

Blackpool Council

27th May 2014

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 4 June 2014 at 3.00 pm
The Solaris, New South Promenade

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 Services in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 23RD APRIL 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held on 23rd April 2014 as a true and correct record.

3 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE- ANNUAL REPORT 2013/2014 (Pages 7 - 12)

To receive a report setting out a proposal for the Health and Wellbeing Board annual report 2013-2014

4 STRATEGIC COMMISSIONING GROUP UPDATE (Pages 13 - 20)

To receive a verbal update on issues related to the Strategic Commissioning Group.

5 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 21 - 24)

To update the Board on progress of the Pharmaceutical Needs Assessment for Blackpool.

6 BETTER CARE FUND (Pages 25 - 28)

To receive an update on the Better Care Fund (BCF) Plan for Blackpool.

7 QUALITY CARE FUND- CHILDREN AND FAMILIES BILL (Pages 29 - 82)

To consider the legal implications in regard to the SEN and Disability aspects of the 2014 Children and Families Act and agree the proposed future strategic approaches/ plans

8 QUALITY CARE UPDATE- THE CARE ACT 2014 (Pages 83 - 84)

To receive a report will outlining some of the key areas of impact and work presently being undertaken to prepare for the enactment of the Care Act 2014 over 2015/2016.

9 SOCIAL ISOLATION AND LONELINESS THEMATIC DEBATE (Pages 85 - 88)

To hold a thematic debate on issues around Social Isolation and Loneliness.

10 PROJECT SEARCH (Pages 89 - 92)

To receive a presentation on Project Search.

11 DATE OF NEXT MEETINGS

To note the date and venues of future meetings:

9th July 2014- Whitegate Health Centre
3rd September 2014- Whitegate Health Centre
22nd October 2014- City Learning Centre

Venue information:

Ground floor meeting room accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager , Tel: 01253 477157, e-mail lennox.beattie@blackpool.gov.uk

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Health and Wellbeing Board

23rd April 2014

Present:

Councillor Blackburn, in the Chair

Councillors Clapham and Rowson

Mr D Bonson and Mr R Fisher, Blackpool CCG

Dr Leanne Rudnick, GP Representative, Blackpool CCG

Mrs D Curtis, Assistant Chief Executive, Adult Services, Blackpool Council

Mrs S Harrison, Assistant Chief Executive, Children's Services, Blackpool Council

Simon Bone, Lancashire Fire and Rescue

Mr R Emmess, Blackpool Wyre and Fylde Council for Voluntary Services

Norma Rodgers and Joan Rose, Healthwatch Blackpool

Jane Higgs, NHS England

Also present:

Mr A Roach, Blackpool CCG

Ms L Donkin, Public Health Specialist, Blackpool Council

Mrs J Mills, Public Health Specialist, Blackpool Council

Jeannie Harrop, Senior Commissioning Manager, Blackpool CCG

Dr Michelle Martin, GP Lead for Cancer and End of Life Care, Blackpool Council

Mr I Master, Deputy Police and Crime Commissioner for Lancashire

Ms S Butterfield, Corporate Development Manager, Blackpool Council

Mr L Beattie, Executive and Regulatory Manager, Blackpool Council

Apologies:

Councillor Taylor, Blackpool Council

Richard Bayly, Lancashire Constabulary

Dr Amanda Doyle, Blackpool CCG

Ian Johnson, Blackpool, Fylde and Wyre Hospitals Trust

Dr Arif Rajpura, Assistant Chief Executive, Public Health, Blackpool Council

Heather Tierney-Moore, Lancashire Care

1. MINUTES OF THE MEETING HELD ON THE 26th February 2014

The Board resolved that the minutes of the 26th February 2014 be agreed as a correct record.

2. DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

3. HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE

The Board received an update presentation from Mr Butterfield, Corporate Development Manager, on the ongoing development initiatives of the Board and its partners. It considered an update on issues including the Peer Challenge, relevant Correspondence and items for the June agenda.

The Board received an update on the Peer Challenge noting that the informal feedback had been positive but that the full report would be brought to the next meeting.

Resolved:

1. To note the development update.
2. To note that the full report of the Peer Challenge would be submitted as part of the Health and Wellbeing Board Development Update to the June meeting.

4 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received an update on the work of the Strategic Commissioning Group. As part of this update the Board considered the minutes of the meeting of the Group held on the 3rd April 2014.

It was noted that as outlined at the previous meeting, the Better Care Fund bid had now been submitted and initial informal feedback had been positive, a full report would be brought to a future meeting.

Resolved:

To note the update.

5. UPDATE FROM LANCASHIRE QUALITY SURVEILLANCE

The Board received an update on the work of the Lancashire Quality Surveillance Group. It noted the purpose of the Quality Surveillance Board was to provide a forum for reviewing performance of health and care organisations and sharing information and intelligence on quality of care.

The Board noted in response to questions that there were strong links between the Group and the local and national Healthwatch.

The Board considered future reporting arrangements and concluded that the best course of action was for the Clinical Commissioning Group to consider this issue further.

Resolved:

1. To note the content of the report.
2. To refer the report to the next meeting of the Clinical Commissioning Group to agree the best timescale for future reporting.

6. JOINT HEALTH AND WELLBEING STRATEGY PERFORMANCE (END OF YEAR)

The Board considered the Joint Health and Wellbeing Strategy Performance. It noted the indicators which were categorised into three core themes as set out in the Strategy namely Health Lifestyles, Health and Social Care and Wider Determinants of Health.

The Board agreed that that the indicators formed a useful background on performance, noted that the document itself was particularly readable and noted the key highlights.

It considered that the best future course of action was to ensure that indicators were monitored and addressed within the development of strategies.

Resolved:

1. To note the end of year performance report
2. To identify key issues at future meetings.

7. BLACKPOOL SEXUAL HEALTH ACTION PLAN 2013-2015

At its January meeting, the Board held a priority debate on Sexual Health.

The Board considered an action plan that had been developed based on the priorities and issues outlined at that meeting. The Board received a brief presentation from Judith Mills outlining the action plan.

Resolved:

To approve the Blackpool Sexual Health Action Plan for 2013/2014 to 2015/2016.

8. BLACKPOOL FAIRNESS COMMISSION UPDATE

Amanda Bennett updated the Board as to the work of Blackpool Fairness Commission and its priorities for the coming year.

Amanda highlighted the achievements to date of the Blackpool Fairness Commission including the 100 acts of kindness, the involvement in the Big Knit, the Enjoy and Respect Campaign, Dementia Friends Training and the success of the North of England Fairness Conference. These events were outlined in the Fairness Commission's annual report which was circulated with the agenda.

Amanda then outlined the Commission's key actions through its forward plan for the forthcoming year notably Volunteer Month including the relaunch of the Acts of Kindness campaign, Easter Buddies, Social Isolation and Loneliness, Fairtrade and the development of Social Enterprises.

The Board noted that the Chairman of the Fairness Commission was Dr Rajpura and suggested that it was important to ensure that the Commission continued to play an active role in the delivery of the Board's priorities and linked well with the Board.

Resolved:

To note the update on the Fairness Commission.

9. CANCER THEMATIC DEBATE

The Board undertook a thematic debate on issues related to cancer. The debate included a presentation on key statistics on cancer in Blackpool, examples of current work and work planned over the coming months.

The Board noted the particular problems that Blackpool had in experiencing a 37% higher death rate from cancer compared to national average. It expressed particular concerns regarding the levels of late diagnosis and lower than average participation rates in NHS Cancer Screening Programmes.

It expressed concern about these issues and also suggested that future national initiatives especially in advertising should be notified to health sector partners in advance to enable further joined up working.

The Board also suggested that there should be wherever possible linkages between cancer screening and the All Together Now programme.

Resolved:

1. To note the presentation
2. To receive an action plan at a future meeting.

10. DEMENTIA CAMPAIGN

The Board considered the response from Public Health England on the Prime Minister's Challenge on Dementia.

It was noted that Blackpool Council had submitted a plan to the Dementia Action Alliance stating the commitment to becoming a Dementia Friendly Community and to recruit Dementia Friends. This would meet key outcomes on the previously agreed Mental Health Action Plan.

Resolved:

To agree and support the local response to the Prime Minister's Challenge on Dementia.

11. DATE OF FUTURE MEETINGS

The Board noted the dates of the next meetings as follows:

Wednesday 4th June 2014
Wednesday 9th July 2014
Wednesday 3rd September 2014
Wednesday 22nd October 2014

The Chairman closed the meeting at 4.45pm

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Report to:	Health and Wellbeing Board
Item number	3
Relevant Officer:	Traci Lloyd-Moore, Health and Wellbeing Board Policy Officer, Blackpool Council

Health and Wellbeing Board Development Update – Annual Report 2013-2014

1.0 Purpose of the report:

- 1.1 To receive a report setting out a proposal for the Health and Wellbeing Board annual report 2013-2014

2.0 Recommendation(s):

- 2.1 The Board is asked to consider and approve the scope of the Health and Wellbeing Board annual report as set out in this paper
- 2.2 To task the Health and Wellbeing Board Policy Officer to prepare a draft annual report for final approval in July 2014.

3.0 Reason for Recommendation(s):

- 3.1 The underlying principles of Health and Wellbeing Boards as set out in the Health and Social Care Act 2012 includes an undertaking to promote openness and transparency in all aspects of its work and inclusiveness in the way it engages with partners, patients, service users and the public. To this end it is proposed that an annual report is produced to promote the purpose of Blackpool Health and Wellbeing Board and to summarise the work of the board in its first year of formal operation. This paper sets out the proposed scope and seeks Board members views on the approach being taken to develop it.

3.2 Alternative Options:

As outlined in the reason for recommendation there are no other suitable alternative options.

4.0 **The relevant Council Priority is**

- Improve health and well-being especially for the most disadvantaged

5.0 **Background Information**

5.1 The annual report will reinforce the commitment to ensure that local people and wider stakeholders are involved and engaged in the work of the Board and allow the Board to evaluate its own performance and check that members, both collectively and individually are fully contributing towards its success. The development of an annual report will also illustrate the principles that underpin the purpose and work of the Board which include:

1. Shared and strategic leadership of the health and wellbeing agenda
2. A commitment to driving systems change to improve services and outcomes
3. Parity between board members in terms of the opportunity to contribute to the delivery of strategic priorities
4. Shared ownership and accountability of the board by all its members
5. Openness and transparency in the way that the board conducts its work
6. Inclusiveness in the way it engages with partners, patients, services users and the public.

The following sections set out the potential scope of the annual report giving some detail of the content of the report and the approach being taken to gather data.

5.2 **Context for Health and Wellbeing Boards**

This section will set out the purpose and functions of Health and Wellbeing Boards citing legislation and national policy including the Health and Social Care Act 2012 and will draw upon work undertaken locally to develop the Board since becoming a formal statutory body. It will describe:

1. The origins and purpose of Health and Wellbeing Boards
2. The purpose of the Health and Wellbeing Boards
3. The governance of Blackpool Health and Wellbeing Board
4. The vision of Blackpool Health and Wellbeing Board

The purpose of this section will serve to reiterate the role of the Board and to communicate this with other partnership structures, stakeholders and local residents

5.3 **The Work of Blackpool Health and Wellbeing Board**

This section will highlight and make an assessment of the work undertaken by the Board in improving health outcomes for the people of Blackpool:

1. The JSNA refresh – details of the current JSNA and the process adopted to identify priorities that can be translated into action through the JHWS

2. The JHWS - details of progress against baseline performance indicators as approved by the Board and a narrative setting out practical progress to achieve the vision of the JHWS against each of its strategic priorities
3. The role of the Strategic Commissioning Group – details of the role/purpose of the group and key activities undertaken to date
4. Review of CCG and Adult Social Care Commissioning Plans – the Board’s review of the commissioning intentions of the CCG and ASC in relation to its own identified strategic priorities
5. The role of Public Health in leading the implementation of the JHWS
6. The Pharmaceutical Needs Assessment – details the process of developing the assessment, the role of the PNA working group and progress to date
7. Stakeholder Engagement – a summary of the Boards inaugural event in October 2013 and actions taken forward
8. The Better Care Fund - the national context for the BCF, the role of the Board in developing and implementing the plan for Blackpool and what this will mean for the future of health and social care provision
9. Updates on the Francis Report and Winterbourne View – the Board in its role to quality assure the Blackpool response to agreed recommendation across relevant organisations
10. Joint discussions between Health and Wellbeing Board, Healthwatch and Health Scrutiny - to outline and agree expectations and ambitions for working together
11. Working with Healthwatch - to outline the work of the Board to date to mobilise the work of Healthwatch locally
12. Peer Challenge – the purpose of the challenge and key findings
13. Performance and accountability – development of the performance framework and how the Board will use this mechanism to hold itself and wider partners to account for the outcomes it intends to achieve
14. Thematic debates and JHWS action plans – to outline the purpose of the debates and how these inform action planning
15. Safeguarding - the relationship between the BSCB, BASB and the Board and future working
16. Decisions taken by the HWB – details of all major decisions taken by the board and other major decisions that can be attributed to the HWB

The Health and Wellbeing Board as a Partnership

A key feature of Health and Wellbeing Board’s has been the creation of a partnership structure that can provide shared leadership to improve health and wellbeing that reaches across organisations.

This section will focus on the views of board members and key partners to assess the partnership performance of the Board itself. Existing self assessment tools devised by the LGA and the recommendations outlined in the Health and Wellbeing Peer

Challenge feedback letter will be utilised and used to evaluate the partnership maturity of the board across some key areas including;

1. Health and Wellbeing Board vision
2. Health and Wellbeing Board strategy
3. Health and Wellbeing Board leadership
4. Needs assessment and management of priorities
5. Governance
6. Information and intelligence

Based on the initial self-assessment carried out in September 2013 board members and key partners will be asked to assess how the board is developing and to better understand what can be done to strengthen its role.

To support this section Board members are asked to produce a summary of their role on the Board, an assessment of how the Board is developing, a positive example of the Board in action and what can be done to strengthen the role.

Future Work of the Health and Wellbeing Board

This section will set out the future direction drawing upon the self-assessment conducted in September 2013, the peer challenge recommendations and key actions/outcomes from the development session held on 21st May 2014.

Does the information submitted include any exempt information?

No

List of Appendices: None

6.0 Legal considerations:

6.1 Please see local and national policy in the background information.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 Key actions outlined in the Joint Health and Wellbeing Strategy Equality Impact Analysis will be used to inform the overall assessment of the work of the Board and included in Section 3 of the annual report

9.0 Financial considerations:

9.1 None

10.0 Background Papers

10.1 None

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Report to:	Health and Wellbeing Board
Decision or Item number	4
Relevant Officer:	Delyth Curtis, Assistant Chief Executive/Director Adult Services, Blackpool Council

Strategic Commissioning Group Update

1.0 Purpose of the report:

1.1 To receive a verbal update on issues related to the Strategic Commissioning Group.

2.0 Recommendation(s):

2.1 To note the update.

3.0 Reason for recommendation(s):

3.1 The Board has as a key responsibility to receive regular updates on the work programme of the Strategic Commissioning Group and to review future actions. The notes of the meeting of the Strategic Commissioning Group on the 14th May 2014 are attached for information at Appendix a

3.2 Alternative Options:

As outlined in the reasons for recommendations there are no other suitable alternative options.

4.0 Council Priority:

4.1 The relevant Council Priority is

- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 Key items considered at the meeting included an update on the Better Care Fund – final submission, which will be covered separately on the Board agenda and update reports on Mental Health, Healthy Weight and Sexual Health Action Plans presented by the relevant Action Plan leads.

5.2 On reviewing the action plan reports, overall the Strategic Commissioning Group were satisfied that good progress is being made and have, where appropriate identified areas where further work or action is required, these recommendations are detailed in the attached meeting notes. Action plan leads will need to provide assurance in their future reporting to the group that any additional actions are included in the action plan and that they are being addressed.

