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Blackpool Council

26 June 2015

To: Councillors Benson, Critchley, Mrs Henderson MBE, Humphreys, O'Hara, Scott, Singleton, Stansfield and L Taylor

The above members are requested to attend the:

RESILIENT COMMUNITIES SCRUTINY COMMITTEE

Thursday, 2 July 2015 at 6.00 pm
in Committee Room A, Town Hall

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned; and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST HEALTH SCRUTINY COMMITTEE MEETING HELD ON 5 FEBRUARY 2015 (Pages 1 - 6)

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

3 PUBLIC SPEAKING (Pages 7 - 10)

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

4 ROLES, RESPONSIBILITIES AND ATTRIBUTES OF SCRUTINY MEMBERS (Pages 11 - 14)

To assist the Committee Members in understanding their roles, responsibilities and attributes.

5 COUNCIL PLAN PERFORMANCE MANAGEMENT ARRANGEMENTS 2015/2016 (Pages 15 - 20)

To consider the proposed Council Plan performance management arrangements for 2015/2016.

6 HEALTHWATCH BLACKPOOL (Pages 21 - 28)

To consider the duties relating to Local Authority Health Scrutiny regarding Healthwatch, new arrangements for Healthwatch Blackpool and the programme of work for the coming year.

7 BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST - PATIENT EXPERIENCE (Pages 29 - 34)

To consider the Blackpool Teaching Hospitals Foundation Trust's report regarding patient experience.

8 ADULTS SERVICES OVERVIEW REPORT (Pages 35 - 44)

To inform Scrutiny Committee of the work undertaken by Adult Services on a day to day basis to allow effective scrutiny to take place of the service.

9 ADULTS SERVICES THEMED DISCUSSION: QUALITY AND RESIDENTIAL CARE (Pages 45 - 104)

To consider and discuss the current position with regard to quality of residential care in Blackpool.

10 CHILDRENS SERVICES IMPROVEMENT REPORT (Pages 105 - 110)

To inform the Scrutiny Committee of the work undertaken by Children's Services to allow effective scrutiny of the service.

11 SCRUTINY ANNUAL REPORT 2014/2015 (Pages 111 - 114)

To consider the Scrutiny Annual Report 2014/2015.

12 SCRUTINY WORKPLAN (Pages 115 - 122)

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

13 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 17 September 2015 commencing at 6pm.

Venue information:

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

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477123 , e-mail sharon.davis@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

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MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 5th FEBRUARY 2015

Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman	Hunter	Elmes	Mrs Henderson MBE
Benson	Owen	Stansfield	

In attendance:

Mrs A Allison, Lancashire Care NHS Foundation Trust.
Mr A Gibson, Blackpool Teaching Hospitals NHS Foundation Trust.
Ms H Skerritt and Dr A Doyle, Blackpool Clinical Commissioning Group.
Mr N Barkworth and Mrs J Forshaw, NHS England, Lancashire Area Team.
Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.
Councillor E Collett, Cabinet Member for Public Health.

Also Present:

Ms B Charlton, Healthwatch Co-optee.

1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

2. MINUTES OF THE MEETING HELD ON 11th DECEMBER 2014

The Committee agreed that the minutes of the meeting held on 11th December 2014, be signed by the Chairman as a correct record.

3. PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

The Committee received a verbal report from Mr A. Gibson, Director of Pharmacy at Blackpool Teaching Hospitals NHS Trust. The report was focussed on the location and operation of the new Lloyds Pharmacy located at Blackpool Victoria Hospital, as requested by the Committee.

Mr Gibson explained that the pharmacy was located within the new main entrance to the hospital site, which was also close to the new car park. It was considered that the majority of patient, visitor and service user footfall would be concentrated within this area and hence it was thought to be the most convenient location for the pharmacy for most of its users. It was acknowledged however that the location might result in additional travel for the users of some of the out-patient departments.

Members were informed that prior to the opening of the Lloyds Pharmacy, all dispensed activity had to 'compete' with in-patient dispatch, which sometimes resulted in lengthy waiting times. The average waiting time was now 7 minutes, which was considerably less than had occurred previously. A further advantage was that additional Trust staff had been released to carry out more in-patient activity and there was a much reduced waiting time for discharge prescriptions.

In response to questions from the Committee, Mr Gibson confirmed that the Lloyds Pharmacy could only dispense out-patient prescriptions and that prescriptions from the urgent care centre could not be dispensed at Lloyds. He reassured Members that there had been no reduction in NHS staff on site since the Lloyds Pharmacy had opened and that the hospital pharmacy was still operating from the same location as previously.

The Committee agreed to note the report.

Background papers: None.

5. BLACKPOOL CLINICAL COMMISSIONING GROUP

The Committee received a report from Dr A. Doyle regarding progress on the application by the Clinical Commissioning Group (CCG) for full delegated responsibility for the commissioning of primary medical services.

Members were reminded that currently, primary care was commissioned by NHS England, with the majority of secondary care being commissioned by the CCG. In 2014 some areas of delegation had been agreed but the situation remained somewhat dis-jointed and it was considered that full delegation would result in considerable benefits.

The Committee was informed that the CCG had now applied for a full delegated budget to commission GP practices. It was anticipated that NHS England's programme oversight group would provide final sign off for the delegated proposals in February 2015. Once the proposals had been approved, the CCG would need to set out its plans as per the 2015/16 NHS planning guidance and the proposals would then be implemented in April 2015.

It was acknowledged that certain issues needed to be overcome in due course in connection with the new proposals. These included budget concerns in terms of there being no additional management costs budget and issues around GP conflicts of interest. Members were assured

that the CCG governance arrangements meant that the body was well placed to provide assurance that conflicts of interest would be properly addressed. It was accepted that there needed to be an appropriate balance between the clinical expertise offered by commissioning GP's and any conflicts of interest. One of the ways that this would be achieved was by ensuring that GP's did not form a majority on the Commissioning Committee.

The Committee agreed to note the report.

Background papers: None.

6. LANCASHIRE CARE NHS FOUNDATION TRUST, QUALITY ACCOUNT

The Committee received a presentation from Mrs A. Allison, Associate Director at Lancashire Care NHS Foundation Trust, on the preparation of the Trust's Quality Account for 2014/15.

The Committee was informed that the draft Quality Account would be available from 1st April 2015, with any comments needing to be received by 30th April 2015. It would be signed off by the Trust's Audit Committee and Board of Directors by the end of May 2015 and be available to the public in June 2015.

Mrs Allison explained that within the Quality Account would be a report on the quality of services that were provided for the period between April 2014 and March 2015. There would also be detail on the priorities for improving quality over the coming year between April 2015 and March 2016.

Mrs Allison went on to explain the various ways in which the Trust captured feedback from service users and other stakeholders to input into the Quality Account. These included data from the Friends and Family test, which was being used for the first time in 2014/15. Members questioned whether any difficulty was experienced in obtaining responses from patients who were suffering from mental problems. Mrs Allison explained that there was flexibility in terms of how questions were presented and that different stages were present during the patient pathway.

The Committee agreed to note the content of the presentation and report.

Background papers: None.

7. NHS DENTAL SERVICES IN BLACKPOOL

The Committee received a presentation from Mr N. Barkworth and Mrs J. Forshaw from NHS England's Lancashire Area Team, on NHS Dental services in Blackpool.

Members were informed that NHS England took over responsibility for commissioning dental services from Primary Care Trusts in April 2013. At that time, oral health promotion became the responsibility of local authorities as part of the wider transfer of public health responsibilities to upper tier councils.

It was explained that dentistry in Lancashire now had a Local Dental Network (LDN) established to set the strategic direction of oral healthcare, with the core membership made up of representatives from Public Health England, NHS England, Health Education Northwest, primary care dentists and secondary care and special care clinicians.

The Committee was informed that Blackpool had higher than the national average number of children with decayed, missing or filled teeth. This was directly linked with other areas of health inequality such as a high proportion of residents living in deprived areas, poor life expectancy and a high rate of looked after children.

Mr Barkworth explained the various methods open to patients in order to access dental services in Blackpool. These included the central access allocation telephone line and the emergency dental service. It was further explained that dental access was measured by counting the number of unique patients who had visited a dentist in the previous 24 months, with multiple visits counting only once. Measured as a percentage of those who had accessed dentistry for a given resident population, there was an access trajectory for Lancashire that committed NHS England to maintaining access levels at 58.8% for the population of Lancashire. As of December 2014, the access figure for Blackpool was 57.6%. It was explained that the Area Team had been working with dental providers to understand what the barriers were to providing more access within the existing contracts.

Moving on to specific developments within Blackpool, it was explained that there was a need to understand how wider healthcare and social issues, including the transient nature of some of the town's workforce and residents impacted on oral health and how services could be redesigned to meet specific needs. This was highlighted by the LDN as a priority in terms of addressing the needs of those patients.

Members were informed of a pilot scheme being planned named 'Steele Red', which was described as a clinical pathway to provide care for patients who did not want an ongoing relationship with a dentist but went beyond the scope for urgent treatment. The plans were to trial the Steele Red pathway in a practice in South Shore for a period of 12 months. In addition, a work stream was underway to better understand the issues behind the patient experience survey results, utilising links with Healthwatch as well as local providers and patient focus groups.

Mr Barkworth and Mrs Forshaw responded to a number of questions from the Committee. In doing so, the following points were made:

- The special needs dentist service was currently being reviewed.
- It was confirmed that information provided by the Committee, relating to the loss of 2 special needs dentists, would be acted upon and that finances were available for non-recurrent core issues.
- Although more patients were being admitted into dental practices, there was evidence of longer waiting times for check-ups in some cases. It was accepted that there was finite

capacity and that the primary objective was to deliver good oral health and that sometimes, a two month waiting time would not be detrimental.
- The main difference between ordinary dental practices and those provided at primary care centres was that some of the latter provided unscheduled care during the daytime, with better facilities for patients with additional healthcare needs.
- There was a stringent applications process for foreign dentists wishing to practice in the UK, with a national system of competency checks in place.
- A pathway was currently being developed to identify and access children who were classed as hard to reach.

The Committee agreed to note the presentation and report and requested a further update be provided in due course.

8. BLACKPOOL HEALTH AND WELLBEING BOARD

The Committee considered the minutes from the meeting of the Health and Wellbeing Board that took place on 3rd December 2014.

The Committee agreed to note the minutes.

9. COMMITTEE WORKPLAN

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

9. DATE OF NEXT MEETING

The Committee noted that the date of the next meeting would be confirmed at Annual Council on 22nd May 2015.

Chairman

(The meeting ended at 7.30 pm)

Any queries regarding these minutes, please contact:
Steve Sienkiewicz, Scrutiny Manager.
Tel: 01253 477123.

E-mail: steve.sienkiewicz@blackpool.gov.uk

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	2 July 2015

PUBLIC SPEAKING

1.0 Purpose of the report:

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

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

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

5.2 **General**

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

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

5.3 Request to Participate at a Scrutiny Committee Meeting

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

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

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

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

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

Does the information submitted include any exempt information? No

List of Appendices:

None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

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

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	2 July 2015

ROLES, RESPONSIBILITIES AND ATTRIBUTES OF SCRUTINY MEMBERS

1.0 Purpose of the report:

1.1 To assist the Committee in understanding their roles, responsibilities and attributes.

2.0 Recommendation(s):

2.1 To approve the Roles, Responsibilities and Attributes of Scrutiny Members and agree to take on these roles and responsibilities.

3.0 Reasons for recommendation(s):

3.1 To ensure that Members are fully aware and accept their roles as Scrutiny Members.

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 This advisory note, attached at Appendix 10 (a), has been produced to help Scrutiny Members understand their role and responsibilities. It also sets out the attributes required to be an effective Scrutiny Member.

Members are requested to adopt these roles, responsibilities and attributes.

Does the information submitted include any exempt information? No

List of Appendices:

Roles, Responsibilities and Attributes of Scrutiny Members

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

The Roles, Responsibilities and Attributes of Scrutiny Members

Introduction

Scrutiny Members are responsible for scrutinising the work of the authority and for ensuring the effectiveness of the Executive.

Roles and Responsibilities

In addition to the roles and responsibilities that apply to all Elected Members, Scrutiny Members will:-

a) Participate fully in the scrutiny function in an evidence based objective, proactive, informed and effective manner.
b) To take account of all relevant code, rules and statutory requirements.
c) Participate fully in the activities of the Scrutiny Committee, delivery of its work programme and any associated task and finish review panels.
d) Monitor performance and service delivery and investigate and address the causes of under performance.
e) Promote the role of scrutiny within and outside the Council, building understanding and ownership of scrutiny and developing effective internal and external relationships.
f) Evaluate the validity of Executive decisions and challenge inappropriate decisions through call in.

Values, Skills and Attributes

The following qualities are required in effective Scrutiny Members:-

a) To assess risk and interpret information and data from a wide range of sources.
b) To constructively challenge and improve performance.
c) To act objectively and on the basis of evidence.
d) Knowledge of the local community, issues and expectations.
e) To participate in meetings including effectively listening, questioning, challenging and speaking.

In particular Scrutiny Members must have the appetite, ability and commitment to prepare sufficiently to engage effectively in the scrutiny function by undertaking research, investigations and attending relevant meetings and briefings. Members must also have a sound understanding of the scrutiny function's remit and role, best practice, statutory requirements, performance management principles and the provisions of the Council's constitution.

The Roles, Responsibilities and Attributes of Scrutiny Chairmen and Deputy Chairmen

Introduction

Scrutiny Chairmen and Deputy Chairmen must provide leadership and direction in the work of their committees and act as ambassadors for the work of their committee both within and beyond the Council to develop its standing and the integrity of its role. They must have a sound understanding of the relevant subject matter, laws, procedures, codes of conduct and protocols and the ability to champion them with committee members. Chairmen and Deputy Chairmen should also inspire and enthuse committee members to undertake the work of the committee.

Roles and Responsibilities

In addition to the roles and responsibilities that apply to all Members and all Scrutiny Members the following responsibilities apply to all Scrutiny Chairmen and Deputy Chairmen:-

a) To be a focal point of knowledge, leadership, advice and development for Scrutiny Members.
b) To support Scrutiny Members, identifying any training needs.
c) To promote the role of Scrutiny inside and outside of the Council, liaising with the Council's partners to build understanding partners to building understanding and ownership of scrutiny.
d) To develop a balanced workplan for the committee, which includes appropriate topics including performance monitoring, investigative scrutiny and holding the Executive to account.
e) To ensure the Committee's workplan takes account of relevant factors including the priorities of the Council.
f) To liaise with officers, other representatives and the community, where applicable, to resource and deliver the workplan and report on progress against the workplan as required.
g) To evaluate the impact and added value of scrutiny activity and identify areas for improvement.
h) To provide confident and effective management of committee meetings and work to manage projects, resources, people and priorities as required.
i) To facilitate effective questioning, challenge, listening and discussion.

