

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

**Present:**

Councillor Benson (in the Chair)

Councillors

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

**In Attendance:**

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

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

Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust

Mrs Tracey Burrell, Patient Experience Team, Blackpool Teaching Hospitals NHS Foundation Trust

Ms Ellen Miller, Chief Executive, Empowerment

Mrs Delyth Curtis, Director of People

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

Mrs Ruth Henshaw, Engagement and Intelligence Officer

Mrs Sharon Davis, Scrutiny Manager

**1 DECLARATIONS OF INTEREST**

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

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

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

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

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

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

## **3 PUBLIC SPEAKING**

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

## **4 ROLES, RESPONSIBILITIES AND ATTRIBUTES OF SCRUTINY MEMBERS**

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

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

Background Papers: None.

## **5 COUNCIL PLAN PERFORMANCE MANAGEMENT ARRANGEMENTS 2015/2016**

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

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

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

Background Papers: None.

## **6 HEALTHWATCH BLACKPOOL**

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

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

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

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

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

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

The Committee agreed:

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

Background Papers: None.

### **7 BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST - PATIENT EXPERIENCE**

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

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

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

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

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

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

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

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

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

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

Background Papers: None.

### **8 ADULTS SERVICES OVERVIEW REPORT**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Background Papers: None.

### **9 ADULTS SERVICES THEMED DISCUSSION: QUALITY AND RESIDENTIAL CARE**

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

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

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

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

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

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

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

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

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

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

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

Background Papers: None.

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### 10 CHILDRENS SERVICES IMPROVEMENT REPORT

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

The Committee agreed:

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

Background Papers: None.

### **11 SCRUTINY ANNUAL REPORT 2014/2015**

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

The Committee approved the Scrutiny Annual Report 2014/2015.

Background Papers: None.

### **12 SCRUTINY WORKPLAN**

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

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

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

The Committee approved the workplan.

Background Papers: None.

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**13 DATE AND TIME OF NEXT MEETING**

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

**Chairman**

(The meeting ended at 8.02 pm)

Any queries regarding these minutes, please contact:

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