5.3 List of Appendices:

Appendix 4a – Strategic Commissioning Group Notes and Actions 14
May 2014

6.0 Legal considerations:

6.1 None

7.0 Equalities considerations:

7.1 None

8.0 Financial considerations:

8.1 None

9.0 Background papers:

9.1 None

**Strategic Commissioning Group
Notes and Actions
Wednesday 14 May 2014, 1:30-3:00pm
Boardroom, Stadium**

Present	<p>Delyth Curtis Chair, Assistant Chief Executive/Director - Adult Services, Blackpool Council Steve Thompson, Assistant Chief Executive – Treasurer Services, Blackpool Council Dr Mark Johnston, title, Blackpool CCG Helen Lammond-Smith, Head of Commissioning, Blackpool CCG David Bonson, Chief Operating Officer, Blackpool CCG Gary Raphael, Chief Finance Officer, Blackpool CCG Andy Roach, Director of Integration and Transformation, Blackpool CCG Dr Arif Rajpura, Director of Public Health, Blackpool Council Jane Cass, Head of Public Health, NHS England (Lancashire) Liz Petch, Public Health Specialist, Blackpool Council Dr Amanda Doyle, Chief Clinical Officer, Blackpool CCG Lynn Donkin, Public Health Specialist, Blackpool Council Judith Mills, Public Health Specialist, Blackpool Council Wendy Swift, Director of Strategy/Deputy Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust</p>
Also present	<p>Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council</p>
Apologies	<p>Jane Higgs, Director of Operations and Delivery NHS England (Lancashire) Traci Lloyd-Moore, Health and Wellbeing Project Officer, Blackpool Council Sue Harrison, Director of Children’s Services, Blackpool Council</p>

1.	<p>Apologies Apologies were noted.</p>
2.	<p>Welcome and Introductions. Delyth welcomed everyone to the meeting.</p>
3.	<p>Notes and actions from previous meeting. Notes from the previous meeting were agreed.</p>

<p>4.</p>	<p>Better Care Fund Final Submission.</p> <p>Andy Roach gave an update on the submission. There had been no formal feedback although there had been some discussion with NHS England around risk management and mitigation in relation to funding coming out of the acute trust. There is also a need to ensure that the submission is aligned to the two and five year plans.</p> <p>A programme board has been established, and four work-streams have been set up: design and delivery; ICT; finance; and workforce development. Each of these will develop a PID with support from the CSU. More work-streams may be identified. Clear lines of governance and accountability will be required and areas of overlap between the BCF and the Out of Hospital Strategy need to be identified – the work needs to align not duplicate. The BCF will be resubmitted in June.</p> <p>Arif enquired as to whether representatives from the police were on the Board. Action: Helen Lammond-Smith to contact Stuart Noble</p> <p>Further discussion followed regarding the need for clarity in how the BCF Board is connected to other Boards and work programmes such as Better Start, HeadStart, Out of Hospital Strategy and 5 year Strategic Plan.</p> <p>Arif advised that the design of the new health and social care system will be crucial and that we must stick to the principles of community-oriented primary care, replicating the methodology used in the Grange Park alcohol enquiry and taking a ‘family approach’ giving an example that social isolation does not just affect older people.</p> <p>Action: Andy Roach, Judith Mills and Helen Lammond-Smith agreed to meet to map out the various programmes of work currently ongoing and report back to the SCG.</p>
<p>5.</p>	<p>Fylde Coast Strategic Plan and Out of Hospital Strategy</p> <p>David Bonson informed the SCG that a meeting with the Lancs area team had taken place to discuss Fylde Coast’s acceptance that the plans need to triangulate.</p> <p>The strategy will be presented to the Health and Wellbeing Board and a series of community engagement events will be held.</p> <p>A step change will be required to achieve the efficiencies required. The strategy encompasses the BCF plan plus some wider issues including mental health, children and adults.</p> <p>Action: David Bonson to bring a report to the next SCG on 18 June, with the full strategy and its themes in preparation for its presentation to the HWB Board in July.</p>

6.	<p>JHWS Action Plans Quarterly update</p> <p>a. Sexual Health</p> <p>Judith Mills reported good progress overall with this action plan. Some actions are slightly behind but everything else is on track.</p> <p>It was questioned why only 1 out of the 7 actions for sexual violence is complete, Judith explained that this is because schools take longer to implement the actions and that PHSE teams are working to identify what services different agencies should provide. An offer will be made to secondary Headteachers soon and also with regards to the school nursing service.</p> <p>HIV late diagnosis has shown an increase but these are very small numbers (3) since November. A discussion followed about screening for HIV and some of the issues involved.</p> <p>Action: Judith Mills to bring a further report on HIV screening to the next SCHG meeting.</p> <p>b. Mental Health</p> <p>Helen Lammond-Smith presented an overview of key actions and milestones for this quarter. A discussion around some of the issues associated with mental health took place. Arif referred to the neighbourhood model and the importance of linking people to voluntary organisations, with community health workers as navigators who could coach and direct people.</p> <p>David Bonson commented that there was a need to bring skill sets together and have a greater understanding of localities.</p> <p>c. Healthy Weight</p> <p>Lynn Donkin advised the SCG that steady progress had been made on this action plan. 25 actions were on track, 8 not yet due to start and 3 red – all of which were due to reduced capacity within the Travel Team, which was being discussed with Leisure Services.</p> <p>It was a priority to establish the Healthy Weight Steering Group as a Peer Review recommendation.</p>
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<p>7.</p>	<p>Health and Wellbeing Board update</p> <p>Development Day</p> <p>Venessa Beckett advised that the Health and Wellbeing Board Development Session was planned for 21 May. Sir Steve Houghton, Leader of Barnsley Council and Chair of Barnsley HWBB will facilitate the session, which is intended to be hands on and practical and aimed at helping the Board to move forward.</p> <p>Future HWBB agenda items</p> <p>Agenda items for July include Dementia debate, Blackpool’s 5 year Strategic Plan and Out of Hospital Strategy, Tobacco Strategy and Health and Wellbeing Board Annual Report. Items for September include BCF (tbc), the Disabled Children’s Charter.</p> <p>Action: Traci to check if Better Care Fund and LAC are on the HWBB agenda in June or July.</p>
<p>10.</p>	<p>Agenda Items for Next Meeting</p> <p>Items for the next SCG meeting include:</p> <ul style="list-style-type: none"> • BCF • End of Life Strategic Group – Jeannie Harrop will attend to give an update • HIV update – Judith Mills • Tobacco Strategy
<p>11.</p>	<p>AOB</p> <p>QSG Future updates</p> <p>It was agreed that the SCG would have sight of future reports prior to their submission to the HWBB.</p> <p>Data Access and Analyst Support report</p> <p>Liz Petch tabled the report which suggested that the CCG can potentially unlock NHS data that could inform the JSNA. A discussion followed and it was agreed that a meeting would be held to reach an agreement with regards to information sharing.</p> <p>Action: Liz Petch to contact Janet Barnsley at the CSU to progress</p> <p>HWB Project Officer Post</p> <p>Funding for the post is due to end later this year however there is still a requirement for the post to support the work of the Health and Wellbeing Board in the future.</p> <p>Action: Del Curtis and Judith Mills to prepare a proposal for discussion at the next SCG.</p>

12.	DATES OF FUTURE MEETINGS All meetings will run 1:30-3:30pm in the Anteroom unless otherwise indicated as follows: <ul style="list-style-type: none">• Weds 18 Jun• Weds 6 Aug• Thurs 25 Sept (Boardroom)
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Report to:	Health and Wellbeing Board
Item number:	5
Relevant Officer:	Liz Petch, Public Health Specialist, Blackpool Council Stephen Gough Local Professional Networks Lead, NHS England

Pharmaceutical Needs Assessment (PNA) Update

1.0 Purpose of the report:

1.1 To update the Board on progress of the Pharmaceutical Needs Assessment for Blackpool.

2.0 Recommendation(s):

2.1 To note the update and consider any further actions or issues relating to the ongoing development of the Pharmaceutical Needs Assessment.

3.0 Reasons for recommendation(s):

3.1 On 1st April 2013, statutory responsibility for publishing and updating a statement of the need for pharmaceutical services passed to Health and Wellbeing Boards. This statement of need is referred to as a Pharmaceutical Needs Assessment (PNA). Health and Wellbeing Boards must ensure Pharmaceutical Needs Assessments are updated and published by April 2015.

3.2 Alternative Options:

As outlined it is a statutory requirement for the Board to ensure Pharmaceutical Needs Assessments are updated and published.

4.0 Background Information

- 4.1 The Pharmaceutical Needs Assessment has a number of key purposes:
- It is used by NHS England to make decisions on applications to open new pharmacies and dispensing appliance contractor premises
 - It can support Health and Wellbeing Boards to work with providers to target services in areas where they are needed and limit duplication of services where provision is adequate.
 - It will inform interested parties of the pharmaceutical needs in Blackpool and enable work to plan, develop and deliver pharmaceutical services for the population.
 - It will inform commissioning decisions of local authorities, NHS England and Clinical Commissioning Groups.

In April 2013, the Board received a report which outlined the new responsibilities of Health and Wellbeing Boards in relation to the Pharmaceutical Needs Assessment . At that meeting it was agreed that further discussions should take place between the Board and NHS England Local Area Team (Lancashire) to clarify the process and resource arrangements.

In November 2013 a pan-Lancashire working group was established to co-ordinate the production of the Pharmaceutical Needs Assessment on behalf of the Health and Wellbeing Boards across the three localities of Lancashire, Blackpool and Blackburn with Darwen.

Membership of the group currently includes representatives from the local authority (leads from each area), Public Health Specialist / Intelligence Teams, NHS England (Local Area Team) Local Pharmaceutical Committee, Healthwatch, Local Professional Network and Health and Wellbeing Board support officers.

The group's primary role is to develop structures and processes in order to support the preparation of a comprehensive and up to date Pharmaceutical Needs Assessments for each locality; building on expertise from across the local healthcare community. A key aspect is to ensure that the Pharmaceutical Needs Assessments integrate with the Joint Strategic Needs Assessment, becoming an integral part of the commissioning process which fully reflects the future needs of Lancashire's populations.

The group has devised a project plan to ensure all key components needed to inform the Pharmaceutical Needs Assessment are in place and developed a communication plan so that the widest possible range of stakeholders have the opportunity to contribute to the development of the Pharmaceutical Needs Assessment and inform the process at regular intervals throughout the year.

An inaugural event took place on 28th March 2014 at the Gujarat Centre in Preston, which brought together members of the three Health and Wellbeing Boards, Clinical Commissioning Groups, Pharmacies, GPs, health professionals and practitioners to learn about the work of the group and to share their views and opinions to start to shape the Pharmaceutical Needs Assessment for the three localities.

4.2 Next Steps

The group is currently collecting and consolidating data to be used in the PNA's working closely with intelligence teams in each area and NHS England (Local Area Team).

A Pharmaceutical Needs Assessment questionnaire has been disseminated to community pharmacies – the information submitted will be used to ensure that all data held about the pharmacy and the services provided by the pharmacy are correct. This data will be included in the Pharmaceutical Needs Assessments when they are published. The questionnaire will also help to identify gaps in service provision as part of the Pharmaceutical Needs Assessment process.

Drafting of the Pharmaceutical Needs Assessments for each locality will commence in June 2014 and preparations for a second stakeholder event to launch a formal 60 day consultation on the draft documents will take place in Autumn 2014.

4.3 List of Appendices:

None

5.0 Legal considerations:

5.1 The Pharmaceutical Needs Assessment forms the basis on which community pharmacy applications from businesses, including independent owners and large pharmacy companies are considered by NHS England under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Health and Wellbeing Board's will need to ensure Pharmaceutical Needs Assessments comply with regulations and that mechanisms are established to keep the Pharmaceutical Needs Assessment up-to-date as decisions can be contested and open to legal challenge if not handled properly.

6.0 Equalities considerations:

6.1 To ensure due regard is given to equality and the Public Sector Equality Duty an Equality Impact Assessment of the Pharmaceutical Needs Assessment for each area

will be undertaken.

7.0 Financial considerations:

7.1 Pharmaceutical Needs Assessments are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. Health and Wellbeing Board's will need to ensure that the data which underpins the PNA is well researched and update to date to ensure that the right services are commissioned to meet local needs.

8.0 Background papers:

8.1 None

Report to:	Blackpool Health and Wellbeing Board
Item number:	6
Relevant Officer:	Dr Mark Johnston, Associate Director Acute Commissioning and Service Redesign Blackpool Clinical Commissioning Group

Better Care Fund Update

1.0 Purpose of the report:

1.1 To receive an update on the Better Care Fund (BCF) Plan for Blackpool.

2.0 Recommendation(s):

2.1 To consider and comment on the items covered in the update.

2.2 To identify any further actions or issues and agree next steps.

3.0 Reason for Recommendation(s):

3.1 As part of the Governments June 2013 Spending Review the £3.8bn Better Care Fund (BCF) was announced. The fund is a “single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. Health and Wellbeing Boards have a vital role to play in the implementation of the Better Care Fund (BCF) locally and are responsible for signing off the plans developed by the local authority and Clinical Commissioning Groups. In doing so Boards must be assured plans are appropriate to local needs and address specific national requirements before being taken forward for ministerial sign off.

3.2 At the time of writing this report NHS England published a holding statement, regarding the submission of Better Care Fund (final) plans in April. Whilst it acknowledged that plans had improved considerably since the draft submissions in February, it noted some areas still need further clarification and information before plans can proceed for ministerial sign off. A single statement covering the latest position, timescales and additional guidance is expected shortly.

3.2 **Alternative Options:**

There are no other suitable alternative options.

4.0 **Background Information**

4.1 Taking forward the preparatory work led by the Strategic Commissioning Group, the Better Care Fund Programme Board established in February 2014 is a multi-organisational group responsible for the co-ordination of the locality plan for Blackpool and the design and implementation of all aspects of the Better Care Fund model described in the plan.

4.2 The Programme Board has been working hard over the past three months to:

- Work up the (final) locality plan for Blackpool, applying feedback from NHS England and national partners on the draft submission. The final plan was submitted to NHS England in April 2014.
- Develop its governance and accountability arrangements (as set out in the PID attached under appendices)
- Initiate the Better Care Fund 'Programme'. This has involved the creation of five workstreams (Design, Delivery & Estates, IT, Finance, HR & Workforce and Communications). Supported by Task and Finish groups, workstreams are responsible for constructing the Better Care Fund model to ensure it will be ready to be implemented in 2015/16 and will report at regular intervals to the Programme Board on progress.
- Secure interim programme management support from Lancashire CSU to support the set up of the aforementioned workstreams.
- Integrate and align the Better Care Fund plan with the Out of Hospital Strategy and Fylde Coast 5 Year Strategic Plan.
- Source best practice and key learning from Better Care Fund pioneer sites across the Country to inform the development of the model for Blackpool (which is an ongoing area of work)

Does the information submitted include any exempt information?

No

4.3 **List of Appendices:**

None

5.0 Legal considerations:

5.1 None

6.0 Equalities considerations:

6.1 None

7.0 Financial considerations:

7.1 None

8.0 Background papers:

8.1 Better Care Fund Programme Board PID
Better Care Fund Final Submission (April 2014)

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Report to:	Health and Wellbeing Board
Decision or Item number	7
Relevant Officer:	Dr Simon Jenner, Principal Educational Psychologist, Blackpool Council
Date of Decision	4 th June 2014

Quality Care Update- Children and Families Bill

1.0 Purpose of the report:

- 1.1 To consider the legal implications in regard to the SEN and Disability aspects of the 2014 Children and Families Act and agree the proposed future strategic approaches/ plans

2.0 Recommendation(s):

- 2.1 To approve the approach taken by Blackpool Council and Clinical Commissioning Group along with all the relevant policies and procedures.
- 2.2 To note that these can change, if statutory guidance and/or the final Code of Practice mean that they have to do so and to also note they can be modified if required, following feedback from parents of and/or children/young people with SEN and/or a disability

3.0 Reasons for recommendation(s):

- 3.1 The Children and Families Act, 2014 introduced "*the largest scale changes for a generation*" in relation to 0-25 year olds with SEN and/or a disability and their families. The majority of these changes have to be implemented by 1st September 2014. There are significant implications for both the council and health.

3.3 Other alternative options to be considered:

The option would be not to implement the changes but this would leave Blackpool open to legal challenge, lead to dissatisfaction from parents/ young people/ other agencies who have been involved in developing the work and leave the town vulnerable to future inspections

4.0 Council Priority:

4.1 The relevant Council Priorities are

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

5.1 The Children and Families Act, 2014 is to lead to significant changes for health commissioners/ providers and the local authority in terms of work with 0-25 year olds with SEN and/or a disability and their families. The highlighted changes are:

- joint commissioning for 0-25 year olds with SEND and their families
- education, health and care plans (EHCP) replacing Statements, with an age range of 0-25 years covered
- full involvement of parents and young people in approaches
- a local offer being developed to outline what statutory services offer for SEND, which is interactive and dynamic, influencing commissioning
- options of personal budgets for families and young people post statutory school age
- new appeals processes in place if parents/ young people disagree with an approach/ provision.