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Ruth Henshaw, Corporate Development Officer
Date of Meeting:	2 July 2015

COUNCIL PLAN PERFORMANCE MANAGEMENT ARRANGEMENTS 2015/2016

1.0 Purpose of the report:

1.1 The Committee is asked to consider the proposed performance management arrangements for 2015/2016.

2.0 Recommendation(s):

2.1 To approve the proposed performance management arrangements, making any suggested amendments.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the Council's progress in achieving the key actions for the next 5 years as set out in the Council Plan 2015-20.

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

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

3.3 Other alternative options to be considered: N/A

4.0 Council Priority:

4.1 The relevant priority is:

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

5.0 Background information

5.1 The Council Plan 2015-20 is currently being developed to refresh the Council's vision, priorities and values for the next 5 years. The purpose of the Council Plan is to provide a clear and concise summary of the Council's vision for Blackpool, and the key actions that the Council will take to work towards achieving that vision.

5.2 Consultation on the new Council Plan will take place during the Summer through a variety of

methods, such as:

- The Council Couch
- Public and stakeholder surveys
- Internal staff consultation
- Presentation at equality groups
- Sessions with Cabinet and lead members
- Presentation to Senior Leadership Team

The consultation outcomes will be published in a full report in August 2015, after which the Council Plan 2015-20 will be finalised.

5.3 It is proposed that performance reports for each Council Plan priority will be presented to the relevant Scrutiny Committee on a quarterly basis. In its current draft form, the Council Plan focuses on two key priorities:

- Economy - Maximising growth and opportunity across Blackpool; and
- Communities - Creating stronger communities and increasing resilience

The reports will summarise the progress made against the key actions and performance indicators within the Council Plan 2015-20.

5.4 As the Council Plan will not be published until September 2015, performance will only be reported three times for the financial year 2015/16. Below is a table of indicative dates when reports will be presented during this time:

Tourism, Economy & Resources Scrutiny	**Resilient Communities Scrutiny**
19th November 2015	5th November 2015
21st January 2016	4th February 2016
19th May 2016	12th May 2016

5.5 The relevant Cabinet Member and lead officer will attend the relevant Scrutiny Committee to discuss performance in their area and address any questions or concerns from the Committee.

6.0 Witnesses/representatives

6.1 The following persons have been invited to attend the meeting to report on this item:

Ruth Henshaw, Corporate Development Officer

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 4 (a) Consultation leaflet

7.0 Legal considerations:

7.1 None

8.0 Human Resources considerations:

8.1 None

9.0 Equalities considerations:

9.1 None

10.0 Financial considerations:

10.1 None

11.0 Risk management considerations:

11.1 None

12.0 Ethical considerations:

12.1 None

13.0 Internal/ External Consultation undertaken:

13.1 N/A

14.0 Background papers:

14.1 None

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Do you live or work in Blackpool?

Complete the survey, tell us what you think!

The Blackpool Council Plan 2015-2020 will give you information on exactly how we hope to improve the area where you live and work over the next five years.

We want to listen to your thoughts about what should be in the plan.

You can read all about the plan, our vision and our priorities, and complete our feedback survey online at www.blackpool.gov.uk/CouncilPlan

Other ways to provide your feedback:

- The 'Council Couch' is visiting a street near you as it tours across Blackpool throughout June, July and August. Come and have a chat with us, we'd love to see you! For dates and locations, visit www.blackpool.gov.uk/CouncilCouch
- Contact us directly using the details below

Contact us

Blackpool Council
PO Box 4
Blackpool
FY1 1NA

Web: www.blackpool.gov.uk/CouncilPlan
Bpoolcouncil
Bpoolcouncil

Blackpool Council COUCH

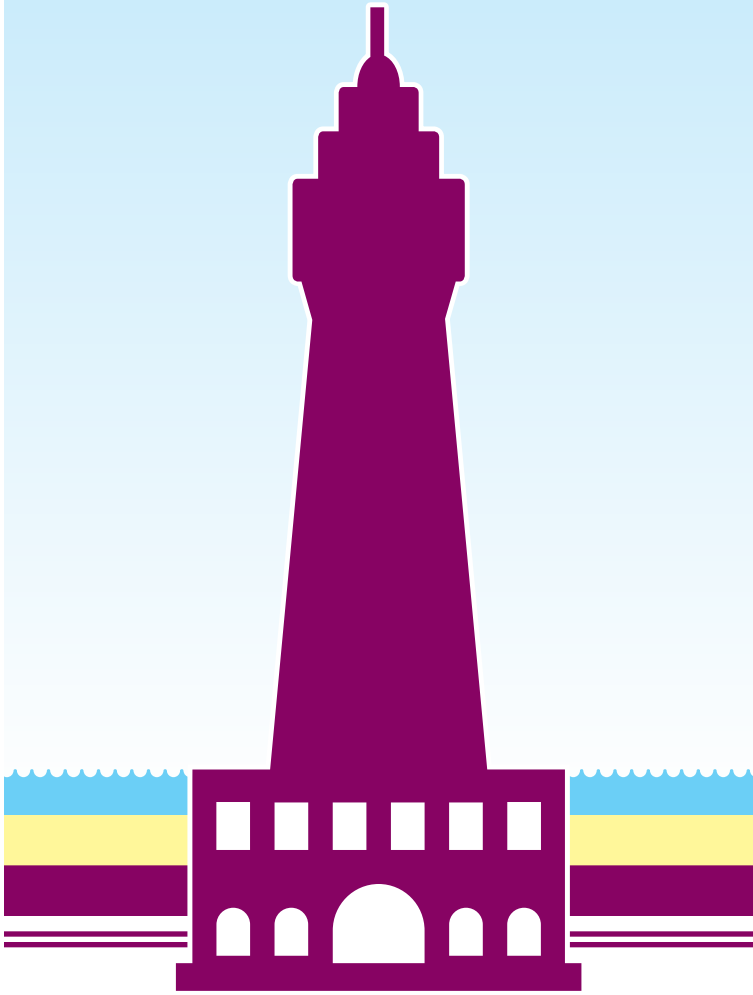
Come along for tea/coffee and a chat.

Tell us your views on your area.

Date	Location	Time
Tues 23 June	Warren Drive fields	6pm – 8pm
Thurs 25 June	Grange Park shops	2pm – 5pm
Tues 30 June	Mereside shops	2pm – 5pm
Thurs 2 July	Preston New Road – McDonalds	6pm – 8pm
Tues 7 July	Layton, Westcliffe Drive	6pm – 8pm
Thurs 9 July	Egerton Road/Ashburton Road corner shops hard standing	2pm – 5pm
Tues 14 July	Central Drive parking bay by the George Pub	2pm – 5pm
Thurs 16 July	Kingcraig shops to the left of the car park	2pm – 5pm
Thurs 23 July	Norbreck shops	2pm – 5pm
Tues 28 July	Solaris	2pm – 5pm
Thurs 30 July	Palatine Library	2pm – 5pm
Tues 4 Aug	TAB office, Gorton Street	2pm – 5pm
Thurs 6 Aug	Stanley Park Cafe	2pm – 5pm
Tues 11 Aug	Moor Park Leisure Centre car park	10am – 1pm
Thurs 13 Aug	St Martins Road (Western end)	2pm – 5pm
Tues 18 Aug	St Johns Square	2pm – 5pm

C746 6-15

Have your say on Blackpool's future



Blackpool Council

The future of Blackpool

Blackpool is a great place to live and work. It's the UK's favourite seaside location and home to 142,000 people.

We care about the future of our town. It matters to us that the area continues to be a healthy, happy and pleasant place to live.

As a council, we provide lots of public services for local people and have big responsibilities when it comes to things like looking after the streets and parks, recycling the town's waste and caring for vulnerable children and adults.

However, we do much more than that - we provide more than 150 services! Our teams are working hard, along with local people and partner organisations, to make sure that Blackpool has quality housing, good jobs, lots for families to do as well as excellent health and education.

How can this be done and what are our priorities?

We think Blackpool should be:

"The UK's number one family resort with a thriving economy that supports a happy and healthy community who are proud of this unique town."

Over the next five years, we think our biggest priorities are to:

- Create a better economy
- Create stronger communities

The Council Plan 2015-2020 sets out our vision and priorities for how we hope to improve the lives of local people over the next five years. This leaflet provides a summary of this. You can find out more at www.blackpool.gov.uk/CouncilPlan

The economy

Support for businesses to help them start and grow

A wider range of family events and attractions

More town centre shops and restaurants

Better roads and tramways

Quality health and leisure facilities

The community

Quality housing across the town

More ways for people to get involved in their communities

Improved school standards and pupil achievement

A wider range of quality jobs and better training

Greener streets and pleasant places to spend time in

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Ellen Miller, Chief Executive, Empowerment
Date of Meeting	2 July 2015

HEALTHWATCH BLACKPOOL

1.0 Purpose of the report:

1.1 This report explains the duties relating to Local Authority Health Scrutiny regarding Healthwatch, new arrangements for Healthwatch Blackpool and the programme of work for the coming year.

2.0 Recommendation(s):

2.1 To note the changes to Healthwatch Blackpool and to consider Healthwatch's programme of work for 2015/2016.

To consider how to undertake effective scrutiny of Healthwatch Blackpool in the future.

3.0 Reasons for recommendation(s):

3.1 Health Scrutiny functions are set up by law and guidance, and this includes duties to work with local healthwatch.

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

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

3.3 Other alternative options to be considered: None

4.0 Council Priority:

4.1 The relevant Council Priority is "Improve health and well-being especially for the most disadvantaged."

5.0 Background Information

5.1 *What is Healthwatch?*

5.1.1 Under the Health and Social Care Act (2012) every upper tier or unitary local authority is required to commission an independent provider to fulfil the duties of Healthwatch at a local level. These are to:

- "provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
- make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
- make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC);
- promote and support the involvement of people in the monitoring, commissioning and provision of local care services;
- obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services; and
- make reports and make recommendations about how those services could or should be improved."

5.1.2 Although the Council holds the funds and is responsible for commissioning the existence of a local Healthwatch, the organisation must be fully independent and the Council cannot determine the work programme or vet the recommendations of Healthwatch. Healthwatch also has rights to "enter and view" health and care services, and health and care providers (including the Council) are required to respond to any issues or concerns raised. Healthwatch has a direct referring relationship with the Care Quality Commission, and a prescribed role as a member of the Health and Wellbeing Board.

5.2 *Duties on Health Scrutiny relating to Healthwatch*

5.2.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and supporting guidance place the following specific requirements on local authorities:

- The local authority must have a mechanism in place to deal with referrals (including reports and recommendations on service improvements) made

by Local Healthwatch organisations[1]. These must be acknowledged within 20 working days and Healthwatch must be kept informed of any action taken by the Local Authority on this matter.

- Health scrutiny must develop working relationships and good communication with local Healthwatch.

- To ensure clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health and wellbeing boards and local Healthwatch.

- In the light of the Francis Report, health scrutiny will need to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.

5.2.2 The Government guidance[2] on Health Scrutiny underlines the relevance of Healthwatch for Health Scrutiny committees:

> *"Local Healthwatch organisations…have specific roles which complement those of health scrutiny bodies...This can enable local Healthwatch to act as the "eyes and ears" of patients and the public; to be a means for health scrutiny to supplement and triangulate information provided by service providers; and to gain an additional impression of quality of services, safety and issues of concern around specific services and provider institutions.*
>
> *Health scrutiny bodies and local Healthwatch are likely each to benefit from regular contact and exchange of information about their work programmes. It may also be helpful in planning work programmes, to try to ensure that certain aspects are aligned".*

5.3 *What is happening at Healthwatch Blackpool?*

5.3.1 Healthwatch Blackpool started in April 2013, running as a separate company with a support contract with the local branch of the charity Groundworks. Earlier this year the Council retendered the service, and Empowerment were the successful bidder,

[1] Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

taking on the service from April 2015.

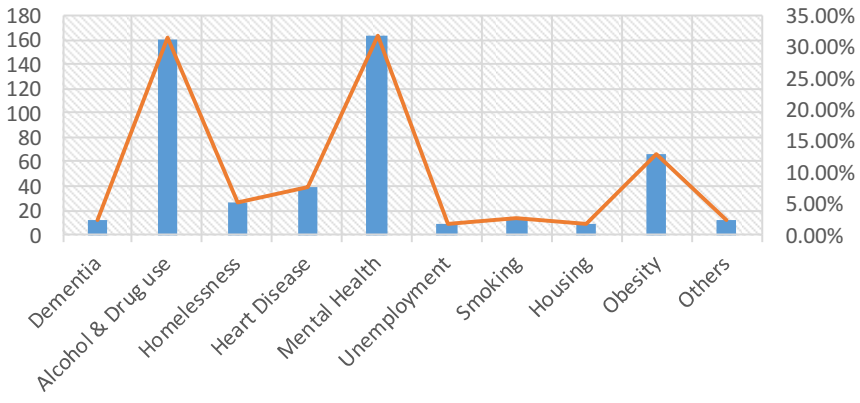
5.3.2 Empowerment is a locally based charity, formed in 2013 from the merger of Blackpool Advocacy (established 1994) and Lancaster Women's Aid (est. 1991). It works to provide independent advocacy and support to people affected by a range of social issues and health and care problems. In order to retain independence of advocacy they do not provide any services commissioned to meet eligible care needs.

5.3.2 Empowerment's plan is for Healthwatch Blackpool to:-

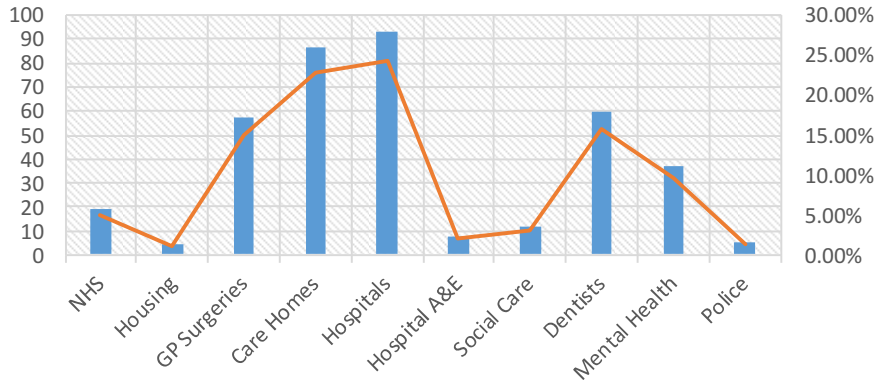
- Undertake consultation to determine priorities for consumers in their use of health and care services;
- To put together a rolling programme of one "Consumer Review" and one consultation exercise per month;
- To engage a wide range of local people to become members of Healthwatch Blackpool and to get involved as Community Researchers, Community Networkers or members of the Healthwatch Board; and
- To produce monthly bulletins outlining what is happening in health and care locally, and how people can get involved in getting their voices heard.

