Del Curtis	To be received at a future meeting. Members to determine if the item should form the basis of a thematic discussion.	Not yet due
04.02.16	To receive regular updates regarding the Pilot Scheme for Respite Provision including occupancy rates and how the results of the pilot would inform future respite provision.	May 2016	Karen Smith	To receive regular updates, first one received for May 2016 and included in 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	The Committee agreed to receive the analysis of contacts received from the Multi-Agency Safeguarding Hub.	Tbc	Amanda Hatton	Date to be confirmed once timescale for analysis is identified.	Not yet due
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

DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
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.	Tbc	Andy Foot/Arif Rajpura	Further report to be requested.	Not yet due
12.05.16	The Committee agreed to receive a detailed update in approximately six months on Intermediate Care.	November 2016	Karen Smith	Included on the agenda	Green
12.05.16	To receive further details of the consultation event to be held regarding the review of Speech, Language and Communication across Blackpool and the strategic group established to implement the transformational plan for Autism Spectrum Disorder following the meeting.	31 October 2016	Val Raynor	Information to be circulated.	Not yet due
12.05.16	To receive a comparison of the uptake of Pupil Premium by early years settings attached to Children's Centres and settings unattached.	30 September 2016	Del Curtis	Information to be circulated.	Not yet due
09.06.16	To receive a thematic discussion paper on Care at Home to a future meeting of the Committee.	January 2017	Karen Smith	Included on the agenda	Green

DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
09.06.16	To receive a report in approximately nine months on developments in community engagement, including an update on the work carried out by the Infusion Service.	9 March 2017	Andy Divall	Added to workplan for April 2017.	Amber
13.10.16	To consider the new Blackpool Safeguarding Children Board Business Plan following its approval by the Blackpool Safeguarding Children Board.	Tbc	David Sanders / Paul Threlfall	To be added to workplan.	Not yet due