5.2 Please refer to the background paper SEN and Disability Aspects of the Children and Families Act 2014: Key Local Changes and Plans, for a fuller explanation of these changes.

Significant work has occurred locally to prepare for the legal implementation on the 1st September 2014.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 7a Briefing Note

Appendix 7b: Joint SEND Commissioning Plan

Appendix 7c: Local Offer Processes

Appendix 7d: Meeting SEND within Blackpool Schools and Early Years Settings

Appendix 7e: Blackpool Council and Clinical Commissioning Group Personal Budget Plan

6.0 Legal considerations:

6.1 The statutory legal implications, indicated in the second draft Code of Practice (April 2014) have been incorporated into all the plans enclosed, with other aspects covered by both system and procedure.

7.0 Human Resources considerations:

7.1 Agreement has already occurred for the employment of posts on a temporary basis to implement aspects of the Act, using resources highlighted by central government to do so. Other posts have been slightly amended and the work force trained in the new approaches required, for instance person centred planning.

7.2 Any future human resources implications will go through due process. These will only emerge once the proposed systems have been implemented and reviewed following a year.

8.0 Equalities considerations:

8.1 The strategic approaches all meet the needs of children/ young people with SEN and/or a disability. All strategic approaches will be available in a user friendly version on the Local Offer site. Documents and links will also be available in a number of formats (larger print, via voice and in main community languages). An advocacy charity will be commissioned on a year's basis to trial work to further engage children/ young people unable to make their views known verbally. This is the same charity currently working with adults with learning disabilities.

9.0 Financial considerations

- 9.1 Finance will be required to implement and sustain the changes. The full implications will not be fully known until the governments final Code of Practice has been published and locally analysed. Local Authorities have been given initial start-up money (Blackpool, £127 000). This is to transfer current Statements of SEN into EHCPs, put in place communication, initial training and system changes. Mid-term resource from central government, in terms of new burden finance is likely, but the exact amount is yet to be established.

10.0 Risk management considerations:

The authority and health board are at risk if the approaches are not agreed by :

- 10.1 Not meeting legal duties
- 10.2 Being open to challenge from parents/ young people, for instance more tribunals (a legal approach)
- 10.3 Loss of confidence in the council from the parents, young people , statutory bodies and charities who have helped develop the approaches outlined in the enclosed paper
- 10.4 Being open to poor future inspections of council and/ or health services

11.0 Internal/ External Consultation undertaken:

- 11.1 With chairs of governors / Headteachers and SENCos of schools at various meetings 2013/14, and as part of the membership of work streams
- 11.2 With early years providers at an event in May 2014 and via work streams
- 11.3 With colleges as part of work streams and direct work with them.
- 11.4 With parents as part of regular meetings at parent's forum, 2 large scale parents' events (April 2013, March 2014) and their involvement in work streams. A DVD of the event in 2013 has been produced to help inform the ongoing work around the changes.
- 11.5 With children / young people via various meetings 2013/14 and via a DVD of their views, which has fed into various work streams.

12.6 With health as part of work streams/ involvement in parent events. Ongoing dialogue as the agenda developed from central government

12.7 With charities/ other bodies as part of the parent events/ involvement in work streams

12.8 With the lead Member via membership of bodies overseeing the work (Healthy Lifestyles group) and direct briefings

13.0 Background papers:

13.1 None

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Paper to Health and Wellbeing Board

SEN and Disability Aspects of the Children and Families Act 2014.

Key Local Changes and Plans

Author: Dr Simon Jenner, Principal Educational Psychologist and SEN and Disability Service Manager

Brief Background

The Children and Families Act (Royal Assent in March 2014) introduced "*the largest scale changes for a generation*" in relation to Special Educational Needs (SEN) and disability. A second draft Code of Practice (242 pages) was published just before Easter, with a final version for House of Commons comment occurring in "*late spring*". Statutory guidance is also just being published, following comment on draft guidance. The implementation date for the legal changes is September 1st 2014, so it will need to be agreed by Council members and the local Health and Well-Being Board in June to meet this date. There may need to be a few minor changes to the enclosed documents (appendices) to reflect any changes to the final statutory guidance and Code of Practice. However, any changes are likely to be slight because the overall areas for change are reflected in the new legislation. All aspects of the Act are to be implemented in September, bar a phased in conversion of current Statements of SEN (LDD assessments for post 16 students) into Education, Health and Care Plans and the aspects relating to youth justice. The conversion of current Statements of SEN / LDD assessments will have to be completed over the next 2-3 years and the youth justice aspects will occur in April 2015.

There are statutory and non statutory implications for all the following organisations:

- Local authorities (both adult and children services)
- State funded schools
- Colleges
- Independent schools and independent specialist providers
- All early years providers
- National Health Service Commissioning Board
- Clinical Commissioning Groups
- NHS Trusts, including foundation trusts)
- Local Health Boards
- Youth Offending Teams
- First Tier Tribunals (who will rule on education related aspects of individual plans for children/ young people)

There are many changes outlined in the Act . The main ones are highlighted below:

- The various approaches will involve parents and children/young people at all stages. This will include commissioning services. Person centred planning and co-production of strategic and individual plans will be central to this approach.
- The local authority and Clinical Commissioning Group must produce joint commissioning and planning arrangements for 0-25 year olds with SEN and/or disabilities and their families. These will be underpinned by the joint service needs assessment and feedback from parents and children/ young people. The Offer will cover health, care and education in a holistic way.
- There is a duty on the local authority to publish a Local Offer of all that is available from statutory services offered to children and young people with SEN and/or a disability and their families within the authority. This offer has to be interactive with service users, to help inform the commissioning process. If the Local Offer is right it should meet needs early in relation to care, education and health.
- Education, Health and Care Plans (EHCPs) will replace current Statements of SEN. Statements refer to the provision for education, whilst EHCPs will cover the child/ young person's care and health needs as well. They will apply to those with SEN, not a disability without SEN. It is a legal duty on the Local Authority to coordinate the assessment for and production of the plans, although CCGs have a duty to cooperate and provide all "non-educational" health aspects of the plan.
- The plans will apply to children and young people aged 0-25 (post school age whilst in training or education), whilst the current coverage for Statements is pre-school and school age. If a young person with an EHCP leaves education/ training without an alternative the plan will continue for a period to enable options to be sought.
- Shortened statutory time-scales will occur, to produce EHCPs, compared with Statements.
- Transition to adulthood (from the earliest possible years) will be a key aspect of any individual or strategic plans
- There is a focus on high aspirations and plans having an outcome focus, rather than concentrating on a category of need.
- All parents and young people with an EHCP (post statutory school age for young people) will have the right to request a personal budget for most aspects of provision listed in the EHCP.
- New duties will be placed on the local authority and health to provide mediation support for families and other rights of appeal if they disagree with the EHCP. Mediation must be offered before tribunal and will apply to all aspects of the plan (whilst the tribunal can only rule on the educational aspects of it)
- There are duties for bodies to cooperate and liaise with the local authority in respect to their duties (e.g. health/ all state funded schools/ colleges/ YOT)
- New duties on schools and colleges will occur. A graduated approach to meeting SEN is expected from providers. Links to the disability aspects of the Equality Act 2010 are reinforced, along with the inclusive aspects of this
- Young people's views will have to be taken account of at all stages, but post year 11 their views will take precedence over their parents and they can opt for personal budgets, express a view as to what they want in their EHCP, go to Tribunal, as long as a mental capacity assessment says they are able to make these decisions.

Within Blackpool we currently have around 530 Statements of SEN (the typical June figure) , with another 102 (the EFA funded numbers) to 130 (the number we have calculated) children and young people in post school provision with additional needs. There may be other young people covered, for instance apprentices, that we currently do not have the accurate figures for.

Work within Blackpool and Plans/ Approaches to be Discussed/ Agreed

The work outlined is only a summary, relating to the main areas for agreement, rather than all specific operational aspects. Development has included work with services impacted by the legislation, parents, young people. National organisations have also helped, for instance Early Support with key working and In Control with personal budgets. Much preliminary work occurred to gain the views of parents/ children and young people before commencing work streams and their input has been vital throughout.

Although process change is important, to meet legal requirements, the most vital aspect of change will be the new ethos required. This will be towards person centred approaches, with parents and their children at the heart, an outcome based approach and co-production of individual and strategic approaches. Experience from Pathfinder authorities has indicate that this ethos change will take at least 12 months to achieve.

1. Commissioning

The strategic approach for joint commissioning between health and the Local Authority is at 3 levels, overall provision in relation to the Local Offer, for groups of parents/ young people who want to work together and at an individual “spot purchase” level. Legally we also have to agree a process for resolving any disputes over who will pay for provision, between health, care and education. It is attached in Appendix 1

2. The Local Offer

The Local Offer is an interactive tool, not just a list of services. It forms a conduit for children/ young people and families to influence the commissioning cycle and further develop services. It also underpins all services available.

A web site location has been identified, as part of the Family Information Service. A firm has been procured to design the Offer site, in light of parent and young people comments. It is currently being populated with providers profiles and a system for parent/ young people feedback is being designed. Work is ongoing with parents and young people to ensure that all documents are either “parent/ young person” friendly, or are in a format that is. Although legally the Local Offer has to only list statutory services, we have local agreement to include other providers, such as local charities.

In April 2013 a large scale parent event occurred to outline what they would want from any new system, at the Winter Gardens. This event has been captured in a DVD, as has a consultation with young people. Parents are represented on all groups and further consultation occurs by representatives of the ongoing work visiting specific meetings. This also occurs with groups of young people. A follow up parent event, at The Sandcastle Centre, occurred March 2014, organised by Parents Forum with local authority input.

The Local Offer will continue to be developed next year in light of parent/ children and young people comments and input.

A screenshot from the first page of the Local Offer site is in Appendix 2 and the draft protocols for operation in Appendix 3

3. Education, Health and Care Plans (EHCPs)

Legally, an EHCP will be given for children/ young people based on learning needs, not a disability by itself. Therefore they will apply to post statutory school aged young people only when they are in education and/or training. It is envisaged that most needs will be met within early years/ school/ college resources. Work has occurred to look at this support.

The EHCP will cover all areas of need including health (for instance therapies) and care (for instance short breaks)

We have worked locally on the format of the EHCP and the assessment criteria/ process for getting one. Before September all statutory letters will be re formatted , professional and parent advice forms and ways of gathering children/ young people views updated. We are envisaging the school/ early year's assess-plan-do-review system will gather most information in a person centred way. Time-scales in terms of the production of an EHCP could then be met (we will be measured on these) in the production of the plans from the initial application.

Nationally there are headings that have to be legally covered in a Plan, outlined in the Code. However there is no national template and it is up to each area to design their own, in consultation with parents and young people. The local template covers all legal aspects that it needs to with a strong emphasis on aspiration and shorter term outcomes to be achieved.

The draft process of statutory assessment and format for the EHCPs are enclosed in Appendices 4 and 5.

4. Personal Budgets

Any family or young person post year 11 can opt for a personal budget in regard to aspects of the EHCP. Blackpool has been further forward than many in this area, with direct payments being embedded for care needs. The cost element of Education, Health and Care Plans will outlined in an appendix, with parts highlighted that parents (young people post statutory school age) could opt to be in a personal budget. A working group has written draft processes and protocols to implement these in Appendix 6.

5. Early years / School/ College based Support

Work has been undertaken with all these settings to ensure they are ready for September 2014.

Ongoing work is occurring with Blackpool SENCOs so that their duty to produce prescribed SEN information, in September is as common as possible across institutions in terms of format and any shared content. This has helped them shape the nature and scope of what the school will have to offer. The next process is for SENCOs to take this through the schools management structures to have it amended/ agreed ready for September. A similar process is occurring with local colleges. A day for SENCOs will occur in late June to train them in the new processes. Meetings have occurred with chairs of governing bodies, early years providers and work with colleges is ongoing.

Health will have a key role to play across all age groups, but especially early years. There are specific duties here relating to informing local authorities if it is felt a child under 2 has SEN. Work is occurring to further improve already good early years processes across agencies.

6. Transitions

Within the second draft Code of Practice was a chapter headed "*Preparing for adulthood from the earliest years*". Work is occurring to ensure that both the legal and recommended approaches to

achieve this permeate throughout all approaches, as well as having specific aspects to them in, for instance post year 9 reviews of EHCPs.

7. Parent (young person post year 11) Support

New processes will have to be in place, as well as our current parent partnership. The local authority and health will have to offer advocacy and have entered into discussion with the charity providing this for adult services. We also have to offer mediation and disagreement resolution processes from non-local authority employees for families. A tendering exercise to supply this is ongoing.

In addition central government has released £30 000 000 directly to parents groups to train parent supporters. Groups are now to bid for this resource locally via a national charity. We have written to those organisations locally who could bid to request, if successful, that they continue to work with us to resolve a dispute at an early stage, rather than escalate it.

8. Training / CPD

We are to procure person centred planning training that will train at least 2 people to deliver training across all agencies. A day for central SEN services and another for SENCos have already been planned in June that will include person centred approaches. Other agencies will either have whole day training or access that already provided centrally.

Information dissemination has occurred with Headteachers / Chairs of Governors and ongoing awareness raising/ training has occurred with SENCos, colleges, medical services and others.

9. Conversion of existing Statements into EHCPs.

All school based Statements will have to legally convert within 3 years, those in post school provision, who should have an EHCP, within 2 years.

A process to enable this to occur is to commence in September.

10. Specific Groups

By April 2015 an approach to meeting the needs of young people with an EHCP in custody will have to be arranged with YOT according to the regulations. Other specific groups, such as those looked after have been considered in the new arrangements

Summary

The changes around SEN and Disability for 0-25 year olds and their families are significant and work has been ongoing. Blackpool will be on track to implement them for September 2014. However, the 1st September will not be the finish date and ongoing change will have to occur, for instance within the ethos of teams. We will need to operate our own "assess-plan-do-review" cycle involving feedback from parents and children/young people.

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Appendix 7b - Joint SEND Commissioning Plan Blackpool Council and Blackpool CCG Draft Version 1.7

Logos to be inserted following agreement

Draft Version

Document Control

Document owner:	Simon Jenner
Document number:	Draft 1.6
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Record of Amendments:

Date	Version	Amended by	Description of changes
31/1/14	1.4	SJ/ Commissioning work stream	Format/ separated out 3 categories of commissioning
11/4/14	1.5	SJ	Update from Children and family Act. Typos corrected. Work from other CAF implementation groups fed into plan.
25/4/14	1.6	SJ	Changes in light of the 2 nd Draft Code of Practice
2/5/14	1.7	SJ	New commissioning diagrams included from 2 nd Code

Approved By:

Name	Title	Signature	Date

Draft v1.7

1. Introduction and overview

The following document fulfils the duty under the Children and Families Act, 2014, section 26, to produce joint commissioning arrangements, including disagreement resolution agreements (between agencies). It also meets the requirements in the Code of Practice for 0-25 year olds with SEN and/or a disability, especially Chapter 3, which is specially concerned with joint commissioning arrangements. The strategy relates to children and young people who have Special Educational Needs (SEN) and/or a disability. An Education, Health and Care Plan can only occur legally for children and young people who have been identified with significant SEN. The Local Offer covers 0-25 year olds with SEN and/or a disability and their families.

The plan covers the areas of education, health and care in terms of statutory services. As well as the local authority and health, schools, colleges and early years settings will provide an element of provision or funding, as appropriate, to meet identified needs of individual children and young people.