5.3.3 The consultation to determine priorities is now complete, and consisted of over 400 responses, gained through online survey, outreach survey work at a variety of events, venues and activities, plus two consultation events. Questions were deliberately open to allow consumers to articulate concerns in their own terms. The results were:

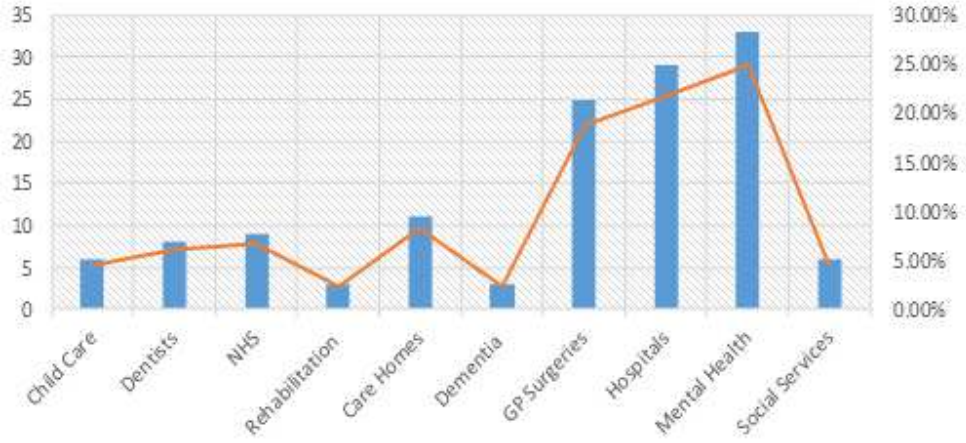
Which are the biggest health and care issues in Blackpool?



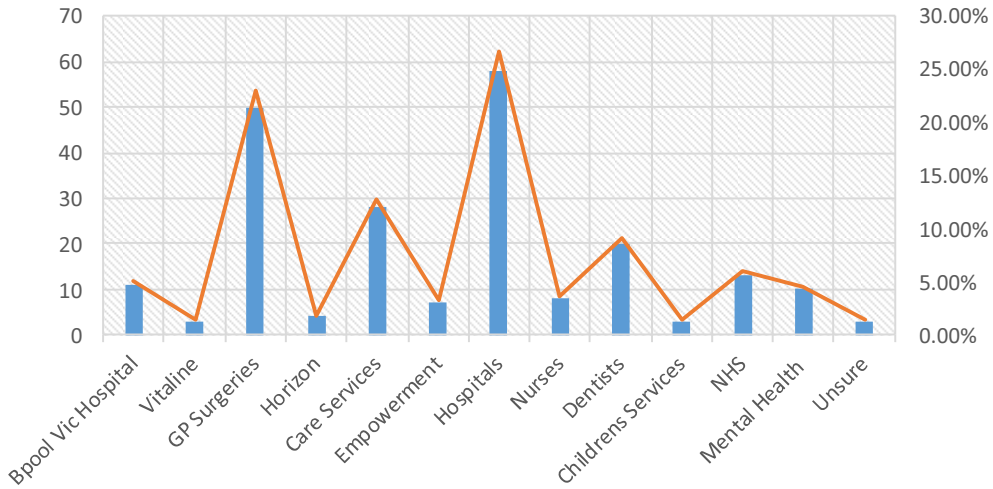
Which services are NOT working well?



Which services could be better at listening to the people who use them?



Which health and care services ARE working well?



(full report including comments available on request)

5.3.4 On the basis of this consultation, analysis of current trends and the workplans for Healthwatch England, Care Quality Commission and local provision, Healthwatch Blackpool Board will be agreeing their programme of Consumer-led reviews and consumer consultations over the next 12 months on June 29.

5.4 The work of Healthwatch Blackpool is also subject to scrutiny by the committee as the guidance says: "While continuing to be independent organisations able to decide their own priorities and programmes of work, (local Healthwatch) will account to the local authority for their effectiveness and use of public funds"[3]

5.5 The Committee is therefore asked to consider their arrangements for receiving the reports and recommendations of Healthwatch Blackpool, and its preferred method for checking on Healthwatch Blackpool's effectiveness.

Does the information submitted include any exempt information? No

List of Appendices: None

6.0 Legal considerations:

6.1 As outlined above

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 No Equalities Impact Assessment required – differential impact of health and care will be considered throughout Healthwatch's work, and Empowerment is committed to extending membership of Healthwatch across the local community.

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

[3] Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

10.1 If Health Scrutiny does not fully engage with the work of Healthwatch Blackpool they will be in breach of regulations defining their role and operation.

11.0 Ethical considerations:

11.1 Empowerment is a sustainable local charity with clear ethical policies. The provision of Healthwatch is entirely in line with the Nolan principles and high standards of accountability for public services.

12.0 Internal/ External Consultation undertaken:

12.1 Included in the report.

13.0 Background papers:

13.1 Healthwatch Blackpool Priorities Consultation Report 2015

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Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Mrs Pat Oliver, Director of Operations
Date of Meeting	2 July 2015

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST – PATIENT EXPERIENCE

1.0 Purpose of the report:

1.1 The Committee is asked to consider the Trusts update report regarding patient experience.

1.2 The report demonstrates how patient experience continues to be monitored robustly by the team who are working hard to ensure that learning is shared across the organisation.

2.0 Recommendation(s):

2.1 To consider the contents of the report and ask questions and make recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is "Improve health and well-being especially for the most disadvantaged."

5.0 Background Information

5.1 Members from the Trust and Patient Experience Team will be in attendance at the meeting to address any questions.

5.2 Patient Experience

5.2.1 In April 2015 the Trust received feedback from 4061 people, a summary of ways patients gave their feedback is as follows:-

- 51 complaints
- 394 compliments
- 124 informal complaints
- 166 general enquiries
- 115 patient interviews as part of the listeners programme
- 3373 responses to the NHS Friends and Family Test
- 4 stories displayed on the patient opinion website

5.2.2 In April 2015 there were 9046 admissions to Blackpool Teaching Hospitals NHS Foundation Trust. During this period 51 complaints were received which required formal investigation, 41 were written complaints and 37 related to care in the hospital, this equates to 0.40 per cent of hospital admissions. Four cases related to care in a community setting. Of these, 10 complaints were dealt with at the point of origin and documented on the Trust's e-complaint referral form. One of these cases proceeded to have a formal investigation and all other clients were happy with the actions taken by staff at a service level.

5.3 The NHS Friends and Family Test

5.3.1 The breakdown of patients' expressions of recommendation against the question "how likely are you to recommend our service to friends and family if they needed similar care or treatment" are:-

Recommendation	Number of responses	Percentage
Extremely likely	2652	78.62
Likely	554	16.42
Neither likely or unlikely	51	1.51
Unlikely	24	0.71
Extremely unlikely	23	0.68
Don't know	69	2.04

5.4 Qualitative feedback mechanisms

5.4.1 As part of the expanded patient experience programme there has also been rapid expansion of the qualitative feedback processes, which are based on patient observations and comparisons in a non-fixed numerical manner. These include:-

- **The Patient Stories Programme** – Patient/Carer stories are collected and delivered to the monthly Trust Board, Quality Committee and CCG Patient and Public Involvement Forums on a monthly basis, representing patients' and carers' first person encounters of all the services we deliver across the Fylde Coast.
- **The Patient Panel** – feedback from established individuals who have developed a degree of expertise in a condition or circumstance to debate and support service redesign, representing the patient voice in all Trust strategies and developments. Last year they did a comprehensive review of our hospital food making a number of changes which led to our national rating improving significantly in the Inpatients 2014 survey.
- **The Mystery Shopper Scheme** – Patients/observers give a personal diary or account of how well areas are doing, looking at how well staff communicate with and help our patients and visitors.
- **The Tell Us Campaign** – This information campaign was shortlisted for the 2014 Nursing Times Awards and won the National 2014 Association for Healthcare Communications and Marketing (AHCM) award for "best patient engagement and consultation" for highlighting to all patients who access our services the different ways they can leave opinions about their care, internally and externally. Since the scheme was launched there has been a 40 per cent increase in patient feedback overall.
- **The Re-launch of the Patient Relations Team** (previously known as PALS), relocating the team to the main entrance in Blackpool Victoria Hospital and publicising their services widely has seen a 13% increase in demand for the support and signposting that is available from the team for patients and their carers.
- **Focus Groups** – bringing small groups together to discuss and explore their views provides the opportunity to listen to a range of opinions and experiences. So far these have been held to review discharge processes and the stroke pathway.
- **Regular Engagement with Health Watch Blackpool and Lancashire** – Clinical Commissioning Groups, membership and volunteers, local community and third sector organisations get representation on issues from the wider community, working on joint engagement projects.
- **Introduction of an online e-complaint and e-compliment referral form** has seen an increase in the variety of activities reported by the Trust staff as well as creating a single process for escalating positive and negative feedback received on

the spot. The wide range of compliments that are now being reported alongside the complaints is really giving us a "helicopter view" of the experience of our service users, and has led to a 23 per cent increase in the annual tokens of appreciation reported for 2014/2015 (4,666 compliments were registered last year, an increase of 877 from 2013/2014).

5.5 Summary of findings

5.5.1 From reviewing this data it is evident that a range of measures and tools have been created as part of the patient experience programme to help monitor and evaluate progress in individual participation in the organisation. The changes which have happened demonstrate how we are actively trying to create a truly people centred organisation where we are acknowledging that patients, their families and carers are the experts in terms of their experience of our care.

5.5.2 However there is still work to do, providing greater patient choice, be it over clinical team, setting, location or provider hasn't equated to the widespread adoption of shared decision-making within the organisation. This is restricted to an individual level currently, with certain areas leading the way. It is clear some areas may need more specific or targeted support in the decision making process to help us achieve our quality goal, and they will be selected to be involved in the patient and carer involvement programme moving forward in 2015.

5.5.3 This will hopefully bring about a vast range of benefits so best practice of patient involvement within the Trust starts to become common practice, with better consultations, clearer risk communication, improved health literacy, more appropriate decisions, fewer unwanted treatments, healthier lifestyles, improved confidence and self-efficacy, safer care, reduced costs and better health outcomes.

No

Does the information submitted include any exempt information?

List of Appendices:

None

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None

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Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	2 July 2015

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To inform Scrutiny Committee of the work undertaken by Adult Services on a day to day basis to allow effective scrutiny to take place.

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

3.1 For Members of Scrutiny Committee to be fully informed as to the day to day work of the Adult Services Directorate to allow effective scrutiny of the service.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

Not applicable.

4.0 Council Priority:

4.1 The relevant Council Priority is "Safeguard and Protect the most Vulnerable"

5.0 Background Information

5.1 <u>Adult Social Care</u>

5.1.1 The Law relating to Adult Social Care changed significantly with the Care Act 2014. This is subject to phased implementation, from April 2015 through to April 2016. The initial phase has focussed on practice in relation to assessments and care planning and deferred payments. The proposed changes from April 2016 relate primarily to financial changes, the

most significant being the creation of Care Accounts and the cap in relation to the costs of care.

5.1.2 Adult Social Care has undertaken a number of pieces of work to ensure Care Act compliance. A dedicated project officer has been instrumental in ensuring a coherent approach to the changes needed has been adopted. Extensive training programmes have been delivered to a range of staff, both within the Authority and including some partner agencies. Documentation, guidance, factsheets, standard letters and IT systems have been either written or amended to incorporate the changes. Ongoing training is being delivered to try and ensure there is consistency in the approach to the legislative changes. Preparation for the next phase of implementation is underway, with consideration of how to manage the complex financial changes that accompany this.

5.1.3 A consultation period in relation to potential changes to the charging arrangements is planned. This will involve respite care costs, carers' personal budgets and the ceiling on contributions to a care package.

5.1.4 New work is still being allocated on a prioritised basis and a concerted effort to address outstanding reviews is underway. These are being impacted on by a number of vacancies which have been recruited to but staff not yet in post. Based on two months figures for service user and carer assessments there appears to be a rise in demand, but there is not enough data yet to understand if this is a seasonal variation, or indicative of an increase which will be sustained. Further pressures on staff arise from the dramatic rise in requests for best interest assessments as part of the Deprivation of Liberty Safeguards and their subsequent authorisation by the authority acting as Supervisory Body.

5.1.5 We have managed to reduce slightly the numbers of delayed discharges from the Hospital attributable to Adult Social Care in the last year. The numbers admitted to long stay residential care remain at similar levels, although the new teams that are in development, the extensive care service, the extra supported discharge team and enhanced primary care service, led by the NHS, may impact on this. There continues to be a strong demand for domiciliary care services, which we are monitoring to assess trends and consider how to manage.

5.1.6 There is a redesign of community mental health services in progress. Lancashire Care Foundation Trust are presently in a consultation period with their staff, although there is as yet no agreed service model.

5.2 <u>Safeguarding</u>

5.2.1 The Care Act 2014 (enacted April 1st 2015) provides the context of Adult Safeguarding from April 2015.

5.2.2 Safeguarding Adult Boards become the statutory responsibility of the Local Authority and the Act lays down the responsibilities of partner agencies. Clinical Commissioning groups, Police and the Council are now deemed to be the statutory partners for the Board with a duty to co-operate through resources and information sharing. Boards are also encouraged

to work alongside all other agencies and local partnerships however for the benefit of the adult population served by the local authority.

5.2.3 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and with a focus on prevention, timely and appropriate responses if harm occurs and for the protection from future harm for those adults who may be at risk.

5.2.4 It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. The desired outcomes for the individual are a key consideration.

5.2.5 The approach to be taken now places more of an emphasis on making safeguarding 'personal' and as far as is practicable individuals are required to be central to the decision making and to the actions taken. This includes, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action – be that short term or for longer periods of ongoing assessment. Where an individual has significant difficulty engaging with the work this may require the support of an advocate instructed by the local authority.

5.2.6 The following six principles apply to all sectors and settings in safeguarding those adults at risk of harm in order to promote an individual's wellbeing:

Empowerment – People being supported and encouraged to make their own decisions
Prevention – It is better to take action before harm occurs.
Proportionality – The least intrusive response appropriate to the risk presented.
Protection – Support and representation for those in greatest need.
Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability – Accountability and transparency in delivering safeguarding.