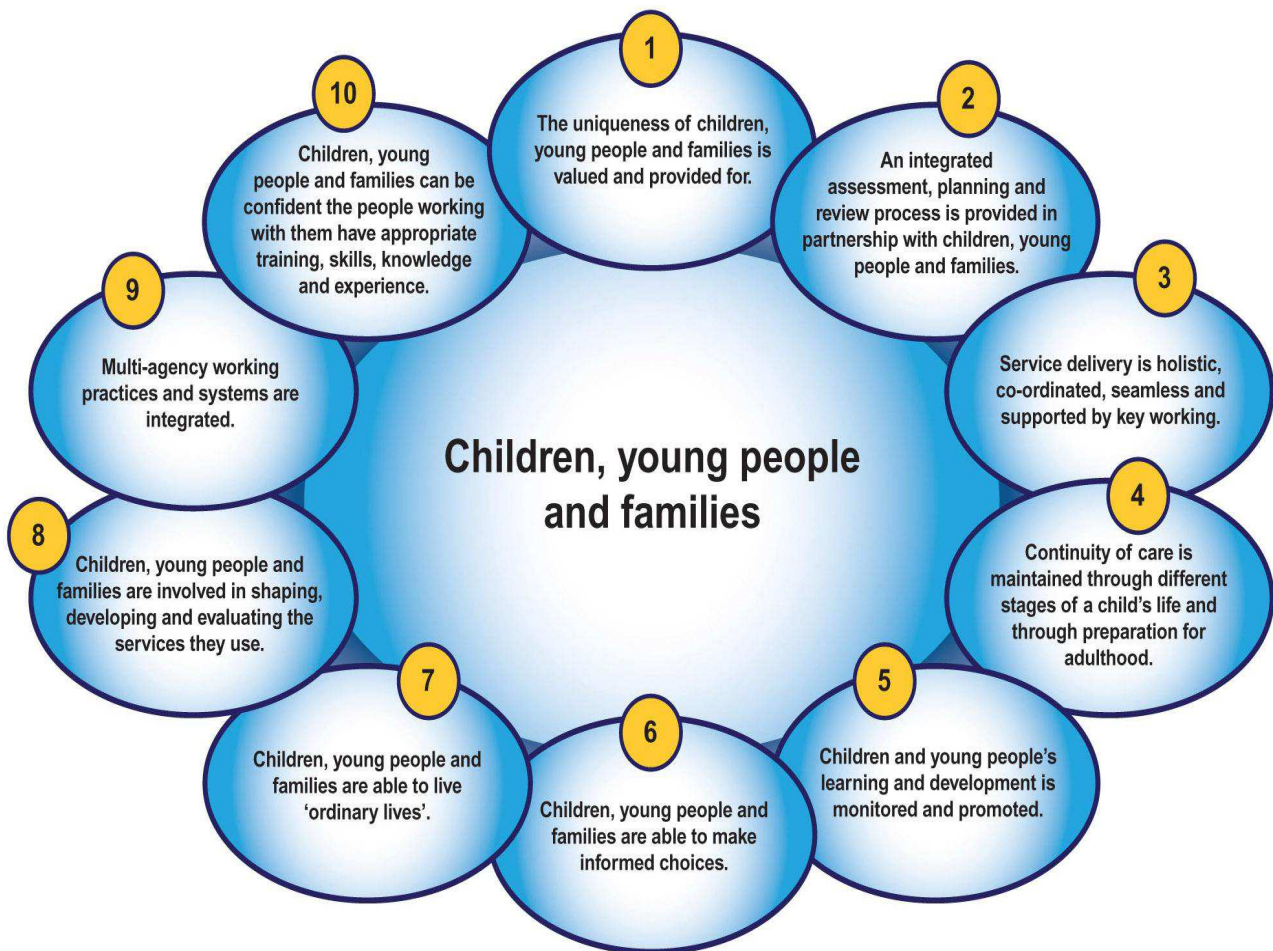
The commissioning plan will outline how children and young people's needs will be met, within financial constraints across agencies, and the duty of each agency towards this

The document will outline the process of jointly commissioning provision for 0-25 year olds, and their families, with Special Educational Needs who are resident within Blackpool. It will outline the process for both those with an Education, Health and Care Plan and those with identified needs who do not require this level of provision.

The following process will be implemented from 1-9-14, when the Children and Families Act becomes law, unless otherwise prescribed, and outlined below.

2. The Underlying Principles

1.1 The commissioning strategy will be underpinned, as the rest of the work within Blackpool around SEN, by the Early Support principles



2.1 These principles have underpinned much of the SEN aspects of the Children and Families Act and Blackpool's strategy in terms of SEN

They are described below in terms of how they impact on the commissioning strategy

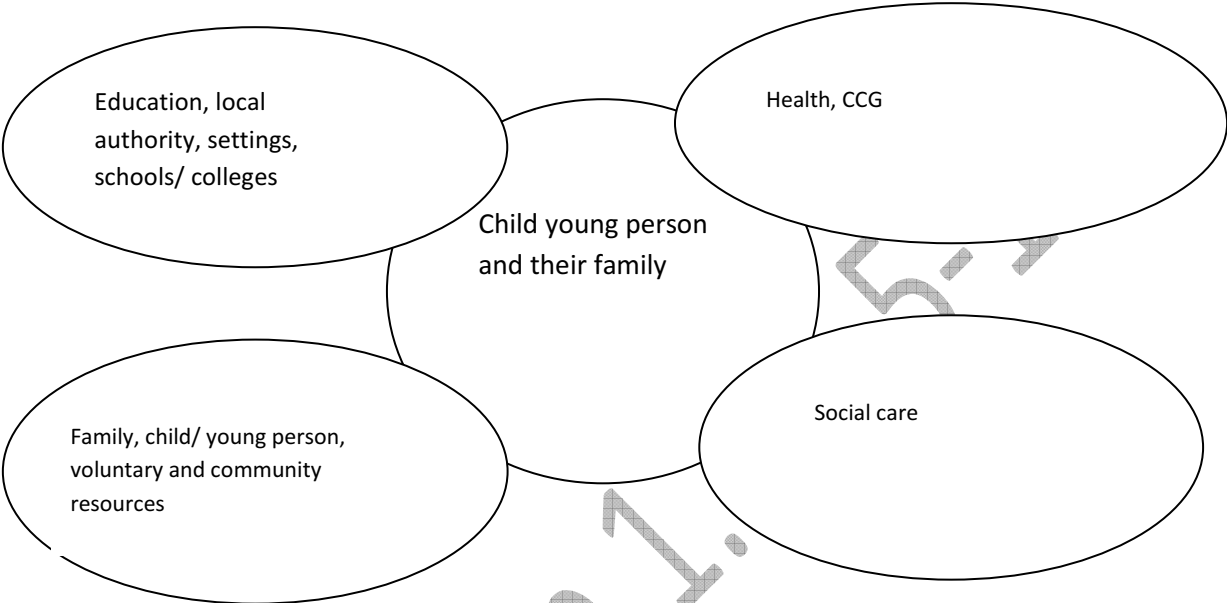
Principle	Impact on Commissioning Strategy
1. The uniqueness of children, young people and families is valued and provided for	There will be 3 levels of commissioning, described in sections 3 and 9. Overall provision will be commissioned and described in the local offer (section 4). Commissioning for communities or against unique needs will occur by the Education, Health and Care Plan or targeted commissioning (section 6)
2. An integrated assessment, planning and review process is provided in partnership with children, young people and families	The commissioning process will ensure this is part of service specifications. Families/ children/ young people will be part of the commissioning

	process.
3. Service delivery is holistic, coordinated, seamless and supported by key working	The strategy will link into all other SEN processes across agencies, which will emphasise these. Any commissioning will be holistic, seamless and coordinated
4. Continuity of care is maintained through different stages of a child and young persons life including transitions	Assessments and provision following these will have short, medium and long term positive outcomes at their heart. Commissioning will occur across statutory agencies, children and young people services and adults up to the age of 25.
5. Children and young peoples' learning, social and health development is monitored and promoted	Commissioning of provision will include positive outcomes and regular monitoring to ensure that this occurs
6. Children, young people and families are able to make informed choices	The commissioning of the local offer will ensure that this is informative, giving all available options. There will also be a process of children/ young people and families being able to express a preference for something not in the local offer, as long as it is cost effective
7. Children, young people and families are able to live fulfilled lives	All commissioning arrangements will look for local options, involving the community when ever this can be achieved to meet the needs of the children/ young people.
8. Children, young people and families are involved in shaping, developing and evaluating the service they use.	Young people and children will be consulted with at regular intervals in regard to needs and provision. Parent representatives will be involved in all strategic decision making. In terms of commissioning around individual need full consideration of parent and young person views will occur.
9. Multi- agency practices and systems are integrated.	Integration of processes and service delivery will be at the heart of commissioning. The long term aim will be to have unified services and pooled budgets
10. Children, young people and families can be confident the people that are working with them have appropriate training, skills, knowledge and experience.	Commissioning arrangements will ensure that staff are appropriately qualified with skills to work in true partnership with them

3. Who is involved in joint commissioning?

3.1 The model below indicates where separate budget or resource (including people/ time/ emotional support) unify around the family and child/ young person. In time the option of pooled budgets between health and the local authority (social care and the local authority aspects of education) will be explored.

Person centred planning leading to improved outcomes for children, young people and families



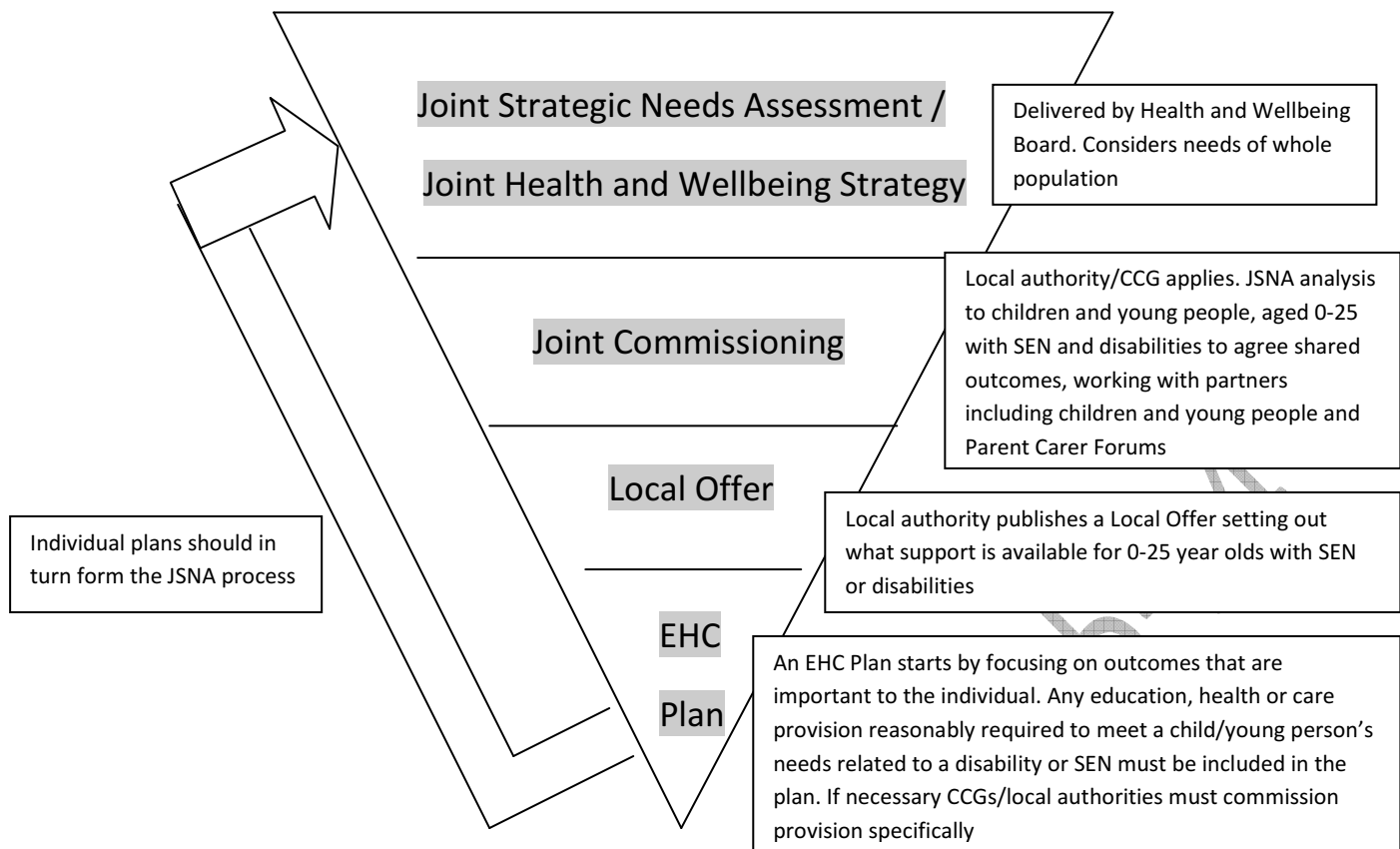
3.2 Strategic commissioning involves statutory agencies, and parent/ children young people representatives (including the voluntary and community sector). Operational commissioning and commissioning around individual need will involve co-production of plans and describe how allocated resources are used with families and children/ young people.

3.3 Strategic commissioning will look at the co-production of strategic plans, performance management, governance and overall commissioning of services. It will be underpinned by the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy . Key decisions will be made by the Joint Commissioning Board (appendix 1), in consultation with parents and young people. The Board will report directly to the senior management structures in each organisation.

3.4 Operational commissioning will be where groups of parent/carers and young people pool personal budgets, where local community approaches are developed and there is targeted support for a group.

3.5 Individual commissioning will occur in the co-production of plans between families/ children and young people and the brokers of the finance (e.g. schools/ colleges/ settings/ the local authority/ health)

3.6 The relationship between different elements of the overall operation of SEND support within a local authority is taken from section 3.19 of the Code of Practice



4. Scope of the Commissioning Strategy

4.1 The strategy will cover health and the local authority, commissioning and commissioned services across children and young people services and adult services for young people up to the end of the academic year that they reach the age of 25 years.

4.2 The strategy refers to those with identified SEN and/or a disability and their families, both with an Education, Health and Care Plan and those whose needs are being met without the need for one. Those without a disability, but no SEN will be covered by commissioning at all levels but can not legally have an Education, Health and Care Plan.

4.3 Local authority refers to all the care and education provision provided (including that from academies, free schools and independent schools). Currently (2014/ 15) financial regulations stipulate that schools and colleges fund the initial £6 000 of educational provision, but this amount may change.

4.4 Health refers to provision commissioned by the Clinical Commissioning Group and provided by NHS trust/ other commissioned providers

4.5 Commissioning will cover finance, workforce deployment (individual and over services) , service providers, capital, community resources, specialist equipment. It will be judged against outcomes both on a strategic and individual level, as appropriate. Resources brought by the family/ child/ young person (when related to individuals) will also form part of the holistic view of a child/ young person support needs and package.

5. The Local Offer

5.1 The Local Offer will outline information about local services to meet the SEN of Blackpool children/ young people aged 0-25 and their families. It will also outline all of the statutory processes. A vital component will be to provide a dynamic relationship with services and children/ young people / families to help shape future services and the delivery of these. It will map provision for Blackpool children and young people aged 0-25 with SEN and/or a disability and their families.

5.2 The duty to host the local offer lies with the local authority. However it is all other agencies' responsibility to identify the provision they provide in a user friendly way, and allow access to their web sites as appropriate by hyperlinks and other non IT means for those families who can not access the internet.

5.3 The web provider (Open Objects in 2014/15) has been commissioned by the local authority to produce and up date the Offer in relation to the specifications produced to back up the Children and Families Act, section 30. It is located as part of Blackpool's Family Information Service site.

5.4 There will be a review of overall provision in light of the interactions/ comments of parents/ children and young people as part of the Local Offer. The initial proposal is that this should occur every 6 months, but this may be revised following implementation. Feedback from Annual Reviews will also input into this feedback. If the comments are such then action sooner than this will occur. This will help the process of identifying any significant gaps.

5.5 If a parent/ child/ young person wants provision not listed as part of the local offer then a process (as outlined on the Local offer site) will occur to verify its efficacy, cost and outcomes to see if it should be included for both the individual and for the overall local offer.

6. Joined up Assessment and Service Delivery in Relation to Joint Commissioning

6.1 Any future commissioning of services will ensure that services have joined up assessment processes in line with the EHCP assessment process outlined on the Local Offer site. One of the aims of the strategy will be structural change, across agencies that enable both joint commissioning and joined up service delivery.

6.2 All appropriate agencies will be commissioned to deliver assessment procedures that both fulfil their legal obligations in terms of the Children and Families Act and the ethos and requirements of Blackpool's agreed processes in relation to this.

7. Education, Health and Care Plans

7.1 The commissioning process for Education, Health and Care Plans (EHCPs) will meet the legal requirements of the Children and Families Bill, 2014 and the local procedures to implement this.

7.2 Responsibilities of Health and the Local Authority are outlined in the Children and Families Act (2014) section 25 and 26 and the Code of Practice Section 3.69. These are further explained in section 8 of this document.

7.3 EHCPs will explicitly list expected outcomes for the individual child/ young person to judge the effectiveness of the commissioning on an individual basis.

7.4 Co-production of plans with families will be a vital part of commissioning around individual needs. This will be a process of joint decision making over time, within financial parameters, utilising

all available resources. All plans will occur in a person centred way. Planning should be outcome driven, acknowledge that there may be differences of view, involve respectful relationships and will enable a coherent and targeted ECHP

8. Personal Budgets

8.1 Personal budgets are outlined in section 49 of the Children, Families Act (2014). The personal budget plan, available on the Local Offer site discusses the local authority and health processes in respect of personal budgets.

8.2 All commissioning processes will enable personal budgets to be used by parents, children and young people, where they wish this; in the prescribed areas they can be used.

9. The Responsibilities of Health and the Local Authority

9.1 All provision, against needs, outlined in the Education, Health and Care Plan will be provided. This is a legal duty on both the local authority and Clinical Commissioning Group.

9.2 In addition provision from local charities, community groups and the families/ children/ young people themselves will all form part of plans, as mutually agreed by the person centred planning process.

9.3 Schools and colleges have a responsibility for funding the first £6 000 of educational provision and discussion will occur on an ongoing basis to ensure that this occurs, and is part of the overall commissioning arrangements.

9.4 For those without an EHCP commissioning will be against assessed need, both on an individual basis and across Blackpool.

9.5 Commissioning of services will occur in an equitable, transparent, needs led manner. Providing high quality, cost effectiveness and the ability to meet agreed outcomes will also be key decision points. There will be an overarching cross agency Joint Commissioning Board to oversee the joint delivery of services and unified commissioning processes (appendix 1)

9.6 In terms of provision the following areas have been agreed as being each agency's responsibility. These areas will cut across education funding that is school/ college led (elements 1 and 2), and from the local authority (element 3). Any provision not listed will be discussed at local officer level, and if not agreed will be discussed further at the overarching, cross agency Joint Commissioning Board (see appendix 1). The list in 9.7 gives examples but is not exhaustive.

Level of provision	Care (local authority)	Health	Education/ training (local authority)
<i>Universal- available to all children and young people (not needed in plan)</i>	Children centres Youth clubs Leisure “for all”	Hospital GP Dentist Health visitors Mid wife Community nurse	Mainstream school inc SENCO support Early years providers Children centres Post 16 settings Apprentices
<i>Specialist (much will be listed in a plan- not all dependant upon case)</i>	Outreach Short breaks Parenting support Direct payments (over care) Parenting courses Specialist child minding Joint health / care packages Family link work Transition support Foster carers	Occupational Health therapy Speech and language therapy Physiotherapy Continenence support Equipment Transition support Care packages CAMHS	Speech and language therapy Physiotherapy Mainstream support above £6k Specialist teaching teams (mostly not listed) EPs (mostly not listed) TA support in school/ setting over and above that “available to all” Specialist teaching programmes Specialist equipment Transition support Specialist Educational Resources Facility in schools
<i>Highly specialist (much will be listed in a plan- not all dependant upon the case)</i>	Overnight short breaks Residential placement	Residential/ in hospital placement	Special school Independent Specialist Provider (post 19) Out of borough specialist (day/ residential) school Supported apprenticeships/ work

9.8 The voluntary and community sector and local community will also provide for certain areas of need, as appropriate. These will not be a statutory duty.

9.9 The criteria for deciding if provision should be education/ health or care should be if this is predominantly in this area of legal responsibility and services are normally provided by this agency. One decision point for funding therapy services in regard to an Education, Health or Care Plan, will be if the need, to be met by it, is educational or health related.

10. The Processes for Joint Commissioning (needs much more work and clarification following publication of the draft code of practice in a month or so)

10.1 Services that are universal will occur as part of each agency regular commissioning processes.

10.2 *Strategic Commissioning.* Services listed in the Local Offer will be commissioned by each agency as agreed in section 8. Oversight by the Operational Group will ensure that joint commissioning occurs (appendix 2)

10.3 *Operational Commissioning.* This will occur when groups of parent and/or young people wish to group together to provide a more cost effective and/or innovative way of providing services. It will follow either the individual or strategic commissioning approach as relevant. The decision over which approach will be formulated in discussion between the parents/ young people and relevant agency/ agencies.

10.4 *Individual Commissioning.* Schools, other educational providers and colleges will provide services for pupils/ students with SEN as part of their own offer. This will normally be at a cost of below £6 000 (as in 2014/15, this figure may change in future years)

10.5 Agreement by the Multi Agency Panel will occur prior to the EHCPs having to be written, about which as parts of provision will be provide by whom, in general. If the SEN officers/ person centred planning meeting decides on areas where there is no agreement there will be discussion with the relevant commissioning process (please refer to section 11 of this document for the process). There will also be a moderating role for the panel.

10.6 Legally the EHCP is the responsibility of the local authority to produce. The process is described on the Local Offer site. The assessment that formulates an EHCP will be carried out in a person centred manner, involving the processes of key work. Advice form care, education and health will all form part of the plan. If relevant, the local authority SEN officer will have a discussion with health and/or adult services commissioning before inserting any health/ adult service aspects of the plan. Health and adult services will be involved in any person centred meeting to agree the content of the plan where there are implications for their resources.

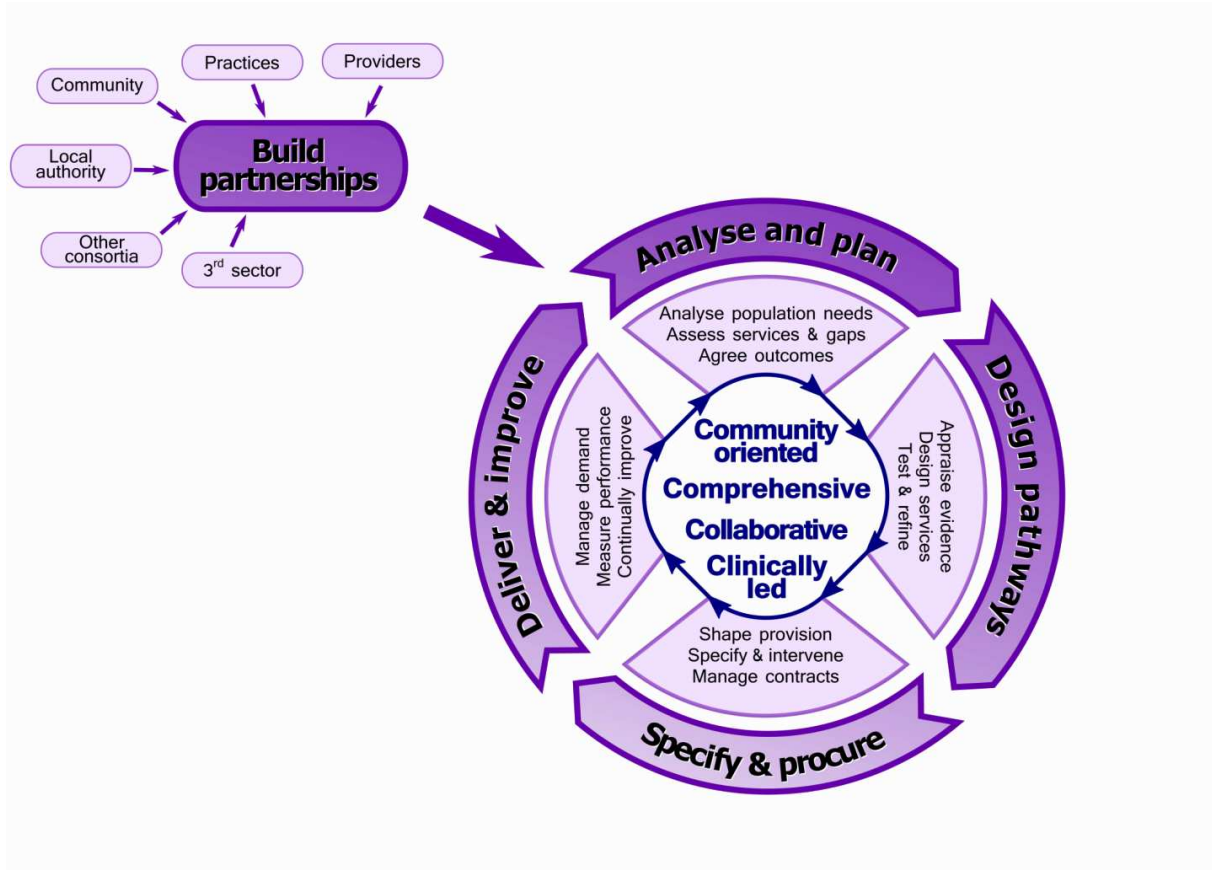
10.7 Changes to the EHCP will be discussed at the annual review. If needs have changed so that different provision is required, this will form part of the commissioning arrangements and will be agreed between relevant commissioners. This will always need to occur when young people move from school to post school education/ training.

10.8 Due to the tight time scales outlined in the Code of Practice (9.139) decisions about commissioning around an individuals assessment, following the drafting of a EHCP, will have to be made quickly. Early discussion following receipt of advice will therefore need to be made between commissioners about who should be providing the likely provision required to meet the needs. Commissioning in this respect would be covered by spot purchasing processes

10.9 When the commissioning process involves services at an operational or strategic level due regard to commissioning regulations, for instance tendering, will be followed.

11.

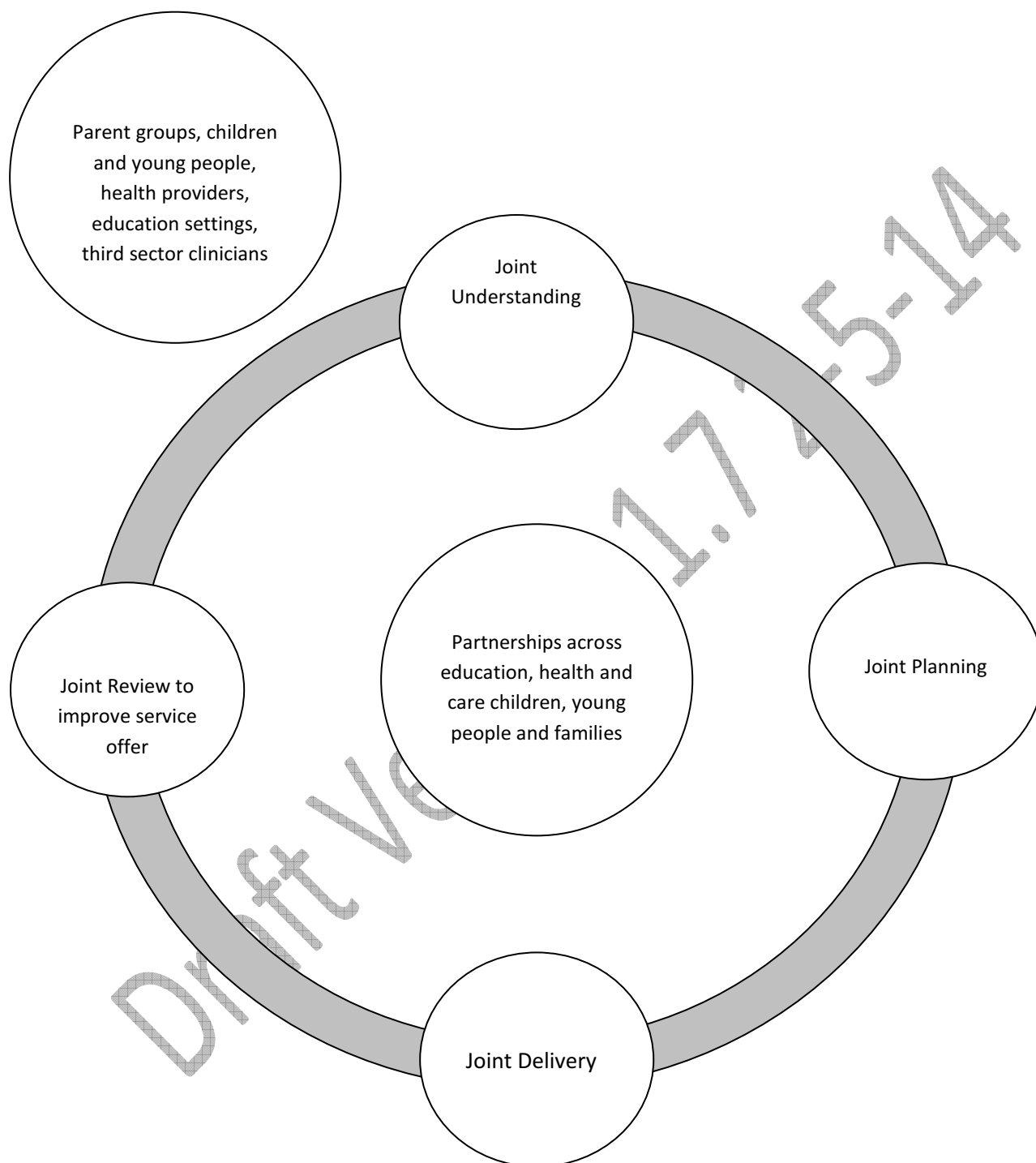
11.1 The Commissioning Cycles for Joint Commissioning of Services (from the Draft Code of Practice version 1)



Draft Version

11.2 The second version of the Draft Code of Practice had a slightly different model

The Joint Commissioning cycle



11.3 Both models are reflected in the Blackpool processes.

11.4 Listening and understanding will involve all partners having their views respected, including those of the adults and children/ young people. Needs will be clearly identified to commission

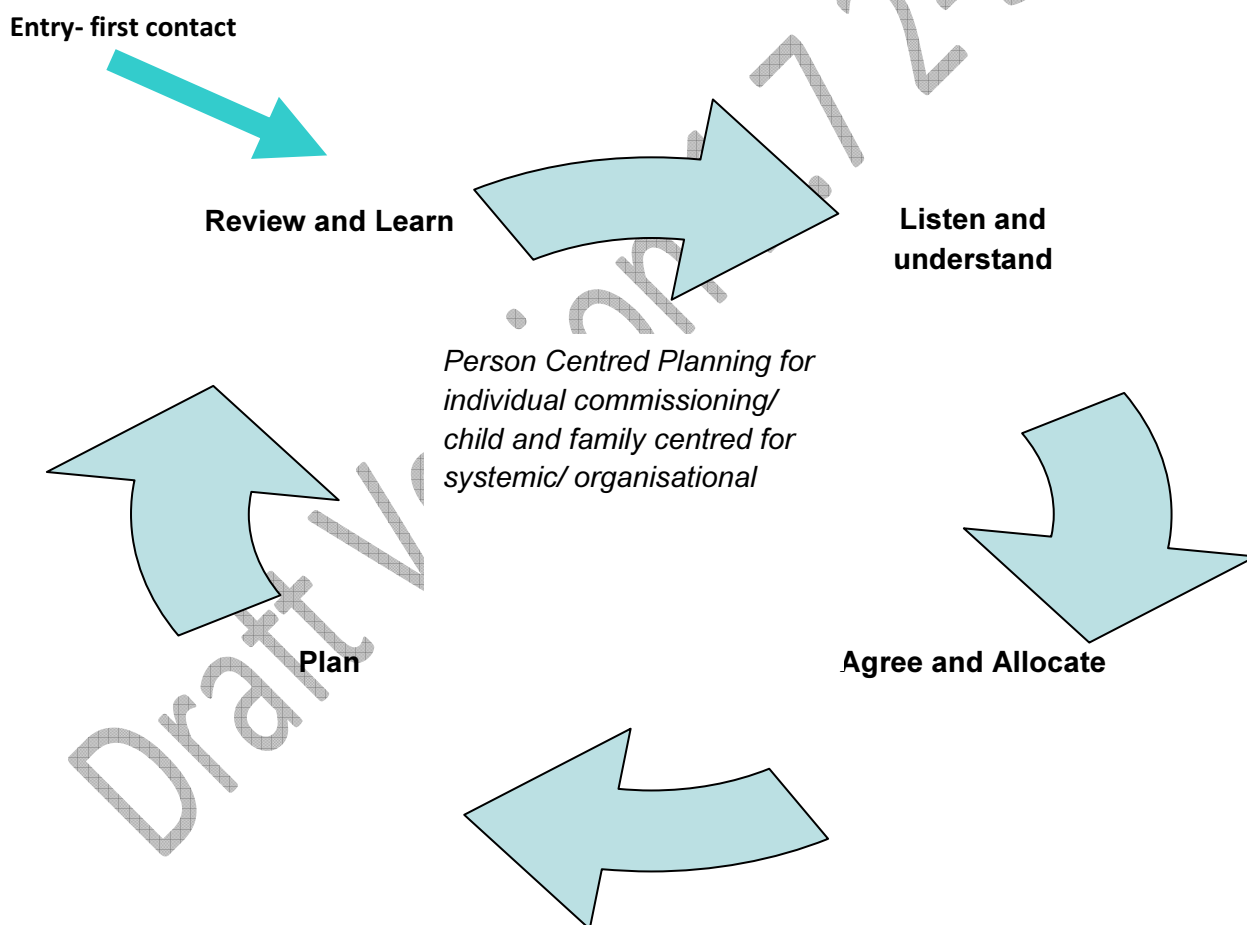
against, in terms of that which is the most cost effective and produces the best outcomes, made explicit as part of the process. Building partnerships will be a key component

11.3 A key role will be a review and learn process to understand, and act on, lessons learnt. This will be against outcomes and always involve feedback from families and/or children/ young people. Risk and safeguarding will also be a key part of any review process.