5.2.7 An adult at risk is someone who:

- is aged 18 or over;
- has needs for care and support (whether or not the local authority is or may be meeting any of those needs) and;
- as a result of those care and support needs is unable to protect themselves from either;
- the risk of, or
- experiencing abuse or neglect.

5.2.8 An adult at risk would include therefore be an adult who is unable to protect themselves as a result of their care and support needs, and for example:

- Is an older person who is frail due to ill health, physical disability or cognitive impairment
- Someone who has a learning disability
- Someone who has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long term illness / condition
- Misuses substances / alcohol

- Is a carer such as a family member or friend who provides personal assistance and care to adults and is subject to abuse
- Lacks the mental capacity to make particular decisions and is in need of care and support.

5.2.9 Abuse may be intentional or unintentional and consist of:

- a single or repeated acts;
- an act of commission or omission;
- multiple acts, for example, an adult at risk may be neglected and also being financially abused;
- a pattern which involves more than one person

5.2.10 In deciding what action to take or what protection measures to put in place, consideration must be given not only to the immediate impact and risk to the person, but also to the risk of future longer-term harm, significant harm which may have been avoided (for example incorrect medication given which did not harm the person in this circumstance but had the potential to cause significant harm if not identified).

5.2.11 The Council encourages individuals, organisations and its partner agencies to report circumstances where an adult may be at risk of harm. When a concern or 'alert' is raised with the Council there are then a number of specified options available to the local authority, to its partner organisations and to the individual when a safeguarding lead / manger determines what subsequent actions must be taken.

5.2.12 The options available are to decide if the issue is:

1. 'Not safeguarding' (the concerns are deemed not to have had significant impact on the individual and/or to have caused significant harm and can be dealt with via other means)

2. An incident only (an issue resulting in some level of harm may have occurred but is either unlikely to re-occur or has not caused significant harm to the degree where further or multi-agency investigation processes are necessary and resolution for the individual can be reached).

3. Safeguarding procedures (the issue is felt to be more complex / a repeated pattern/ involve multiple acts / involve more than one person etc and to require further single or multi agency enquiries to reach a decision). One alert may also involve allegations of more than one type of harm (eg physical abuse *and* neglect)

5.2.13 Of the cases that do proceed into further enquiry there are a number of further potential outcomes based on the balance of probabilities:

1. The allegations are not substantiated in any part

2. Allegations may be inconclusive (where there insufficient evidence to make a decision)

3. The allegations are partially substantiated (eg some elements may be but others not)

4. Allegations may be fully substantiated

5. Allegations may be ceased at the individual request

5.2.14 In 2014/15, Blackpool Council received 623 alerts (cases). Each case is treated as one 'alert' but may involve more than one person if the alert involves a care home provider for example. For this reason the number of individuals involved may exceed the number of alerts reported

Of those 623 alerts (cases):

- 100 were 'Not Safeguarding'
- 231 were deemed to be incidents only
- 292 were processed through the safeguarding investigation / enquiry stages

Of the 292 that were investigated further:

- 28 were partially substantiated
- 57 were fully substantiated
- The remainder were inconclusive, unsubstantiated or ceased at the request of the individual

5.2.15 Although a relatively small percentage of the original alert figure was deemed to have been substantiated at some level, a great deal of work is being undertaken to address those issues.

5.2.16 The weight of alerts - and therefore the majority of substantiated cases - are found in provider or commissioned services. Processes to address these issues are carried out by a range of mechanisms; a process of contract monitoring and performance management , the involvement of the Care Quality Commission in strategy (planning) and reporting (outcome) meetings in their role as the regulator, a multi-agency Risk Summit approach, regular social care review processes and - where necessary - contractual sanctions.

5.2.17 A number of operational managers are involved in weekly performance monitoring meetings and who also attend safeguarding leads meetings.

5.2.18 Statistical analysis of the work carried out is undertaken on a weekly basis by specialist workers. Statistics indicate individuals are being made safe quickly and the timeliness of subsequent work towards resolution has improved significantly over the last year.

5.2.19 There are times however that the work of other agencies such as the police may or must take priority in criminal enquiries. This impacts on best practice timescales.

5.3 Safeguarding Adults Board

5.3.1 In April 2015 the Blackpool Safeguarding Board launched a new and Care Act compliant multi-agency policy and protocol agreed by all partners that includes an information sharing protocol. Appointment of a new Board manager and Independent Chair are currently in progress.

5.3.2 The Adult Board is moving towards closer working with the Children's Board to maximise impact in families and communities. The Board also hosts sub groups for training and for quality assurance and performance monitoring in order that it can receive reassurance about the safeguarding approaches of partner agencies.

5.3.3 Meetings are well attended by representatives at a senior decision making level from a wide range of agencies from public, private and the voluntary sectors. From April 2015 there will be an push to recruit individual service users and carers to the membership of Board's sub groups.

5.4 Policies, processes and quality assurance

5.4.1 Electronic recording systems were revised in April 2014 to facilitate effective progress through the system. Since that time a small team of specialists have been supporting practitioners to use the system. Bespoke training and development approaches have been provided; the staff team have worked in partnership with operational staff and the Business Information and Commissioning and Contracts team. This work has been shown to bring about both better communication and data for both local and national reporting purposes. There is work still to be done however.

5.4.2 A case audit process incorporating audit of safeguarding work is also now in place and the professional and managerial supervision framework requires attention to safeguarding case work.

5.5 Provider Services

5.5.1 All in-house provider services are focussing on safely implementing the Council's budget decisions, together with ensuring safe delivery of care, compliant with all relevant regulatory standards (for example the Care Quality Commission standards).

5.5.2 Focus has also been on ensuring staff have all the relevant mandatory training and that this is refreshed on a regular enough basis.

5.6 Commissioning

5.6.1 Care at home is commissioned for Adults to support them with their care needs at home and to enable them to remain independent in their own home for as long as possible. These services are regulated by CQC.

5.6.2 **Types of care at home:**

- Generic care at home providing support to the frail elderly, people with a physical disability and people with mental health conditions. This type of support is delivered in a person's own home.

- Learning disability care at home which is usually provided in a Supported Living environment. This type of service provision consists of background hours, one to one support and sleep in arrangements.

- Extra care housing schemes for people over the age of 55 years, of which there are two. Back ground care, emergency response to care needs and on-going care is provided, with a nightly sleep in arrangement.

Number of commissioned hours:

- Generic care at home - approximately **11382** per week

- Learning disability - approximately **9355** per week

Fees paid by the Council:

- Generic care at home - £11.35 per hour

- Learning disability - £12.50 per hour

- Sleep in rate - £28 -£42 per night

Provider information:
The Council has contracts with 8 providers for generic care at home: **Carewatch, Comfort Call, Cherish, Homecare for You, Guardian, I-care, Napier, Safehands, Sevacare.** These services were retendered in February this year.

The Council has contracts with 8 providers for learning disability care at home: **Cherish, Guardian, Creative Support, UBU, United Response, Autism Initiatives, Fylde Community Link, Oaklea , Ormerod.**

Care in the Extra Care Housing Schemes is provided by Sevacare. This contract is currently out to tender due to be completed by November 2015

Performance:
Currently there is one provider which is on enhanced monitoring.
No suspensions.

There is evidence of lagging supply in the market relative to demand due to lack of availability of staff.

Identified areas to be addressed in the future:

- The Council's aspiration that all contracted providers pay the living wage – the Supporting Cabinet Secretary has tasked the Cabinet Assistant with a project to scope the issues, understand the options available and the resources required to move forward.

- Sleep-in payments to staff which meet the National Minimum Wage (NMW). Case law confirms that sleep-ins are covered by the NMW regulations. Not that the sleep-ins have to be paid at the NMW level, but that, overall, total pay for total hours worked must be at least the NMW. This is an employer responsibility but the Council has a responsibility under the Care Act in ensuring the price it pays for care is sufficient for a viable provider business.

- The Care Act 2014 obligations for Councils when commissioning services, to assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.

- With the reduction of in-house Blue Light Service we need to work with providers to increase their capacity to pick up packages more quickly to support hospital discharge and/or emergencies and to improve capacity for more intensive, two carer packages.

- Providers' staff recruitment and retention issues.

- Ensuring external market capacity in Learning Disability Services to implement 'Winterbourne' - people with more complex needs to be supported in the community.

Regulated Residential Services:-

Contracted Residential providers	80
Contracted Residential providers suspended to new placements	2
Contracted Residential providers on a regime of enhanced monitoring	5
Contracted Residential providers currently without a Registered Manager	7
Contracted providers currently not compliant with CQC Regulations	9

5.7 Business Support and Resources

Direct Payments

5.7.1 The Direct Payments Team supports adult and children's service users who wish to make

their own arrangements to meet their eligible care needs. There are 408 service users currently taking a Direct Payment (of which 319 adults and 89 children), equating to an increase of approximately 6 per cent over the last 12 months. In 2014/15, 17.8 per cent of adult service users in receipt of long-term support for whom self-directed support was appropriate arranged their care with a Direct Payment. During 2015/16, Adult Services intends to continue the drive to increase the number of service users taking up a Direct Payment, and is reviewing the rates paid to recipients.

5.7.2 The team also provides a service to the Clinical Commissioning Group to deliver the newly introduced Personal Health Budgets on their behalf. After a successful pilot with Continuing Health Care patients, this arrangement has now been put on a permanent footing in order that the scheme can be extended to further groups of patients.

Client Finances

5.7.3 The Client Finances Team provides support to service users who lack the mental capacity to manage their own finances, and who do not have family or friends able to do this for them. This can involve acting as court-appointed Deputy to manage financial affairs where service users have savings, or acting as Appointee under the direction of the Department for Work and Pensions to manage the benefits of service users in order to enable them appropriate access to finances on a day-to-day basis.

5.7.4 The team currently looks after the finances of 14 service users under deputyship arrangements, and acts as the appointee for a further 140 people. They help to safeguard approximately £1.4 million of monies for people who otherwise might be vulnerable to financial abuse or money problems.

Does the information submitted include any exempt information? No

List of Appendices:

None

6.0 Legal considerations:

6.1 Some of the areas of current and future work will require consideration of legal issues, options and potential impacts.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 Some of the areas of current and future work will require consideration of financial issues, options and potential impacts.

10.0 Risk management considerations:

10.1 There are some risks in the current system. These are being addressed by current or planned work.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	**Karen Smith, Director of Adult Social Services**
Relevant Cabinet Member	**Councillor Graham Cain**
Date of Decision/ Meeting	**2nd July 2015**

THEMATIC DISCUSSION: QUALITY AND RESIDENTIAL CARE

1.0 Purpose of the report:

1.1 To describe the current position with regard to quality and residential care in the following areas:

- Size and scale of the residential care sector
- Issues impacting on quality
- Measures in place to ensure quality is maintained at an acceptable level
- Areas where there is more work to do

2.0 Recommendation(s):

2.1 To consider the report, discuss areas of interest to Scrutiny Members, and to make recommendations regarding any further actions required.

3.0 Reasons for recommendation(s):

3.1 Scrutiny Members have requested a thematic discussion on this subject.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:
Not relevant

4.0 Council Priority:

4.1 The relevant Council Priority is

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Attract sustainable investment and create quality jobs
- Encourage responsible entrepreneurship for the benefit of our communities
- Deliver quality services through a professional, well-rewarded and motivated

workforce

5.0 Background Information

5.1

- Residential care provides short term and long term round the clock care for people who are unable to live in their own home.
- Life expectancy is increasing and people are accessing services later in life. This means that the majority of people in residential care have increasingly complex needs.
- There is an increased requirement for end of life services, as more people are cared for other than in hospitals and hospices at the end of their life.
- Dementia is on the increase, and all providers need to understand the disease and how to manage it in addition to meeting other needs in residential care.
- People have a choice of care providers; for those unable to make a choice themselves, a formal or informal advocate and Best Interests Decisions is the way the choice is made.
- Information about what is available and the needs it meets are contained in an online information system Blackpool4Me. There is also factsheet information to provide guidance and help with choosing a suitable home.
- In Blackpool, 80 registered residential and nursing care homes offering some 1700 places between them. This figure includes 15 nursing homes.
- At any one time, there are up to 100 vacancies in residential homes.
- There is a shortage of places in Elderly Mentally Infirm homes (EMI), supporting the needs of people with significant dementia.
- All homes are registered with the Care Quality Commission (CQC), must meet their Regulated Standards, and are subject to the CQC inspection regime

5.2 Performance Issues

5.2.1 Blackpool has a higher rate of admissions to residential care for older adults than its regional comparators. A plentiful supply, coupled with an ageing, increasingly frail population contribute to this. Wherever appropriate, people are supported with a reablement package prior to a final decision on entering long-term residential care, consistent with many people's aspirations and with policy on helping people to remain at home for as long as they can safely do so, with or without support for their independence.

5.2.2 The majority of providers are compliant with CQC standards. There are a small number that are not compliant at any one time; currently this figure is 9.

5.2.3 The majority of providers are on our normal contract monitoring schedule. However, 5 providers are on enhanced monitoring, and 2 providers are on suspension due to ongoing performance issues as part of the Council's own performance monitoring arrangements. Further details of this are detailed later in this document.

5.2.4 Over time, as more people have been supported at home for longer, the concentration of complex needs within residential homes has increased; some providers have struggled to keep pace with the changes this requires in care and support, staffing numbers, training, oversight, and general medical issues.

5.2.5 The Care Quality Commission launched a revised set of standards last October, and as part of a major restructure, has a new Regional Lead, Debbie Westhead, who has given a clear lead that the standards must be rigorously upheld by providers. Some providers have struggled to get to grips with the revised standards and the changes they may need to make.

5.2.6 A change in case law in March 2014, brought many more residents within the formal Deprivation of Liberty Safeguards (DOLS), that are designed to ensure that any constraints on the liberty of a person without capacity (for example due to dementia) are clearly documented and agreed as in their Best Interests. For providers and for the Council, this has massively increased the number of DOLS applications and reviews required, and left a lack of clarity in some areas of practice as to whether they require authorisation or not.

5.2.7 Terms and conditions for staff in this industry are generally low, with typically National Minimum Wage rates for the majority; statutory minimum holidays and sick pay; minimum required training levels; training undertaken on rest days and a shortage of suitably skilled workers willing to do this work. 7 residential homes are currently without a Registered Manager – a key factor in the delivery of a compliant, good quality service.

5.2.8 Safeguarding alerts from residential care settings represent the single largest source of safeguarding issues. Apart from general issues with quality of care or the behaviour of individual members of staff, significant areas of difficulty for providers relate to safe management of medication, appropriate support for individuals with behaviour that challenges, and appropriate measures for the care of people vulnerable to pressure sores.