11.4 Planning will involve a person centred approach (individual) and families/ young people in a strategic way for operational/ community and strategic levels. Agencies will need to ensure there is sufficient leadership and resources to enable commissioning to happen. The provider market will be stimulated, helped by the development of the Local Offer and close work will occur between agencies to ensure that the best use of resources occurs. This will be a Commissioning Board function.

11.5 **Operational Commissioning** will follow either the service/ strategic led or individual level as appropriate.

11.5 The Commissioning Cycle for individual cases (thank you to the SE7 Pathfinder for the detail)



11.6 The entry point will be when commissioning is initially required. At an early years level (including pre birth) the initial agency will normally be health, who will involve other agencies as appropriate. At a later age it will likely be schools / settings and colleges. They will utilise their own resources to meet special educational needs on initial stages of the process. The setting will coordinate, as necessary, any social care or health input as part of their plans. When an ECHP is required the commissioning will occur from the assessment process from central education resources, social care and health.

11.6 Commissioning at all Levels In order to agree and allocate the criteria for allocation, the amount of resource available, including non financial and that from families/ children/ young people/ the community will be understood. There will be joined up commissioning processes between all parties at all levels of commissioning.

11.6 Key features of successful commissioning include co-production, being objective, transparent and easily scrutinised, based on evidence of what works (and if it does in this particular instance), opportunities to think in a different way, encouraging choice and diversity, engages all relevant people, improves services, is applicable across all agencies, can be utilised in a variety of ways and involves all parties in a respectful manner.

12. Disagreement Resolution Protocols

12.1 There will be three aspects of disagreement resolution processes. The first is where parent or the young person wants different levels or type of provision to meet SEN or a disability than is currently being provided, where an EHCP is not required. The second relates to the same situation, where an EHCP is in place. The third is where there is disagreement between agencies over who should provide the provision listed in an EHCP.

12.2 Parents and young people will also recourse to the appropriate complaints procedure for the service/ agency concerned.

Disagreement about provision without an EHCP

12.3 If a parent/ child/ young person feels that provision at the universal level (9.7) does not meet their needs they should take this up directly with the referrer. If at the specialist level, without an EHCP, they should discuss this with the universal and/or support service as appropriate. A recording system via the local offer web resource and other means to complement this will occur to enable the commissioning strategy to take account of any expressed views. If a parent, or young person post statutory school age, wishes for an assessment for an EHCP, or a plan if one is not agreed following this process, they will have the right to lodge an appeal to Tribunal. Prior to this independent mediation will be offered. All services will work in a mediation manner with parents in order to try to resolve any issues at as early a stage as possible.

Disagreement if an EHCP is in existence

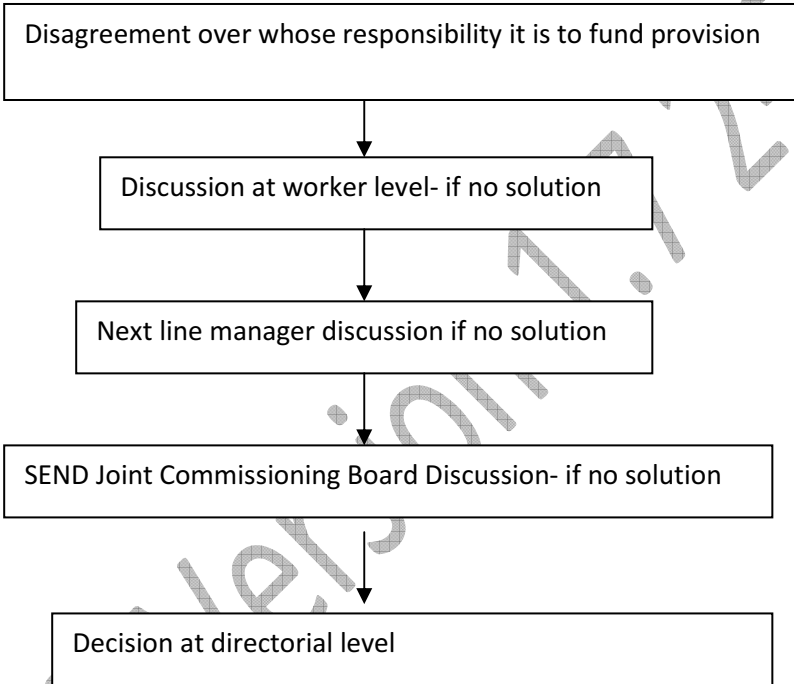
12.4 Requests for different provision should be made to the appropriate agency. If agreed they should be part of the annual review process in order to ensure that these are part of the EHCP. The review itself may be the basis for recommendations about different types of provision. These should be for major changes listed on the EHCP, whilst day to day changes required as the child/ young person develops. If the parent/ young person (post statutory school age) wish for different provision than the local authority feel is appropriate in terms of education or care they can make an appeal to the tribunal. Independent mediation should be offered before this occurs. If the disagreement is with medical provision mediation has to be offered but the parent/ young person can not legally take the case to tribunal. At all times services should work in a mediation way with parents, seeking to resolve issues as early as possible.

12.5 If parents/ young people request provision that is not listed in the Local Offer then a process of verification in terms of cost effectiveness, safety, quality and efficacy in terms of outcomes will occur. If provision meets the criteria to be included in the Local Offer, this will occur, and be listed on the EHCP for the individual concerned.

Disagreement between Agencies over who should Commission/ Finance the Provision

12.6 Initially any dispute should try to be resolved between the front line staff concerned, within the agreed parameters of each of their agencies in terms of commissioning. If this does not provide resolution it should go to their line managers, and then the SEND Joint Commissioning Board (or the key representatives for this body). If there is no resolution at this stage decisions should occur at directorial level. Decisions will need to be within the tight time limits laid down in the Children and Family Bill for the production of EHCPs

12.7



13. Contact Details

13.1 Local Authority - Children’s Dr Simon Jenner, Principal Educational Psychologist/ SEN and Disability Service Manager (*Blackpool Football Club, telephone XXX*)

13.2 Local Authority Adults Val Raynor, Head of Children’s and Adults Commissioning and Contracts (*give details*)

13.3 Health Ms Helen Lammond Smith Assistant Director (*address/ contact details*)

14. Review Procedures

14.1 The strategy will be reviewed on an annual basis in September of each year. This will be done by the SEND Joint Commissioning Board. Account of feedback from parents/ children/ young people and from the Local Offer will form part of this process.

15. Key Levers Required for Joint Commissioning (thank you to the SE7 Pathfinder for these)

15.1 For individual commissioning the service users need to be at the centre by person centred planning. Personal budgets and co-production of EHCPs will enable choice/ service development

15.2 In terms of operational and community level commissioning the main drivers will include commissioning arrangements for EHCPs as in section 6 and disagreement resolution processes in section 11. The arrangements for securing the assessment of need, provision and personal budgets will be vital, as will the review process of arrangements across all agencies. These will be underpinned by the legal duty of cooperation, section 745/ pooled budget arrangements, common performance indicators, commissioning processes and information sharing protocols.

15.3 Strategic level levers will be the strategic bodies e.g. Health and Wellbeing Boards and the cross agency bodies, such as the proposed SEND Joint Commissioning Board as outlined in Appendix 1. Some of the shared levers with operational/ community commissioning include common objectives, performance indicators, joint and/or pooled budgets, legal duties in terms of a duty to cooperate and securing provision, NHS commissioning arrangements and the Local Offer.

Appendix 1 Role and Remit of the SEND Joint Commissioning Board. Will initially be a re-formatted LDD Strategic Group

Membership

- Chair AD/ HOS from local authority or health
- Senior Commissioner from health
- Senior Commissioner from Local Authority (Children's)
- Senior Commissioner from Local Authority (Adults)
- Strategic Lead for SEND Local Authority
- Representative from health provider services
- Parent representative
- Young person representative
- Strategic lead for the Local offer
- Strategic lead for personal budgets
- Financial representative local authority
- Financial representative health
- Local College representative
- School representative

Frequency of Meetings

Meetings will be held on a bi-monthly basis, normally for 90 minutes at a central location. Chairs/ clerical responsibilities will be rotated

Terms of Reference

To:

- report back to management processes to gain agreement/ approval for the commissioning strategy and its day to day operation
- oversee the production of and monitoring of the joint commissioning strategy
- oversee joint commissioning processes for 0-25 year olds with SEND to ensure they are joined up
- oversee that need is met in a cost effective way
- monitor the outcomes of commissioning and see what needs to be continued/ commissioned in a different way
- ensure that children/ young people feedback on their needs and wishes for provision are part of the commissioning process
- oversee any changing needs of the 0-25 Blackpool population in terms of SEN and Disability
- decide on future provision in terms of any changing needs and parent/ children/ young people views
- discuss and agree any changes required to the commissioning strategy, for instance in order to respond to new legislation/ guidelines
- arbitrate on any disputes between agencies regarding particular elements of commissioning (for instance whose responsibility it is to fund it)
- link into their own agencies to ensure that all processes are joined up and processes/ systems enable this to occur
- discuss financial arrangements as part of the developing strategy e.g. the feasibility of a pooled budget.

Appendix 2 Role and Remit of the SEND Joint Commissioning Operational Group (tbc which group)

Membership

- Local offer operational lead
- Health commissioning representative
- Adult services commissioning representative
- Provider representative
- School representative (SENCo)
- School representative (special school)
- Finance representative
- Care representative
- Provider representative

Frequency of Meetings

Monthly, with chair and clerical support on a rolling programme

Terms of Reference

To:

- Resolve any day to day issues involved in joint commissioning
- To work on joined up assessments and service delivery
- Discuss any new processes to occur, to discuss with the board
- Work with the local offer to ensure that provision occurs to meet needs within financial restraints
- Resolve any conflicts in provision at as early a stage as possible

Draft Version 1.7.2.5.14

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Appendix 7c -Local Offer Processes
Version 1.1 24-1-14

NHS and LA logos to be inserted once agreement occurs

Draft Local Offer Process V1.1 24-1-14

1. What is the Local Offer?

1.1 The Local Offer is a duty for statutory bodies from September 2014. It has several functions , as laid out in the Children and Families Act 2014 (section 30) and SEN and disability 0-25 Code of Practice (chapter 4)

1.2 The Code of Practice, 4.1/ 4.2/ 4.3/4.4, states “Local authorities **must** publish a local offer, setting out in one place information about provision they expect to be available for children and young people in their area who have SEN, including those who do not have Education, Health and Care Plans.

The local offer has two key purposes:

- *To provide clear, comprehensive and accessible information about the provision available and how to access it ; and*
- *To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN, and their parents, and service providers in its development and review.*

The local offer should not simply be a directory of existing services. Its success depends as much upon full engagement with children, young people and their parents as on the information it contains. The process of developing the Local Offer is intended to help local authorities and their health partners to improve provision.

*The local offer **must** include provision in the local authority’s area. It **must** also include provision outside the local area that the local authority expects is likely to be used by children and young people with SEN for whom they are responsible and disabled children and young people. This could, for example, be provision in a further education college in a neighbouring area or support services for children and young people with particular types of SEN that are provided jointly by local authorities. It should include relevant regional and national specialist provision, such as provision for children and young people with low incidence and more complex SEN.*

Paragraph 4.6 states

The local offer should be:

- **Collaborative:** local authorities **must** involve parents, children and young people in developing and reviewing the local offer. They **must** also cooperate with those providing services.
- **Accessible:** the published local offer should be easy to understand, factual and jargon-free. It should be structured in a way that relates to young people's and parents' needs (for example by broad age group or type of special educational provision). It should be well signposted and publicised.
- **Comprehensive:** parents and young people should know what support is available across education, health and social care from 0 to 25 and how to access it. The local offer must include eligibility criteria where relevant and make clear where to go for information, advice and support, as well as how to make complaints about provision or appeal against decisions.
- **Transparent:** the local offer **must** be clear about how decisions are made and who is accountable and responsible for them. “

1.3 The Blackpool Local Offer will meet all the above criteria

1.4 There is a duty on all statutory bodies, including education providers to collaborate with the Local Authority in the production of the Local Offer.

1.5 Blackpool's Local Offer was initially developed by groups involving parents, with input from children/ young people. Children/ young people's views were gathered by focus groups/ consultation and a DVD was published of their views. Parents were involved in strategic groups and input from large scale parent events helped shape the content and format of the Offer.

1.6 Once the Offer is published it will continue to be developed and changed according to feedback from parents and children/ young people. Groups such as parent's forum will be regularly consulted with to enable these views to be gathered.

2. Location of Blackpool's Local Offer

2.1 Following consultation with service users about what they would want from a Local Offer, and its format, negotiation occurred with several firms. The decision was to use Open Objects to develop an internet version of the Offer within the Family Information Services site.

2.2 This will allow easy links to other sites to be made, and embed the Offer within a wider Offer than Children/ Young people and their parents will access from universal services. There will be a logo, designed by a young person with SEN and/or a disability to indicate which of these universal services is able to accommodate some or all types of additional needs due to SEN and/or a disability. If this is the case there will be information about the needs that the particular service can cater for.

2.3 There will be hyper links to the site, from main council and NHS sites, with a clear label indicating that the site is the Local Offer for children and young people with SEN and/or disabilities and their families. Processes will occur to enable search engines to locate the area of the Family Information Service as the Blackpool Local Offer for children/ young people with SEN and/or disabilities and their families.

3. Format of the Local Offer

3.1 The format of the Local Offer will, as far as possible, be directed by what children/young people and their parents say is the most useful format for them. There will be a cost effectiveness element to this decision making, along with it being able to be done technically.

3.2 The Local Offer will include direct information about services available inside and outside of the town for children/ young people with SEN and /or disabilities and their families. It will include criteria to access these services and hyperlinks to other sites. These sites will be both local (e.g. local schools) and national (e.g. national charities)

4. What is Included on the Local Offer site

4.1 The site will be fully accessible for disabled people and/or those whose English is not their first language. The text/ language used will be user friendly. Wherever there is a plan/ outline of procedures that need to be technical, information will also be published in a user friendly version. All text will have the ability to be read orally by the press of a button, or the print able to be made larger/ on a background that can change colour There will be the facility to translate text into the main languages used across the various community groups in Blackpool.

4.2 The main areas to be covered by the site are outlined on the initial front page, and will be updated as required, following feedback from children/ young people and parents.

4.3 There will be a facility to link to You Tube clips and other video footage as required

4.4 Work has occurred to enable all local schools and colleges to have their SEN information in a format that will be consistent, to help parent and child/young person access. There will be hyper links from the Local Offer site to this information.

5. Inputting Information to the Local Offer

5.1 This will be the responsibility of the host organisation (e.g. health, education and care providers). They will be able to update the information in the prescribed manner so that it is in a consistent format. The information will be updated as required, but at a minimum of yearly.

6. Accessing to the Local Offer without Internet Access

6.1 Details of the Local Offer will be made available at all libraries and council/ health authority information points. Where there is internet access at these venues, the site will be able to be accessed at this point. There will be the facility to print off information around specific parts of the site in some locations. Providers will also have telephone/ address details within the site which can be passed on. If details are required there will be a number to contact to print off specific information, which can be sent to the person who requests it.

6.2 Access for those with a disability or where English is not the first language is given in section 4.1.

6.3 There will be no printed version of the Offer circulated. This is because it is dynamic information, changing as required from the feedback from parents/ children and young people, so a printed version will quickly be out of date.

6.4 As well as internet feedback around the Local Offer, there will be a dedicated phone line and e mail address for children/ young people and their families to pass on comments.

7. Feedback Processes for Parents/ Children/Young People to influence Commissioning

7.1 Within the Local Offer site the process for inputting feedback will be via the dedicated link. A telephone message can also be left or written letters / e mails used. Contact detail is below.

7.2 Parent/ children/ young person feedback via the dedicated e mail and ansaphone service will also be accessed weekly by the same process. Part of the feedback processes will be a clear indication that them section of the site that is for comment about what is available/ not available. If there is a complaint to be made about service delivery the contact detail will be given for each agency. The local authority will collate all comments and publish them at least bi monthly on a “you said- we did” section of the Offer.

7.3 Individual service comments will be passed onto the service areas by the Local Authority for comment/ action within 4 weeks. If the comment is a complaint, if detail are left by the person making the comment, they will be informed the procedures for making that complaint to the organisation concerned, if they wish to make a formal complaint.

7.4 All comments will be grouped according to the area they relate to, and collated by the local authority. This will be done via a spreadsheet and summary report. These comments will be discussed at the commissioning operational group and then the board in terms of any implications for future decision making. All implications for commissioning provision will be taken to the Commissioning Board. Feedback from the Local Offer will be a standing item for these groups. It will also be discussed by the Health and Wellbeing Board at least annually and Healthy Lifestyles Group within Children Services quarterly.

8. Contact Details

e mail address to make comment: XXXX

telephone number to request printed information/ make comment XXXX

Family Information Service Blackpool Football Club Telephone XXXXX

Local Authority- Children Dr Simon Jenner, Blackpool Football Club. Telephone XXXXX

Local Authority- Adults

Health Providers
Health Commissioning

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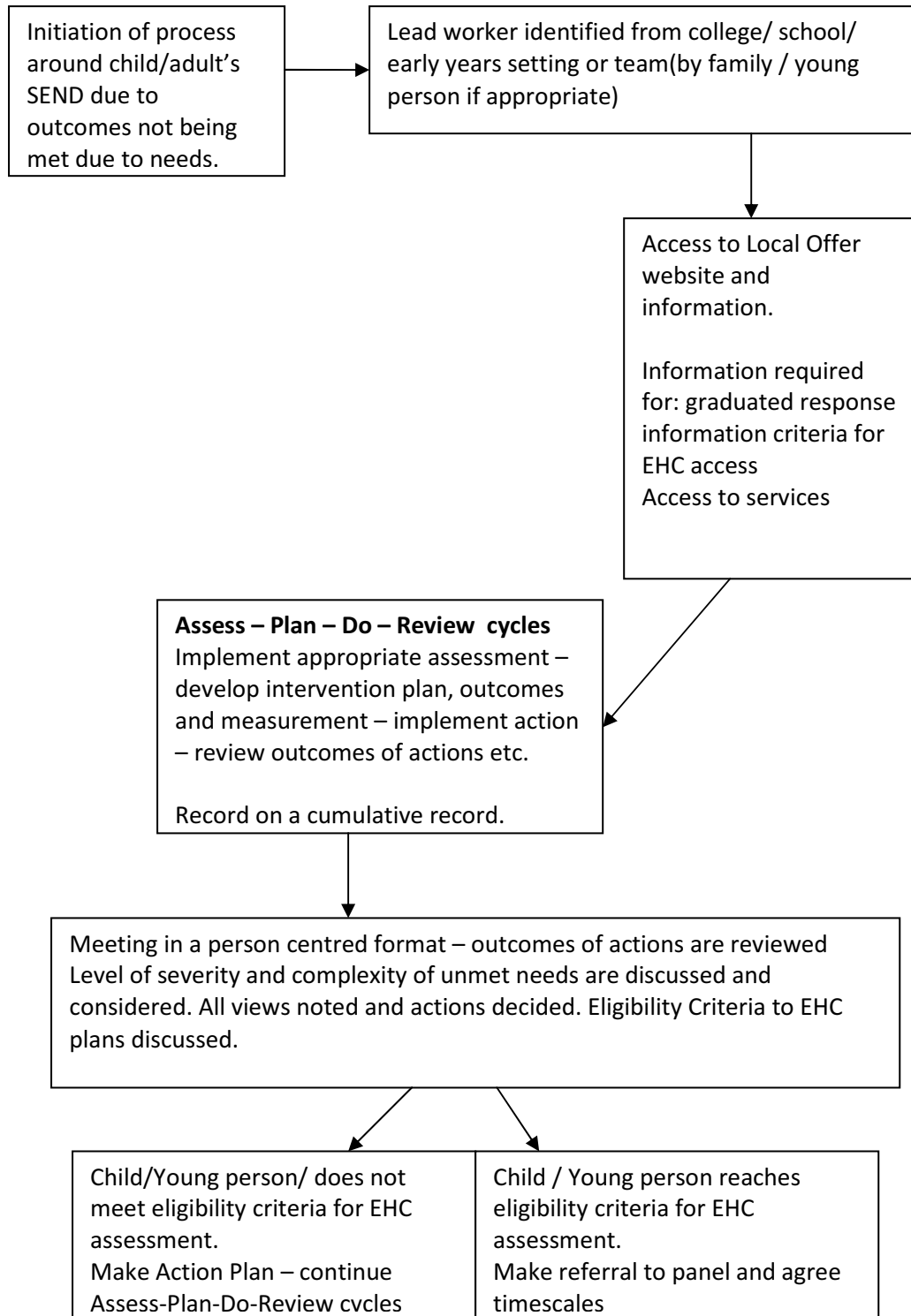
Draft Local Offer Process V1.2 25-4-14

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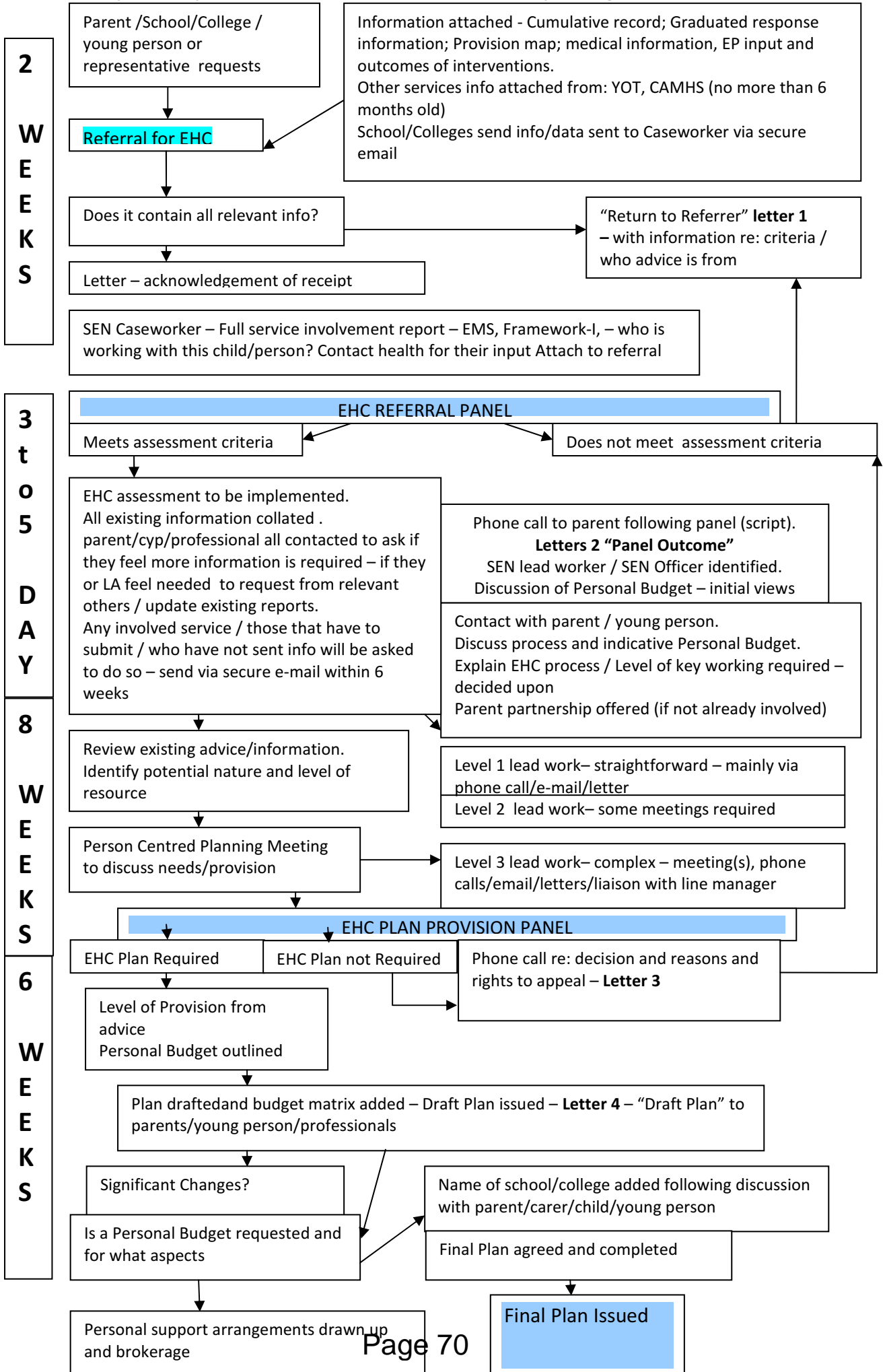
Appendix 7d Statutory Assessment of SEN Process

1. Meeting SEND within Blackpool Schools and Early years Settings

This process should link into existing processes – such as TAC meetings etc
Further details are available in various other documents



2. Blackpool EHC phase – referral, assessment collation and planning



Appendix 7e
Blackpool Council and CCG Personal Budget Policy
Relates to Children/ Young people aged 0-25 with Special Educational
Needs and their Families

Logos to be inserted following agreement
Version 1.6

Date 25-4-14

DRAFT V.1.6 25-4-14

1. Background

1.1 The following policy related to the duties of Blackpool Council and Blackpool Clinical Commissioning Group in relation to the Children and Families Act, 2014 (section 49), the Statutory Guidance and Code of Practice for special educational needs and disability 0-25 years, 2014 (9.92- 9.121)

1.2 It has been developed by a group including parents, schools, health providers, commissioners, social care and education. The views of children and young people have also fed into the policy.

1.3. The Education, Health and Care plan will offer a personal budget for aspects of the provision outlined in it, if parents or young people wish it. The request can be made either at during a statutory assessment (at the draft Plan stage), or when an Education, Health and Care Plan is being reviewed/ re-assessed. Personal budgets are an allocation of funding made for children and young people with SEN and their families, after an assessment of their needs and will be outlined in an Education, Health and Care Plan (EHCP). It will cover aspects of the Plan that can be offered as a personal budget. It will not cover the cost of a named educational placement

1.4 Personal budgets are designed to pay for the elements of provision that the local and health authorities have agreed can be offered as a direct payment. A direct payment will be the mechanism of receiving the personal budget.

1.5 The statutory regulations state

“Direct payments may only be made if the person

(a) appears to the local authority to be capable of managing direct payments without assistance or with such assistance as may be available to them;

(b) where the recipient is an individual , is over compulsory school age;

(c) does not lack capacity within the meaning of the 2005 Act to consent to the making of direct payments to them or to secure the agreed provision with any direct payment ; (this means the person must have the mental capacity to manage a budget) and

(d) is not a person described in the Schedule.” (see part 6 of this policy, to say who this applies to)

1.6 The policy applies to any child or young person with Special Educational Needs (SEN), who has an Education, Health and Care Plan (EHCP) and where a personal budget has been requested and agreed.

1.7 Parents have control of a personal budget up to the end of year 11 (post compulsory school age). It is then the young person who has this responsibility, as long as they have the mental capacity as defined by the Mental Capacity Act, unless they elect for their parent/carer to manage their funding

1.8 Personal budgets are an allocation of funding given to children and young people, with SEN and their families after an assessment of their needs and an Education, Health and Care Plan (EHCP). If eligible, the personal budget can be taken as a direct payment. Parents and young people, whilst still choosing how their care, education and health needs are met and by whom can leave the council/ health authority with the responsibility to commission the services. A third party can also be nominated to manage the budget for the parent/ young person, as long as they have been approved to do so by the Local Authority. The list of these will form part of the Local Offer site. Some people may choose a combination of the three ways of delivering services outlined. Personal budget funding would be allocated by a Direct Payment, with an agreement about the use of this.

1.9 The aim of Direct Payments is to increase an individual's independence and choice by giving them control over the way services they receive are delivered. Direct payments are cash payments made instead of, either fully or partly, of specified services from local authority or health services. The payment must be sufficient to enable users to purchase services to meet their needs, and must be spent on services that meet the outcomes and services as laid out in the EHCP.

1.10 Direct Payments allow people to take more control of their lives and decide which services they should purchase themselves, rather than having them provided. Therefore there is increased choice about the services to meet individual need. They are only applicable for certain aspects of the EHCP and will entail increased responsibility, for instance the employment aspects of any people directly employed as part of this process.

2. Process

2.1 When a statutory assessment of SEN commences, the personal budget process will be discussed with the family (young person if post compulsory school age), to see if this is something they may be interested in pursuing, if eligible. The benefits and

responsibilities around the personal budget will be explained by either a lead professional, or the authority leaflet. An indicative amount will be given, if possible, at this stage. Some families may already be accessing personal budgets in terms of care, and these will continue throughout the statutory process, and be incorporated, as relevant, in the final EHCP if one is issued.

2.2 The dedicated person centred meeting in the assessment process will outline the needs of the child/ young person, outcomes wanted from the EHCP, and provision to meet these.

2.3 All professional reports will outline the provision required, from their perspective, where appropriate, in the form of a matrix. The parent and child/ young person contributions will be a vital part of the co-production of the plan. At the dedicated person centred meeting the exploration of a personal budget, and a decision if a family/ young person (post compulsory school age, year 11) wishes to pursue this will occur. The person centred planning will outline what each party to the plan, including the community, young person/ child and their family will contribute.

2.4 The EHCP will be costed, within a value for money context (e.g. not costing more than services provided directly). Throughout the statutory assessment there will be a cycle of understand- agree- allocate- plan – review cycle. This will run alongside the assess- plan-do-review cycle, which is ongoing for all pupils/ students with Special Educational Needs. . The process will allow a co-production of the plan whilst ensuring it meets the value for money aspects. Part of the discussion with a parent and young person will be the difference in the allocation of an education element if the parental/ young person choice is mainstream or special provision (as outlined in the Code of Practice 9.110)

2.5 At the point of the nomination of the name of the school/ college the aspects of a personal budget that could be part of a plan (see section 3 of this policy) will be outlined, if parents/ young people have expressed a wish to have a personal budget. This would also occur if a third party had been nominated to manage the budget for the parent/ young person. The other option would be for the local authority and health to manage the provision in the personal budget for them. Parents/ young person can say which aspects of their plan they would like in a personal budget to increase choice, via written feedback, and/or clear records of minutes, as part of the person centred planning meeting.

2. 6 If nominated and mutually agreed, a personal budget can be managed for an individual by another person/ organisation. This has to be agreed with the parent or young person, if post school age. The choice to do this can be withdrawn at any point by either writing to ask to stop this or by a nominated advocate doing this for them. If this request occurs the local authority will

immediately stop making the payment to the other person/ organisation and agree a suitable alternative. This could be options such as using a broker to help them manage the budget, doing it themselves or reverting to the local authority and health brokering support for them. The approval, for a third party, would only occur with people/ organisations approved by the local authority/ health authority for this purpose.

2.7 If a personal budget is agreed, each agency will place money into a central location for parents to receive the budget from Direct Payments. Any agreed costs from health would be paid by the agreed process to fund the plan. The money will be given to parents/ young people on a 4 weekly basis. The monitoring of a personal budget is outlined in section 4. The eventual aim will be for pooled budgets between health and the council, but this will not be able to occur by September 2014.