5.2.9 In addition to the fee paid by the Council for those residents supported by us, some providers charge a top up for services or facilities over and above what is considered their 'core offer'. It has sometimes been the case that providers attempt to charge a top up to supplement the contract fee paid by the Council.

5.2.10 A number of measures are in place in Blackpool that are designed to improve the support on offer to providers in areas that have created difficulties in delivery of a quality service. These are detailed below.

5.3 Provider Issues

5.3.1 Providers' costs are increasing in areas such as staff wages (with a further increase in national Minimum Wage due), utilities costs, changing care and support requirements, keeping up to date with training, and a difficulty in recruiting staff of an appropriate skill level. In addition, in those providers with vacancies, this increases their unit costs.

5.3.2 Historically, Blackpool's fees have been amongst the lowest, due in part to the significant over-supply of residential care places and generally lower running costs locally.

5.3.3 Unlike many areas, there are not large numbers of self-funders, with more ability to pay increases in fees. All residents supported by the Council are means-tested and pay a contribution according to their means. No-one is left without a basic level of income from which to by daily essentials like toiletries and clothing.

5.3.4 Providers tell us that they do not always receive the full information they want or need regarding care plans. This is more likely to be the case where an admission is an emergency or a discharge from hospital – where not only does time impact on the information available, but the information itself may not yet be known to those involved in handing over the care.

5.3.5 It can be difficult to maintain the training of all staff in a setting where staff work on rotas, and the rotas work round the clock, particularly where staffing levels are at a minimum.

5.4 Measures in Place

a) Fees
The Council has recognised the historically low level of fees and following a 'Costs of Care' modelling exercise, agreed an uplift, phased over three years, despite having significant cuts to make from its budget. We are currently in the second year of this implementation

b) Performance Monitoring
The Council has a robust performance monitoring policy and procedure, which includes weekly performance monitoring oversight reports, enhanced monitoring where there are issues, and clear, time-bound actions agreed to deliver improvements.

c) Contract monitoring
For those providers where there are no reported performance issues, formal monitoring visits happen at least annually. Contracts staff will contact providers where issues occur in between and vice versa.

d) Residential Provider Forum
This is a representative body for residential providers. Not all providers attend, but all providers receive invites, agendas and notes. This forum is used to discuss common problems and issues, seek and receive feedback, provide important updates, conduct ad hoc improvement work, and as an information exchange.

e) Support for safe administration of medication, for the care of people with dementia, for meeting health needs, and for dealing with Deprivation of Liberty Safeguards (DOLS) questions
The Council employs a Pharmacist and a dementia specialist, and there is a specialist Health team supporting providers in the meeting of health needs within residential care settings. The Council's DOLS team supports providers where there are difficulties relating to Deprivation of Liberty Safeguards.

f) Telecare and Telehealth monitoring, aids and equipment
Providers are able to access a range of telehealth and telecare devices, as well as aids and equipment to support the safe delivery of care.

g) Access to training
Providers are able to access a range of training available from the Council and its partners, often free of charge.

5.5 **Measures in the pipeline**

a) Provider input to contract and performance monitoring
The Council has recently invested in an additional post, which will place someone with many years of provider experience in the contracts team – meaning that the Council is able to provide support to willing providers where needed on tricky provider issues, and enhancing the knowledge of the contract monitoring and performance management function to further enhance the robustness of existing performance management.

b) Development of 'MyClinic' and other electronic aids
As technology develops, there is a growing range of devices able to monitor health on a regular basis and assist with the early detection of deteriorations, as well as an increasing set of devices to assist with safe oversight in the least obtrusive and restrictive way.

c) Extensive Care service
The Council is working jointly with the Clinical Commissioning Group (CCG) and the Acute Trust (Victoria Hospital) on the development of a service to those people with two or more complex conditions, who are typically also frail and elderly. This represents 3% of the population, but a large proportion of all the Health spend on the population as a whole. In addition, this group of people are unlikely to 'get well' and their experience currently is one of revolving hospital admissions and discharges and separate referrals to any number of services. By working better together to help people better understand and manage their conditions, and ensure all the required health, social care and community support is put in place, it is expected that people will remain independent for longer.

d) Bespoke Payments for enhanced levels of care specific to individuals
Work is underway to clarify and articulate the circumstances in which additional payments will be made to residential providers, and the rate(s) at which these will be made.

5.6 **More work to do**

a) Consideration of how terms and conditions and wage levels can be improved
The Council has a clear strategic intention to encourage the payment of Living Wage levels in all its contracts and support this principle across the town. Residential care represents a significant workforce in this respect. The Cabinet Secretary has directed that a project group, supported by the Cabinet Assistant, begins work to explore this in more detail for all areas of adult social care delivery to facilitate an understanding of what this would entail, and the issues involved.

b) Recruitment and retention improvement work
Notwithstanding pay and other terms and conditions, there is scope for the Council to work together with providers in a marketing campaign that outlines the value and reward from a career in social care, and improve the understanding of the range of roles available, and the opportunities these present in terms of career pathways, family-friendly workstyles, and a rewarding career.

c) **Safeguarding input to contract and performance monitoring and support for providers where there are difficulties**
Consideration is underway as to how to improve the prevention and management of safeguarding issues within residential and care at home providers settings.

d) **Developing an improved information flow on admission to residential care in urgent situations**
During the coming year, Adult Social Care will work with providers to better understand the circumstances in which information is lacking on admission, the risks that this poses, and how these risks can best be managed

e) **Consideration of how more frequent monitoring and/or support for sustained quality where there are not significant issues could work within available resources to head off difficulties at an earlier stage**
Whilst the commissioning and contract monitoring function has received additional resources at a time of significant budget cuts, in recognition of the essential role this function plays, there is work to do on developing a much earlier 'early warning system' for problems, harnessing the knowledge and observations of a wide range of professionals and community members, and working with providers to nip problems in the bud at an early stage.

f) **Review of the Quality Scheme**
Work is currently on hold due to competing priorities, but will shortly restart in this area. The existing Quality Scheme has been in place for some ten years and served its original purpose of rewarding better facilities and more formal quality standards in residential homes for older people. Consideration of whether a Quality Scheme is still needed, and if so, its purpose and form will be a key part of this work.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 8 (a) Market Position Statement
Appendix 8 (b) Managing Poor Performance Policy and Process

Members may also wish to consider:
CQC Standards http://www.cqc.org.uk/content/regulations-service-providers-and-managers

6.0 Legal considerations:

6.1 Some of the matters under consideration will have legal implications. These will be evaluated as part of the work underway.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 Some of the matters under consideration will have financial implications. These will be evaluated as part of the work underway.

10.0 Risk management considerations:

10.1 There are a number of risks in the residential system relating to quality. These are taken into account in the measures to address quality issues in place, in development, or in future plans.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Not applicable

13.0 Background papers:

13.1 None

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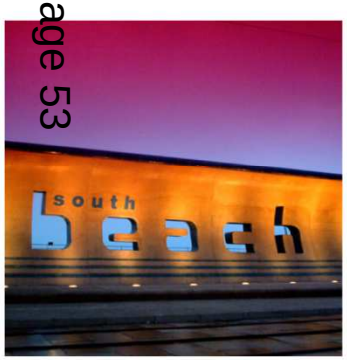
Adult Contracts and Commissioning

Market Position Statement

2013/2014

Regulated Residential Care

Blackpool Council












Contents

1. What Is The Market Position Statement And Who Is It For?

This market position statement (MPS) is designed to contain information of benefit to providers of Residential and Nursing Care Services in Blackpool.

It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions between the local authority and those who provide services.

It contains information concerning:

- What Blackpool looks like in terms of current and future demography and service provision
- The Councils Commissioning intentions as facilitator of care for adults 18 years and over
- How services might respond to the changing needs for care and support in the future.

The Council has a responsibility to produce a MPS for Adult Social Care. We will look to develop how we produce these in the future and feedback is welcomed to shape improvements for next time. If you have any comments or suggestions, please email commissioning.team@blackpool.gov.uk.

2. Key Messages

- Life expectancy is increasing and people will access support services later in life, presenting with more complex support needs
- It is likely there will be an increased requirement for end of life services
- A reabling ethos is likely to become a core part of delivery requirements in local provision in the future
- People will be supported to remain their homes as long as possible
- There will be more people suffering from dementia requiring services in the future, providers need to understand the disease and how to manage it
- The increasing demand for support services will not be matched by levels of public spending over the next three to four years
- People will have a choice of care providers

3. National and Local Policy Context

Blackpool Council's budget for 2014/15 has been agreed. The Council has a £15.8m saving to make in 2014/15, with savings from Adult Services totalling £1.4m.

This is against a backdrop of previous Council savings of £14.08m in 2013/14 (£4.9m for Adult Services) £11.62m in 2012/13 (£5.26m for Adult Services) and £24.28m in 2011.12 (£4.94m for Adult Services).

Caring for our Future: Reforming Care and Support (White Paper, DH 2012) sets out how adult social care will be transformed over the next ten years from a service that reacts to crises, to one that focuses on prevention. In the future, the focus of care and support will be to promote people's well-being and independence instead of waiting for people to reach a crisis point.

As part of Blackpool Council's commitment to improve health and social care locally, there are a number of strategic priorities in place for us to achieve including:

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

In addition, there is a joint commissioning strategy between Blackpool Council and Health which identifies a number of adult commissioning priorities as detailed below:

Priority 1: To reduce inappropriate/unscheduled admissions into hospital and support timely discharge

Priority 2: To increase people's opportunities to enter into and sustain meaningful activity, including employment and volunteering

Priority 3: To increase people's ability to make informed choices about their care and support options through co-ordinated provision of advice and information

Priority 4: To support carers to sustain their caring role whilst maintaining their own health and well-being

Priority 5: To maintain independence, choice and control through the provision of high quality community health and social care services

Blackpool CCG has a mission for 2013-14 to improve the health of the local population and reduce health inequalities through strong clinically led commissioning. This will be done by commissioning for better outcomes and preventing people from dying prematurely e.g. from heart disease, respiratory disease and cancer, by improving services and better screening.

4. Current and Future Demography

The 2001 Census indicated that Blackpool had a population of approximately 142,283 which had decreased slightly to 142,060 by the time of the 2011 Census. The total population is expected to be 143,769 in 2021.

The biggest % increases in adult population are projected to be in the 70-74 and 80-90 age groups. In general the picture is of an ageing population however, there is also projected to be a significant % decrease in the 65-69 age group by 2020.

By 2020, the number of people aged over 65 is estimated to increase to over 29,000 people and increase by 5%. The older age group, those aged 80 and over is predicted to increase by 10% as people live longer.

The likely impact of this trend will be increased demand for health and social care assessment, appropriate housing options, high rates of mobility, personal care and domestic needs, and increasing demand for services to support people with dementia. The most significant changes are in the rising numbers of people with dementia, by 2020 there will be a 9% increase in the over 65s. All data sourced from POPPI.org and PANSI.org and the Health and Social Care Information Centre.

Table 1: Additional information relating to needs of Blackpool people:

	2012	2016	2020	% change
With dementia (aged over 65)	1,972	2,018	2,172	+9%
Early onset of dementia (aged 30-64)	37	37	40	+7.5%
With a limiting long-term illness (aged over 65)	14,359	14,869	15,079	+5%
Unable to manage at least one domestic task (aged over 65)	11,392	11,730	12,173	+6.5%
Unable to manage at least one self-care activity (aged over 65)	9,367	9,624	9,957	+6%

5. Local Market

Capacity

There are currently 83 registered residential and nursing care homes in Blackpool. (This figure includes 2 Local Authority respite homes, 4 voluntary sector homes and 15 nursing homes.) The location of residential and nursing homes cover the majority of wards within Blackpool with the exception of Brunswick and Greenlands. The following table highlights the areas where there is greatest concentration of provision.

Table 2: Residential Care Providers by Ward

Location	Ward	Number of Care Homes
Blackpool Northern	Anchorsholme	1
	Bispham	12
	Greenlands	0
	Ingthorpe	1
	Norbreck	3
	Warbreck	8
Blackpool Central (Front)	Bloomfield	1
	Brunswick	0
	Claremont	5
	Talbot	10
	Tyldesley	3
	Victoria	4
Blackpool Central (Inland)	Clifton	2
	Hawes Side	1
	Layton	3
	Marton	1
	Park	2
Blackpool Southern	Highfield	3
	Squires Gate	8
	Stanley	1
	Waterloo	14

Of the total 1718 available places the breakdown of these across the market is as follows;

Table 3: Breakdown of provider type and bed provision (excluding LA respite Homes)

	Residential places available	Total number of residential homes	Nursing places available	Total number of nursing homes
Private	1052	64	543	14
Voluntary	101	4	22	1
TOTAL	1153	68	565	15

It is clear from the table above that the private sector clearly dominates the market. 91% of residential and nursing beds are provided by private providers. Accommodation provided by the Local Authority offers a mix of short-term respite care, crisis support and rehabilitation services. Examples of voluntary sector provision include; homes for the blind and nursing beds for ex-servicemen.

The demand for residential and nursing provision predominantly comes from Older People. However, there is a smaller market for dementia with closely followed by adults with mental health problems then adults with a Learning disabilities. This can be illustrated from the table 4 below;

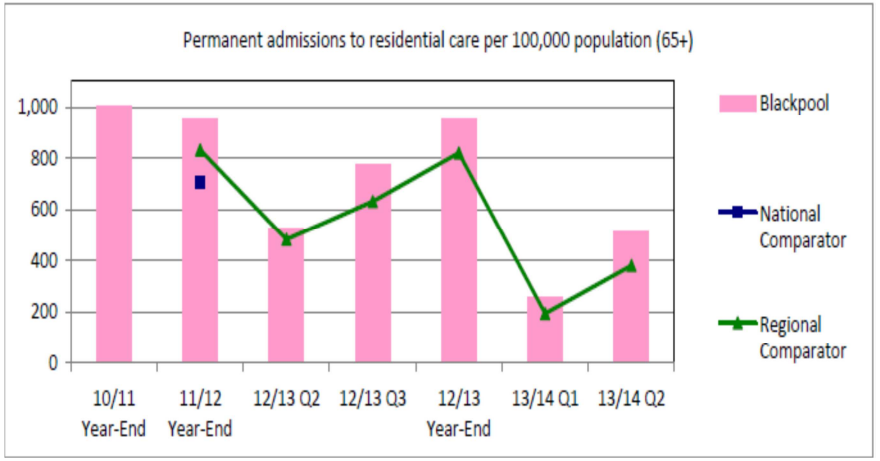
Table 4: Percentage of market share per care sector

Care Category	No of providers	No of Beds	% of market share
Older People	34	919	52.5%
Dementia	22	605	35%
Mental Health	13	111	6%
Learning disabilities	9	51	3%
Dual registration (LD/MH)	2	6	0.5%
Sensory impairment	2	59	3%

Placements

Blackpool's rate of admission has been higher than the regional comparator.