2.8 Parent and/or the young person will be expected to sign a Direct Payment Agreement before the payment is made. This will outline the parameters of use of the payments and how it should be managed. It will also outline other aspects, such as any employed people having to have an enhanced Disclosure Barring Service (criminal record) check.. .

2.9 If a parent/ young person would want to use a personal budget to pay for support staff in school/ college this discussion should occur at an early stage as possible, as part of the person centred planning, since these staff can only be used in schools/ colleges with the permission of the school head teacher or college principal. Any staff employed in schools/ colleges would have to follow that institutions code of conduct, for instance in speaking to others and dress.

2.10 In the circumstances of a request for the extra resources normally supplied to support a student by a college/ school budget (termed elements 1 and 2) being requested as a personal budget, this too must occur at as an early stage as possible. It is likely that this would only be agreed by the school/ college in certain circumstances where a creative solution to provision is required.

2.11 Although there will normally be a set amount of money paid on a 4 weekly cycle there may be one off payments, for instance around specific equipment needs, that could be paid via the direct payment mechanism. A value for money judgement will be made in these circumstances. The equipment would need to meet professional specifications and maintained of the equipment would be required. If used in a school agreement of the setting would need to occur.

3. What Could Be Included in a Personal Budget?

3.1 The exact aspects of what could be included in a personal budget, relating to an individual child or young person would be outlined in the EHCP. A full costed plan, for instance by a matrix, would be at the end of the plan to outline both the costs of the provision and aspects that could be included, as outlined in the Children and Families Bill/ related guidance. There would be cost effectiveness criteria for the provision of a personal budget statutory guidance 14-1-d. Services that are supplied as part of a block contract would not normally be offered as a personal budget under this value for money criteria. This would also apply to other areas where it is difficult to disaggregate an individual cost from an overall amount (Code of Practice 9.103).

3.2 If agreed the following aspects could be included, if a parent, young person over post compulsory school age requests a personal budget:

Health

Currently those children who are entitled to Children's Continuing Care funding. It would also apply to long term health needs from April 2015.

Care

The budget would include funding arising from the assessed needs of children in need and individual funding necessary to provide the family of a child with a short break or family support.

Education

This would include parts of, or all of element 3 of the school budget. Element 3 is the amount above what every pupil receives and the initial £6 000 of individually targeted school provision that the school provides. At the discretion of the head teacher/ college principal it could also include all/ parts of element 1/ 2 funding. If the pupil/ student is in a specialist college or special school it may not be possible to include all or part of this element because it will be part of the overall provision. Any staff employed by parents/ young people would have to have the school or college permission (usually the Head teacher or Principal) to work within that setting. Therefore this would need to be carefully planned as part of the assessment process and agreement for the personal budget.

Transport

If requested, and meeting the transport criteria, as in the Blackpool transport policy (Local Offer site), an amount per mile (outlined in the annual transport policy) would be granted if a personal travel budget was requested.

4. Managing and Using a Personal Budget

4.1 Parents would have control of the agreed personal budget in regard to the management and spend of it. From the end of compulsory schooling (Y11) this will change to the young people, unless unable to do so under the Mental Capacity Act, or unless the young person requested that the family manage the funding on their behalf.

4.2 Decisions/ discussions about this will occur at the point of transfer, if an agreement occurs that a young person is of an age and able to manage the budget. . A social worker or mental health worker would normally make the decision about mental capacity in terms of the specific question concerning the young person's capacity to manage a personal budget at that point in time. The process would only be applied if a personal budget was requested and would be about the management of the personal budget and ability to make decision about this, in terms of meeting the outcomes and provision in the Education, Health and Care Plan. .

4.3 If help is required in managing a personal budget this could occur from the Direct Payment team. The personal budget would only be agreed, if assistance was required in managing it, if this support had been secured. The decision over this would fall under a mental capacity act assessment or if the parent/ young person requested assistance.

4.4 Clear information about services and provision available in the area that could be used with a personal budget will be available via the Local Offer (on the Blackpool Family Information Service site). This will be updated on a regular basis. If a parent or young person wishes to use provision not listed in the Local Offer they should approach the Service Manager SEND for education or care or lead commissioner for health If this provision would need validating to be part of the Local Offer a process will occur to enable this decision to be made.

4.5 A personal budget could be used in creative ways, rather than in clearly defined areas to meet the provision and outcomes listed in the EHCP. If this were to occur agreement by all parties (where appropriate the young person, parents, the local authority and relevant agencies) would have to occur, possibly by a person centred meeting as part of an annual review or the statutory assessment process

4.6 Monitoring by each agency would occur to ensure that the outcomes and provision in the EHCP are being met. At the minimum there will be a six monthly review by care, with one of these reviews being part of the annual review by all parties.

However, more regular reviews can occur as required, for instance the family/ young person directly contacting a lead worker to say that they wish to change arrangements because the current ones are not meeting their needs.

4.7 If it were found that the personal budget was not being used to meet the provision/ outcomes outlined in the EHCP it could be withdrawn and the health authority/ local authority commission services.

4.8 If parents and/or young people wish to combine Personal Budgets to provide value for money this can be done as part of community commissioning in agreement with the appropriate health and/or local authority commissioners. Community commissioning is outlined in the Joint Commissioning Plan on the Local Offer website.

4.9 Parents/ young people would be expected to keep within the direct payment, although provision could be supplemented by another source such as personal finances or a local charity.

5. Managing Changes to Circumstances

5.1 If family circumstances change in any way these will be taken into account as part of the regular review of needs and the direct payments. There would also be the possibility of feedback from the family/ young person to say how a direct payment was working for them.

5.2 This regular review will also occur as part of the assess-plan-do-review cycle in terms of a child/ young person's development. On a formal basis this will occur as part of the annual review, but can occur for individual elements more frequently than this. If this occurs then the financial matrix at the end of the EHCP will be modified. If a significant change in needs occur, then a review sooner than annually will occur to amend the text in the EHCP as well.

5.3 If there are fluctuating circumstances, for instance a child who has different care and health needs dependant upon a health condition, then this will be taken account of in the plan, if mutually agreed. This could either entail the family being able to request a "top up" amount or there being a contingency that could be reclaimed by the local authority and / or health at the end of the financial year. This will be built into the ongoing discussion, between the family/ young person and lead worker from the appropriate agency and/or a key worker if there is one for the family./ young person.

6. Who would be excluded from holding a personal budget

6.1 The regulations (the legal guidance for the law relating to personal budgets) state the following:

“The following persons may not receive direct payments

(a) a person who is subject to a drug rehabilitation requirement, as defined by section 209 of the Criminal Justice Act 2003(a), imposed by a community order within the meaning of section 177 of that Act or by a suspended sentence order within the meaning of section 189 of that Act;

(b) a person who is subject to an alcohol treatment requirement, as defined by section 212 of the Criminal Justice Act 2003, imposed by a community order within the meaning of section 177 of that Act or by a suspended sentence order within the meaning of section 189 of that Act;

(c) a person who is released on licence under Part 2 of the Criminal Justice Act 1991(a), Chapter 6 of Part 12 of the Criminal Justice Act 2003 or Chapter 2 of Part 2 of the Crime (Sentences) Act 1997(b) subject to a non-standard licence condition requiring the offender to undertake offending behaviour work to address drug-related or alcohol related behaviour;

(d) a person who is required to submit to treatment for their drug or alcohol dependency by virtue of a community rehabilitation order within the meaning of section 41 of the Powers of Criminal Courts (Sentencing) Act 2000 or a community punishment and rehabilitation order within the meaning of section 51 of that Act(c);

(e) a person who is subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000(d).

(f) subject to a youth rehabilitation order imposed in accordance with paragraph 22 (drug treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which requires the person to submit to treatment pursuant to a drug treatment requirement.

(g) subject to a youth rehabilitation order imposed in accordance with paragraph 23 (drug testing requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which includes a drug testing requirement.

(h) subject to a youth rehabilitation order imposed in accordance with paragraph 24 (intoxicating substance treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which requires the person to submit to treatment pursuant to an intoxicating substance treatment requirement.”

6.2 Anyone who has a child with an EHCP, or is post compulsory school age with one, can request a personal budget to meet their needs as outlined in the EHCP. This would be granted unless the following circumstances:

- The child is in care. If in long term foster care the foster parents may access a personal budget if there is agreement as part of a care plan
- The child has a Child Protection Plan. Any use of a personal budget would have to be part of the plan agreed at the multi professional Core Group meeting. If the use of it was felt not to meet the aims of the plan, and to compromise the safety of the child/ young person, it would not be agreed
- A person subject to a drug or alcohol treatment programme (as in the regulations). If the person wishes to receive a direct payment and may be covered by this, there will be a discussion between the local authority and person involved to explore their particular circumstances in relation to the regulations. If a person has a gambling addiction this also may preclude them from receiving a personal budget.
- The young person has a youth rehabilitation order

7. Appeal Process

7.1 An appeal can occur under the following circumstances:

- An aspect of provision listed in the Education, Health and Care Plan has not been offered in a personal budget, which is wished for by the parent of young person if old enough and with the mental capacity to appeal
- A personal budget has not been offered
- The monies listed are felt not to be sufficient to cover the needs of the young person

7.2 An appeal would then be made. Initially it would go to the appropriate commissioner to respond to . This must be in writing to Dr Simon Jenner for education/ care aspects and Mrs Helen Lammond- Smith for health aspects(contact detail below) . If the parent/

young person still disagrees with the decision they would then take the appeal to the commissioning board (see the Commissioning Plan on the Local Offer site).

7.3 Due legal process regarding any appeals will be followed as laid out in the Children and Families Act 2014 and/or the Code of Practice relating to the personal budgets for SEN and disability aspects of this legislation

8. Ceasing Direct Payments

8.1 Direct payments could cease if

- The person is in the categories listed in section 6.1
- they are found not to be used for the specific purpose outlined in the EHCP
- If the recipient no longer wishes to use direct payments to provide the provision, they will cease as soon as this request is received in writing and alternatives can be arranged
- The use of direct payments is having an adverse impact on other services provide by the local authority or having an impact on the provision for other children and young people with an EHCP.
- There has been no consent from a young person post statutory school age to receive them

8.2 In these circumstances notice in writing will be given by the local authority, along with the rights of appeal, by the recipient saying they wish to do so. This appeal will be heard by the Commissioning Board.

9. Contact Details

EHCP Process: Dr Simon Jenner, Blackpool Council, Blackpool Football Club. Simon.Jenner@blackpool.gov.uk

Health: Helen Lammond-Smith, Blackpool Football Club

Education: Dr Simon Jenner , Blackpool Council, Blackpool Football Club Simon.Jenner@blackpool.gov.uk

Care: Ruth Hurst , Blackpool Council, Blackpool Football Club

Direct Payment Team: Maureen Turner XXXX

Independent groups who may be able to help with brokering your budget: XX

Advocacy Services: XX
Transport Team: XX

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Report to:	Health and Well Being Board
Decision or Item number	8
Relevant Officers:	Delyth Curtis – Assistant Chief Executive Adult Services, Blackpool Council Leslie Marshall – Head of Adult Social Care, Blackpool Council

Quality Care Update- The Care Act 2014

1.0 Purpose of the report:

1.1 The Care Act 2014 was given Royal Assent on the 15 May 2014. It has wide reaching implications for the Local Authority and some of its partners. This report will outline some of the key areas of impact and work presently being undertaken to prepare for enactment over 2015/2016.

2.0 Recommendation(s):

2.1 That the report is noted and consideration is given to a further update in 4 months time.

3.0 Reasons for recommendation(s):

3.1 Neither the full text of the Act is available at the time of writing this, nor have the draft regulations been published.

3.2 Alternative Options:

There are no suitable alternative given the full text of the act is not yet available.

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Create safer communities and reduce crime and anti-social behaviour

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

5.0 Background Information

5.1 The Care Act 2014 consolidates social care legislation enacted since 1948, and frames it in a 21st century context. It follows from and builds on the Law Commission recommendations made in 2011.

5.2 Does the information submitted include any exempt information? No

5.3 List of Appendices:

None

6.0 Legal considerations:

6.1 The Care Act 2014 is a new Act of Parliament

7.0 Equalities considerations:

7.1 None, arising from this report

8.0 Financial considerations:

8.1 Work is presently underway to scope the potential financial implications of this Act. Limited Central Government funding is already available to use in preparing local authorities for the implementation of the Act.

9.0 Background papers:

10.1 Drafts of the Care Bill and various commentaries.

Report to:	Health and Wellbeing Board
Decision or Item number	9
Relevant Officer:	Val Raynor, Head of Commissioning, Adult Services, Blackpool Council

Social Isolation and Loneliness Thematic Debate

1.0 Purpose of the report:

1.1 The session will include a presentation by Val Raynor, Head of Commissioning - Adult Social Care and Zohra Dempsey, Public Health, Blackpool Council

The presentation will cover:

- what is being done to address social isolation and loneliness nationally
- what is Blackpool doing to address social isolation and loneliness
- what more needs to be done
- recommendations for the way forward.

This will be followed by the opportunity for the Board to discuss and debate the issues raised in the presentation and agree recommendations for the way forward.

2.0 Recommendation(s):

2.1 To consider issues presented related to social isolation and loneliness and consider any steps arising from the debate that members wish to explore further.

3.0 Reasons for recommendation(s):

3.1 In recent years social isolation and loneliness have become increasingly important at national level, more so around risks linked with wider health and wellbeing outcomes. Research also indicates that both social isolation and loneliness can affect anyone regardless of age or background. The approach to both these factors are random across the country and the difference between social isolation and loneliness is confusing.

A new duty with measures for social isolation has been introduced in both the Adult

Social Care Framework and the Public Health Outcome Framework for 2013 – 14 (for ageing populations only). Loneliness measures are currently being processed.

There is no specific funding stream allocated to either social isolation or loneliness.

4.0 Council Priority:

4.1 The relevant Council Priorities “

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

5.0 Background Information

5.1 None

Does the information submitted include any exempt information?

No

List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Equalities considerations:

7.1 None

8.0 Financial considerations:

8.1 None

9.0 Background papers:

9.1 None

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Report to:	Health and Wellbeing Board
Item number	10
Relevant Officer:	Delyth Curtis, Assistant Chief Executive/Director of Adult Services, Blackpool Council

PROJECT SEARCH

1.0 Purpose of the report:

- 1.1 To share with the health and Wellbeing Board details of the Council's Project Search Programme which will commence in September 2014
- 1.2 To enlist support from partners in terms of offering job interview opportunities in the summer of 2015.

2.0 Recommendation(s):

- 2.1 To note the project and its potential impact for young people with learning disabilities in the town.
- 2.2 To support the young people at the end of the programme with interview opportunities where available

3.0 Reasons for recommendation(s):

- 3.1 To provide the board with an update on the

3.2 Alternative Options:

- 3.3 There are no other suitable alternative options.

4.0 Council Priority:

4.1 The relevant Council Priority is

- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 What is Project Search?

The Project Search model helps disabled people secure and keep paid permanent jobs. It is particularly suited to people with moderate and severe learning disabilities or autism, and others who can benefit from partnership working to help them into work.

5.2 How does it work?

A college tutor or school teacher and job coach run a year-long programme of work training for 12 people via a series of work placements in a host employer organisation. 14 project search sites contributed to an evaluation led by the Office for Disability Issues (ODI) and received advice and guidance from the cross-Government Valuing Employment Now team. Of these sites four of them (Leicester City Council, Norfolk and Norwich University Hospital, NORSE Commercial Services, and Royal United Hospital, Bath) had been delivering Project Search for over a year prior to the start of the evaluation, and all have been successful in supporting people into work of 16 hours or more a week.

5.3 Project Search: initial findings

The four previously established sites have supported over 25 people with learning disabilities and autism into work. Without Project Search, these sites say it is unlikely that any of these people would have had the opportunity to work and contribute to the economy

Anne O'Bryan from Project Search will be attending to update members about the Councils Project Search initiative being delivered in partnership with the college, special schools and Mencap.

6.0 Legal considerations:

6.1 None

7.0 Equalities considerations:

7.1 The project is likely to reduce barriers by providing access to appropriately tailored learning and work opportunities for people with learning disabilities and autism.

8.0 Financial considerations:

8.1 None

9.0 Background papers:

9.1 None

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