Graph 1 Permanent admissions to residential care

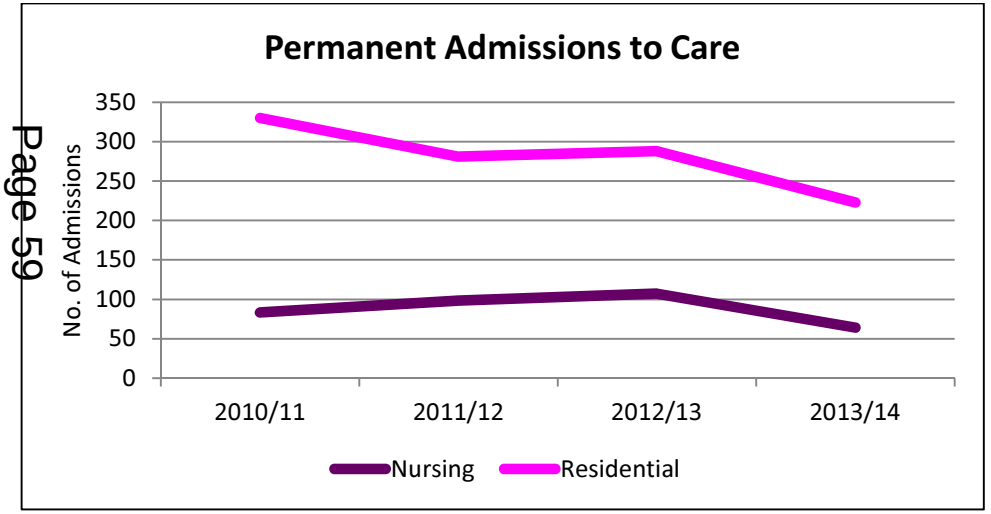


In Quarter 3 in 2013/14 Blackpool reported an admission rate of 1006.2 per 100,000 population. It could be argued that this rate is due to the large numbers of older adults in Blackpool however there are other local authorities in the North West with a higher proportion of older adults than Blackpool but whom have lower admission rates of 663.2, 472.6, 507.6 and 706.9.

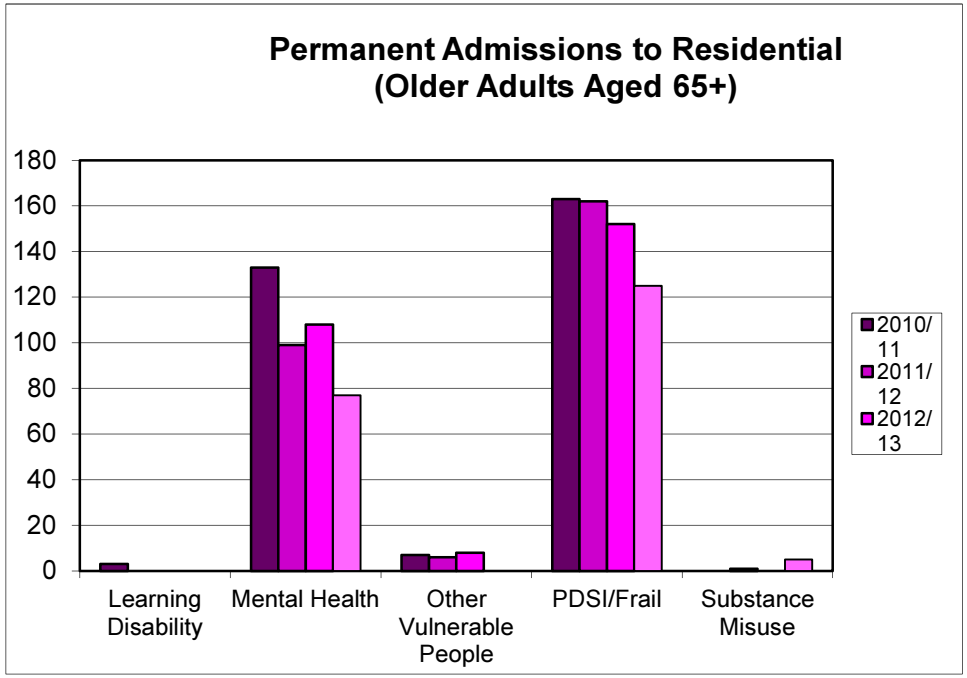
Local data indicates that there is a downward trend in the rate of permanent admissions to residential care homes over the last 3 years. Additionally, admissions to nursing care have significantly reduced in 2013/14.

	2010/11	2011/12	2012/13	2013/14
Residential placements	330	281	288	287
Nursing placements	83	98	107	64

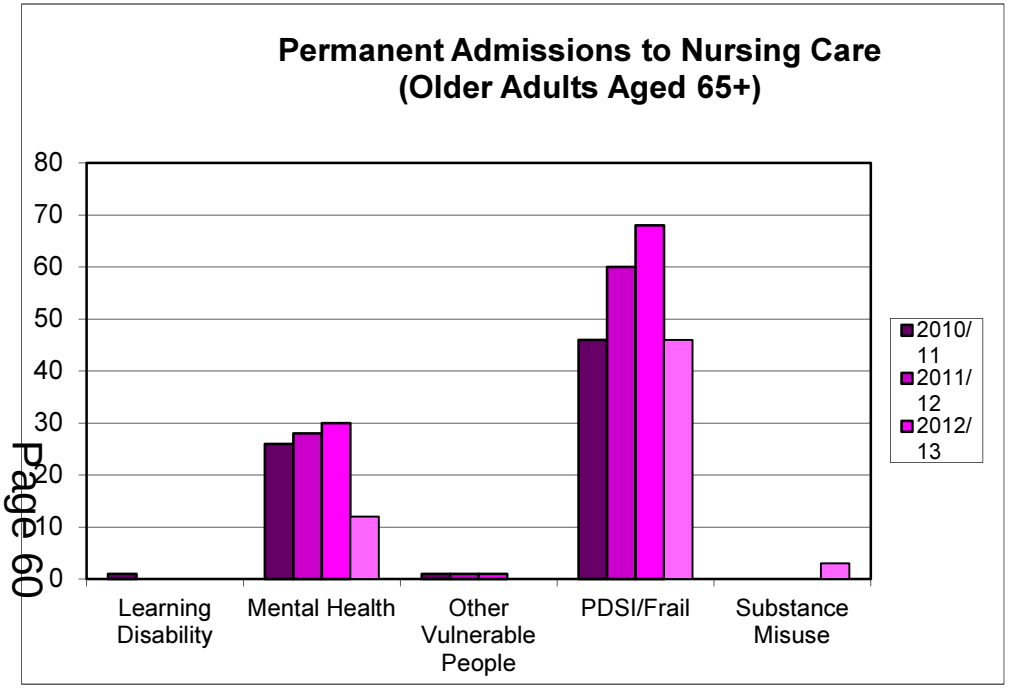
Graph 2: Permanent Admissions to residential care 2010-2014



Graph 3i) Permanent admissions to residential Care Aged 65+



Graph 3ii) Permanent admissions to Nursing care Aged 65+



Client category data for residential and nursing care shows that there has been a reduction in residential placements for mental health and PDSI/Frailty in Older adults. This is in line with our strategic intentions.

Out of Area Placements

The number of Out of Area (OOA) Placements has remained around 130 per year over the last three years and approximately 30% of these have been for respite. It is rare that an OOA placements is through choice but it does occur. The majority of referrals made to the residential care panel for OOA placements are because the individuals' needs cannot be met locally. Examples of needs that cannot be met locally are people with a Brain Injury

OOA placements for over 65s tend to be for persons with mental illness, Physical Disability/Sensory Impairment or Frailty problems. OOA placements for 18-64yr olds are largely for substance misuse.

Respite

Blackpool Council provides 2 residential respite services; Hoyle at Mansfield and Cooper's Way. These services cater for adults with Learning difficulties or those in need of a period of reablement.

	Name of respite provider	**No of beds**
In-House	Cooper's Way	5
	Hoyle	5

Externally there are 28 care homes that are registered for respite beds. The number of respite placements so far in 2014 can be seen below;

Period	No of residential respite placements
March 2014	21
April 2014	13
May 2014	20
June 2014	21
July 2014	19

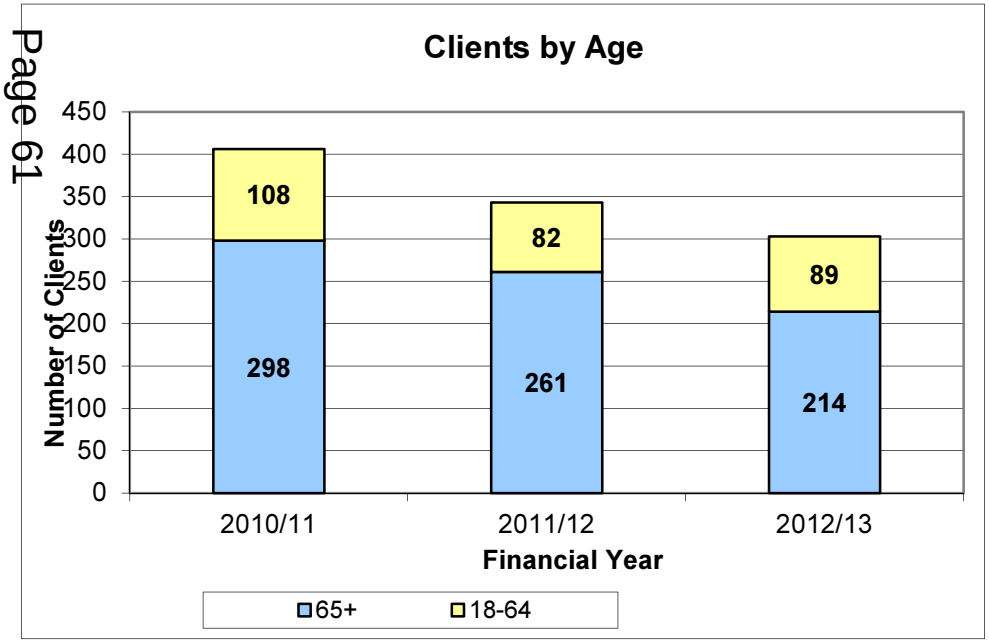
Over the last 4 years the number of respite placements has fallen across all client groups. Table 5 below highlights the client category for these respite placements.

Table 5 Respite Admissions into residential care by client category

Client Group	2010/11	2011/12	2012/13	2013/14
PDSI/Frail	167	154	129	133
Mental Health	150	110	109	101
Learning Disability	81	67	56	52
Other Vulnerable People	10	12	9	9
Total	408	343	303	295

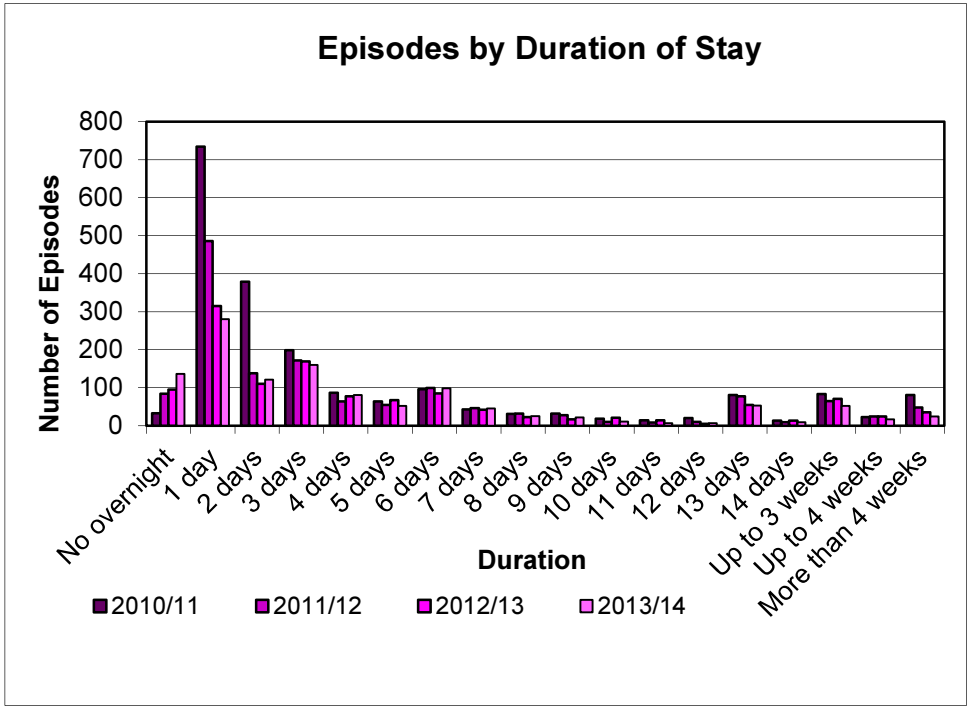
The majority of these residential respite placements were for Older adults, see Graph 4 below;

Graph 4: Residential respite placements split by age



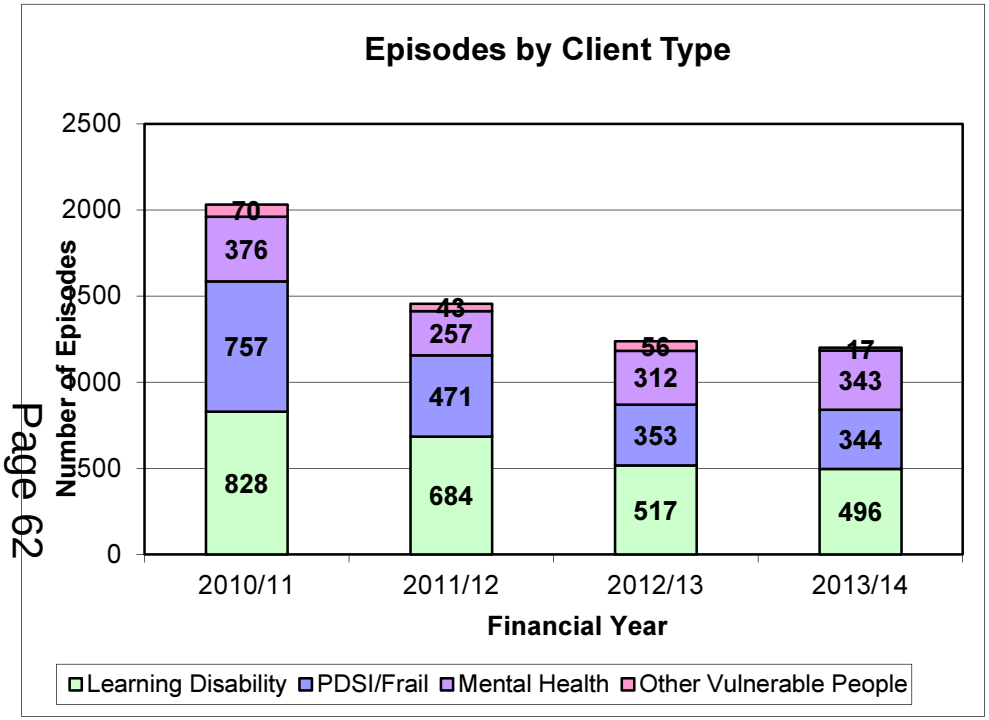
The duration of stay per episode can be seen below. The most frequent being 2 days.

Graph 5: Duration of residential respite stay

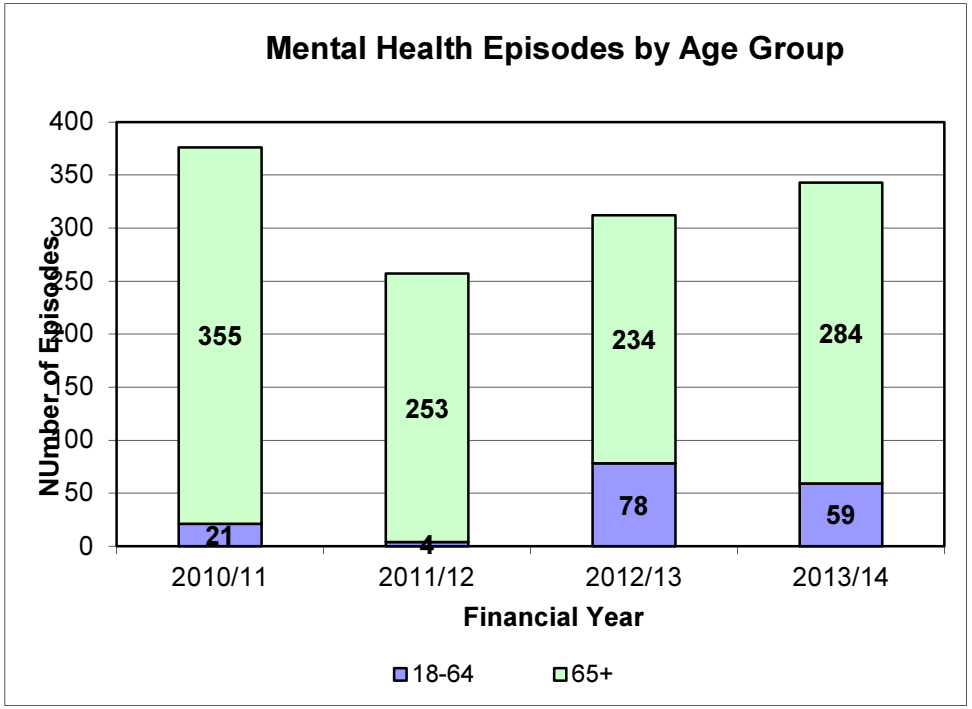


The frequency of stays or episode information shows that there are more episodes of Learning Difficulties respite, than Older adults respite. Graph 6 illustrates the frequent users of respite and their client type, this pattern has remained the same over the last 4 years; Learning Disability, Older Adults, Mental Health and then other.

Graph 6: Episodes of residential respite by client type



Graph 7: Mental Health Episodes by Age Group



It is worth noting that the number of mental health respite episodes has increased year on year. Further analysis of this data indicates that this increase is predominantly coming from the adult mental health category, where respite is generally used to give carer's a break.

Vacancies

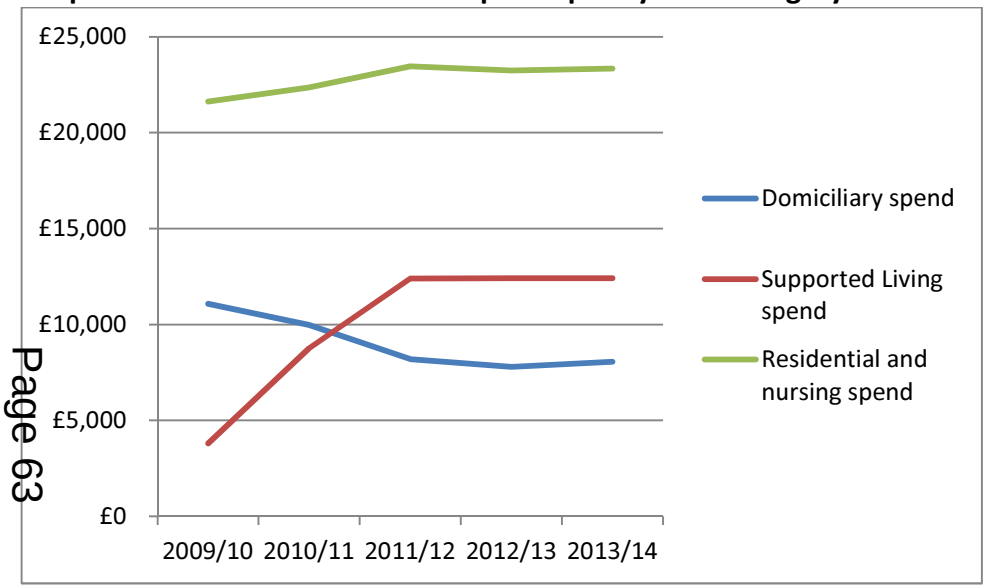
Vacancy rates for January 2014 stood at approximately 3.9% and 9.3% respectively for nursing and residential care.

Vacancy data for a 4 month period between December 2013 and March 2014 shows a range of 1.2 and 2.2 for nursing care vacancies and 1.6 and 1.7 for residential care rates.

6. Cost of Services

As a whole, Adult Social Care is the single largest revenue expenditure under the control of the Local Authority.

Graph 7: Actual Adult Social Care spend split by Care Category



The graph above indicates that residential and nursing care is the largest area of expenditure within Adult social care.

Table 6: Residential and Nursing spend

	2010/11	2011/12	2012/13	2013/14
Total residential and nursing spend	£22,359,000 (+3%)	£23,460,000 (+5%)	£23,234,000 (-1%)	£23,348,000 (0.5%)
Uplifts	0%	1%	2.4%	3.85 - 6.9%.

The spend on residential and nursing care has seen an increase of 7% over the last 3 years. The uplift in fees goes some way to explain the rise in spend as a 1% uplift was given in 2011-12, a 2.4% uplift in 2012/13, a 2-3% uplift in 2013/14 and a 3.85-6.9% uplift in 2014/15.

Table 7 below indicates the numbers of people this spend relates too.

Table 7: numbers of people the council has fully or partially funded for residential care

	2011/12	2012/13	2013/14
Residential	964	1000	1035
Nursing	221	221	259
Total	1185	1221	1294

Unit costs

During 2013, at the request of providers, Blackpool Council engaged with residential and nursing care providers to establish an actual cost of care. The outcome of this collaborative piece of work was a recommendation for a fee uplift which was agreed by full council in February 2014. In 2014/15 a 3 year programme of fee uplifts will commence resulting in a 20% overall increase in the Council's standard residential fee rate and a 8% overall increase in the fee rate paid for higher residential care. In addition to these increases it is also proposed over the three year period to reflect annual cost pressures such as increases in the level of the minimum wage.

Top Ups

The LAC Guidance (2004) advises that if an individual requests to move into a care home that charges more than the Council's "usual rates", then provided a third party (or in certain circumstances the resident) agrees to fund the difference between the care home' actual rate and the Council's usual rate (i.e. the "top-up"), the Council must agree to this.

Third Party (top-up) Contributions" shall mean the amount of money paid by any person, body or organisation including the Authority, other than the Resident, to the Provider as a contribution to the total charge (Provider's Fee) for the board of the Resident in accordance with current LAC (2004) 20 Guidance on National Assistance Act 1948 (Choice of Accommodation). This contribution must not include any care services. Such Agreements (Individual Service Agreement) must only be entered into with the agreement of the Authority.

Currently there is limited information available regarding the top-up fees charged by providers and in order to clarify and record this arrangement with care homes in Blackpool, there is a plan to reintroduce an Individual Service Agreement (ISA) which will clearly document each party's respective contribution to the funding of a residential care placement.

Direct payments and personal budgets

Direct payments cannot be used to purchase long term care in a residential setting. However they can be used to purchase short-term respite care. There are currently a number of people using direct payments to purchase their respite care and personal budgets can be used on residential care.

Self-funders

In England, older people who pay entirely for their own social care and support account for 45% of residential care home places and 47.6% of nursing home placements. Blackpool Council has little information on the self-funder market for residential care. However, providers were recently engaged in a snapshot survey based on their provision. The data returned suggests that the self funder rates are 19.6% for residential and 2.2% for Nursing care in Blackpool.

7. Quality

The current pressures on Commissioning budgets and the changing demographics of Blackpool mean that there is a need to refocus the approach to quality management locally in order to drive improvement and recognise quality. There is also a need to move towards a more outcome focussed quality framework that recognises and rewards quality services that produce positive outcomes for Service users.

The Council is currently reviewing the way it assesses the quality of residential care service provision. The Council will continue to take a developmental approach to provider performance, with an emphasis on planned and tailored support to making improvements.

What Providers Should Be Able to Expect from the new scheme:

- That the Council's quality scheme does not duplicate requests for information from Providers, or place unreasonable administrative demands on them
- To be informed about how any local scheme benefits individuals using services and their families

- That any quality judgment is open to appeal

84% of Blackpool care homes have engaged with or are currently engaging with Blackpool Council for Dementia Awareness Training. This training depends on the care homes' willingness to engage but is free of charge and delivered within the care home environment. Similarly 78% of care homes have achieved their Gold Standards Framework in delivering end of life care. This training and accreditation has been part funded by health as has the falls prevention training provided by Age Concern.

There are a number of mental health residential care homes in Blackpool. The adult residents in some of these homes could potentially live within the community with the right support in place. Commissioners are currently reviewing these homes in conjunction with care management.

8. Commissioning Intentions

- To reintroduce an Individual Service Agreement (ISA) in order to document each party's respective contribution to the funding of a residential care placement.
- To work with providers to raise dementia awareness, improve levels of care and provide dementia friendly environments
- To introduce a new quality framework with enhanced payments for good performance
- To work with providers to understand the self-funder market
- To support people by ensuring that they are aware of the range of provision and when its available
- To raise awareness with providers with regards to apprenticeships within the workplace
- To ensure mandatory training is readily available, easily accessible and completed by staff
- To take into consideration the 'living wage' when reviewing fee rates subject to budget restrictions.

9. Providing Services in Blackpool

The providers we want to work with are those who

- Have explicit quality standards and publish the results of their independent monitoring
- Are prepared to work in a collaborative way with regards to performance and finance issues
- Are willing to articulate their understanding of the market, including the self-funder market and how this is changing via the provider forums
- Are outcome focused when it comes to service delivery
- Provide dementia friendly environments and show and have a basic awareness of how to care for someone with the disease
- Recognise the need for appropriate training to be in place to support specific service user groups

There are several opportunities for local services to advertise and do business locally, as summarised below:

www.blackpool4me.com
Has been developed as a website to help Blackpool residents make informed choices about their care and support needs. With information about services available across Blackpool.
www.the-chest.org.uk
The north-west local authority portal provides a list of opportunities broken down by Authority.
contracts.team@blackpool.gov.uk
commissioning.team@blackpool.gov.uk
The Blackpool Adult Social Care contracts and commissioning team email addresses are checked regularly every working day.

Marketplace events

When there are opportunities for business, the Council will often arrange marketplace events to find out more about the opportunities ask questions and meet service users.

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POLICY & PROCEDURE FOR MANAGING POOR PERFORMANCE IN COMMISSIONED SERVICES

NHS Blackpool Clinical Commissioning Group

Blackpool Council

Document Information

Issue Date		17.01.2014
Version/Issue Number		1
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Scope of Document	Policy, procedures and guidance to be followed to manage poor contracted provider performance.	
Objective	To set out a clear and robust framework for responding to and managing poor contractor performance.	
Associated Documentation	Joint Policy For Managing Poor Performance In Contracted Residential Care Homes	
Document Sponsor	Name	Delyth Curtis
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Amendment Record

Date	Issue No.	Section/Page	Details of Change	Authorised By:

Amendment Notes

- Documents at draft status are to use letter designations to denote issue status: a,b,c etc.
- Documents at full issue status are to use number designations to denote issue status after full revision: 1.0, 2.0, 3.0, etc.
- For an amendment to a full issue document you are to use number designation to denote issue status: 1.1, 1.2, 2.1, etc.
- On full issue the draft amendment record should be deleted from the above table.
- Notification of the amendment must be sent to the person maintaining the Central Register.

Contents

1 Scope of Policy

This document sets out Blackpool Council and Blackpool CCG joint policy on managing poor performance in commissioned Adult Social Care services.

The procedures are bespoke to Blackpool Council and Blackpool CCG and reflect successful local joint working arrangements. The principles engendered in the policy reflect best practice identified in the following publications:

- Independent Contractors Performance Policy And Procedure - NHS Bury 2011
- Management Of Contractors Policy - NHS Manchester 2011
- Commissioning Skills Development -An Introduction To Performance Management And Decommissioning - NHS Commissioning For London
- Operational Policy For The Performance Management Of Serious Untoward Incidents - NHS Ashton Leigh And Wigan 2009
- Managing Performance Of Independent Contractors Policy - NHS Central Lancashire 2010
- The NHS Performance Framework: Implementation Guidance 2011
- Monitoring Social Care Contracts: A Framework For Good Practice – CSIP 2007
- Joint Commissioning Unit Contract Management Framework Pilot - Performance Procedure Walsall Council 2008
- Independent Contractors Performance Policy And Procedure - NHS Bedfordshire 2010
- Independent Contractors Performance Policy And Procedure - NHS North Central London 2011
- Safeguarding And Quality In Commissioning Care Homes – SCIE 2012
- Performance Framework - NHS North East 2009

In broad terms, a developmental approach will be adopted that reflects mutual dependence and partnership and supports improvements in the first instance. Actions taken will be proportionate to the perceived risks to service users; the seriousness of the issues; whether contractual obligations have been breached; the relationship with the provider, and their view and response to the poor performance.

The policy relates to:

All services with which the Council and CCG both have contracts or service level agreements

The policy:

- Defines what we mean by poor performance
- Defines poor performance indicators and the trigger points for action
- Defines the range of possible responses to poor performance
- Defines roles and responsibilities

2 Principles

Ensuring the quality of services is central to our strategic approach to commissioning. The aim is to have a diverse range of high quality services in Blackpool that contribute to improving and maintaining the health and well-being and quality of life for the people using them. The focus is on the outcomes for all people using the services, not only for those people who Blackpool Council/Blackpool CCG has placed or organised services for.

There are five overarching principles that underpin this policy and procedure and these are:

Transparency	Clear and pre-determined performance measures and interventions
Consistency	A uniform approach across different types of providers
Proactivity	Thresholds for intervention that identify underperformance at an early stage so that it can be swiftly addressed
Proportionality	Intervention is related to risk and appropriate to the local circumstances
Focused On Recovery	Initial interventions focus on recovery and include action to address the root causes of issues

3 Definition of Poor Performance

For the purposes of this policy, a provider is deemed to be performing poorly if:

- The provider is not providing a good quality of service to the people using it and/or
- It is placing the health, well-being and safety of service users at risk.

Poor performance can be categorised under the following headings:

- Serious Concerns
- Underperforming
- Performing/Isolated Issue

There are no positive designations of performance beyond Performing as the focus of this policy is on unacceptable levels of performance.

Indications Of Poor Performance

Concerns about the performance of a service could arise through a number of activities. Concerns may arise as a result of a single incident, or through concerns raised over a period of time. In all cases the aim of any intervention is to minimise risks to the health, well-being, and safety of service users, and to work with contracted services to support improvements in the first instance.

The following sources of information could be indications of poor performance:

Information from CQC:

- Statutory requirements made on a service
- National Standards judged not be met
- Formal enforcement actions being taken

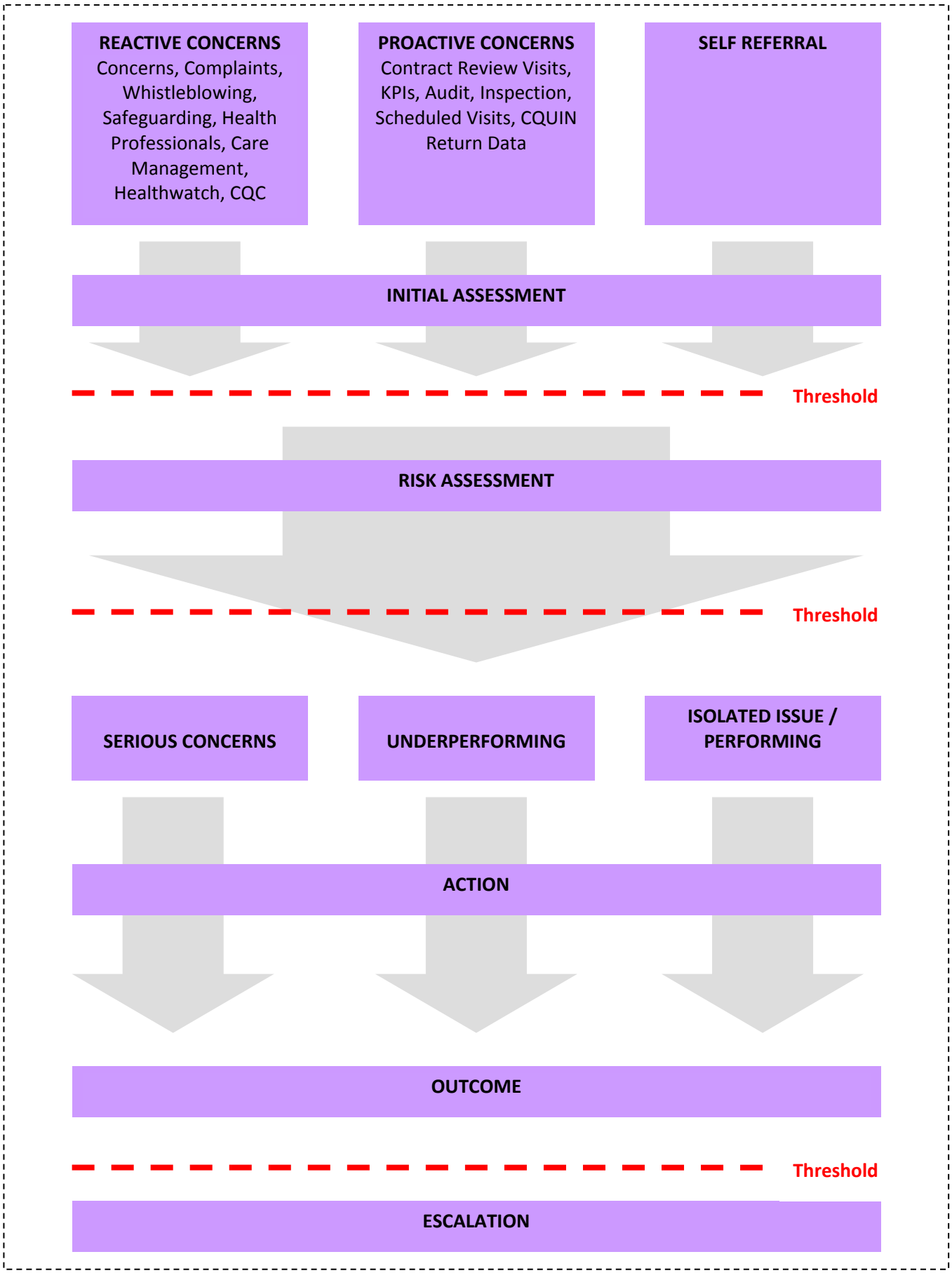
Information arising from investigations of complaints, concerns, and safeguarding referrals:

- Increase in volume
- Emerging patterns or trends in the nature of issues being raised
- Issues where outcomes have not been fully resolved or are inconclusive – for example: where people have retracted allegations; where there is a lack of evidence to substantiate or refute allegations
- Cases where service providers do not co-operate with investigations
- Outcomes where it is evident that there has been a risk to the health, safety and well-being of service user(s)

General:

- High staff turnover and/or frequent changes in management
- Enforcement actions taken by any regulatory body
- Loss of formal accreditation from a recognised body ie: Investors in People, RDB, ISO
- Radical changes in service design, delivery or usage.
- Contractual obligations not being met - service volume, contract standards or service specifications
- Service outcomes differ from other similar local services

4 The Managing Poor Performance Process



5 Initial Assessment

The purpose of an initial assessment is to determine whether the concerns that have been reported warrant further action.

Initial assessment should be undertaken by a Contracts Officer and should be carried out to determine whether poor performance exists and whether it requires action to be taken:

- As part of a scheduled contract review, or
- As part of Contracts & Commissioning Performance Management Meetings, or
- In response to concerns being expressed, or
- At any other time the Contracts Officer receives information that may indicate performance concerns.

All cases should be treated individually and objectively, and be based on all of the available evidence.

There are three possible outcomes from an initial assessment exercise:

1 The extent of the poor performance is not sufficient to warrant implementing poor performance procedures.

2 The extent of the poor performance is not sufficient to warrant implementing poor performance procedures but the situation should be monitored at Contracts & Commissioning Performance Management Meetings and or included in the next Contract Review meeting with the provider.

3 The extent of the poor performance is sufficient to warrant implementing poor performance procedures.

A template for Initial Assessment Of Concerns can be found at Appendix 1

6 Risk Assessment

The purpose of the risk assessment is to determine the level of risk that service users are exposed to.

Blackpool Council and Blackpool CCG use a shared risk assessment tool to assess the risk of harm through poor care. Using the tool can assist in making decisions about any action required to address poor performance and in developing action plans to develop specific areas of poor performance.

Risk assessments focus on the impact on service users and the likelihood of the incident occurring again. The following table shows the ranges of impact and likelihood judgments that can made using the risk assessment tool.

	Impact on Service User
Low	One-off issue, unlikely to have any long term affect on service user
Minor	Minor Minor issue where adjustments to the care has minimised the impact on the service user
Moderate	Moderate concern that has had an impact on the service user but this can be resolved through adjustments to care and treatment
High	High impact on the individual service user that requires urgent review of care and treatment
Very High	Very high impact on the service user who requires immediate review of care and treatment

	Likelihood of Reoccurrence
Rare	One-off issue, unlikely to re-occur. Risk management and Control measures in place
Unlikely	Low risk of re-occurrence, Control measures in place.
Possible	Moderate risk of re-occurrence, limited risk management and control measures in place.
Likely	High risk of re-occurrence, Risk management and controls measures do not mitigate risk to individual
Almost Certain	Very high risk of re-occurrence. No risk management or controls in place. Evidence of poor practice.

Judgments about impact and likelihood will be used to determine an overall rating of risk using the following matrix.

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Low 1	Low 1	Low 2	Low 3	Moderate 4	Moderate 5
	Minor 2	Low 2	Moderate 4	Moderate 6	High Risk 8	High Risk 10
	Moderate 3	Low 3	Moderate 6	High Risk 9	High Risk 12	Extreme risk 15
	Major 4	Moderate 4	High Risk 8	High Risk 12	Extreme risk 16	Extreme risk 20
	Very High 5	Moderate 5	High Risk 10	Extreme Risk 15	Extreme risk 20	Extreme risk 25

A Template for use in conducting risk assessments can be found at Appendix 2

7 Determining Action To Be Taken

The Adult Social Care Contracts Team is responsible for communicating concerns about contracted services to partner agencies so that an appropriate course of action to be determined in each case. Decisions about actions to be taken will be made on a case-by-case basis and will take account of any related actions already being taken through the Council's or CCG's Complaints Procedures and/or Safeguarding Adults Procedures.

The following may be required to reach a decision about what action needs to be taken.

1. Seek further information about the service from internal staff, eg: Care Managers
2. Request service provider to investigate/respond to the issues and provide further information
3. Request further information and views from other agencies about the service and the situation
4. Seek advice and information from other regulators e.g. Fire, Environmental Health, CQC, Police
5. Undertake a monitoring or investigative visit to the service – conducted by CCG, Adult Social Care Contracts Team, social worker etc as appropriate
6. Carry out unscheduled reviews of service users, seeking their views and those of their representatives
7. Seek information from other internal departments and/or external agencies as appropriate, for example:

- Care Managers & other Social Work staff
- Customer Care Team
- Finance Department
- Regulatory Bodies – Commission for Social Care Inspection
- Police
- Blackpool CCG Continuing Healthcare Team

The decision to take action will be made at the Contracts Team Performance Management Meeting. The options open to the Performance Management Meeting at this stage include:

- Monitor the situation via routine monitoring arrangements and review within specific timescale.
- Increase the frequency of monitoring activity and Contract Review Meetings. (Specific procedures will be maintained for enhanced monitoring.)
- Review the risk rating of the Contract
- Provide advice and information to the service to facilitate improvements.
- Arrange a Risk Summit with involved agencies

Blackpool Council and Blackpool CCG will develop and maintain specific procedures for Performance Management Meetings.

Arranging a Risk Summit is appropriate when more robust action is required to address more serious concerns with performance. The options open to a Risk Summit include:

- Request an Action Plan from the Service stating how they intend to address the issues and their timescales for implementation.
- Re-assessment of need of specific service user(s) - where issues relate to the suitability of the service for an individual(s)
- Request the removal of specific staff members from direct contact with service users – as per Contract. Could be used in cases of suspected abuse, or misconduct.
- If the Service is a Care Home, consider changing the fee band to reflect changes in circumstances, for example, loss of IIP Accreditation
- Temporary suspension of commissioning new placements – pending investigation and/or improvements (Specific procedures will be maintained for suspension)
- Arrange alternative services for existing service users. See Section 8 below for further information.
- Cease commissioning new placements to facilitate a planned termination of the contract with the service provider.
- Termination of Contract

- Validation visit
- Issuing a warning letter or Default Notice to the provider
- Renegotiation of contract
- Suspend payment under the contract
- Decommissioning

Blackpool Council and Blackpool CCG will develop and maintain specific procedures for Risk Summits.

Actions taken will:

- Be timely and proportionate to the perceived level of risk to the health, safety and well-being of service users. Generally, the higher the risks, the more immediate and substantial the response will need to be.
- Reflect the seriousness of the issues, for example, concerns relating to the quality of care will be more serious than administrative problems such as late submission of routine monitoring information;
- Consider the extent of the perceived risks – is the service as a whole at risk or do the issues relate to an individual?
- Take into account the full range of monitoring information held about the service;
- Provide opportunity for a full investigation into the issues raised before final conclusions are drawn and actions taken.
- Consider if the terms of a Contract or Service Level Agreement have been breached;
- Consider the relationship with the service provider and adopt a proportionate response – the response to a high quality provider with few examples of poor performance could be different to the response to a poor provider with an evidence-based history of poor performance;
- Provide opportunity for the contracted service to respond to the issues raised and take their response into account;
- Take into account the ongoing support needs and wishes of all of the people using the service.

In all cases, the Contracts Team is responsible for:

- Identifying the actions to be taken
- Co-ordinating the implementation of the agreed actions
- Formally reviewing progress at a set review date
- Ensuring that the service provider is notified in writing of the outcome of reviews and of any further actions to be taken
- Ensuring that other agencies are kept informed of progress
- Ensuring that contingency planning is underway for the eventuality that the Contract is terminated

The following table shows actions that may be appropriate at differing levels of risk.

Screening	Joint Risk Assessment Judgment	Possible corrective / remedial actions
Performing	Low	Monitor the situation via routine monitoring arrangements and review within specific timescale.
		Increase the frequency of monitoring activity and Contract Review Meetings
		Review the risk rating of the Contract
		Provide advice and information to the Service to facilitate improvements.
	Moderate	Request an Action Plan from the Service stating how they intend to address the issues and their timescales for implementation. See Section 7 below for further information on Action Plans.
		Re-assessment of need of specific service user(s) - where issues relate to the suitability of the service for an individual(s)
		Request the removal of specific staff members from direct contact with service users – as per Contract. Could be used in cases of suspected abuse, or misconduct.
		If the Service is a Care Home, consider changing the fee band to reflect changes in circumstances, for example, loss of IIP Accreditation
Underperforming	High	Temporary suspension of commissioning new placements – pending investigation and/or improvements (see Procedure for Temporary Suspension of Commissioning)
		Arrange alternative services for existing service users. See Section 8 below for further information.
		Cease commissioning new placements to facilitate a planned termination of the contract with the service provider. See Section 8 below for further information.
Serious Concerns	Extreme	Termination of Contract
		Validation visit
		Issuing a warning letter or Default Notice to the provider
		Renegotiation of contract
		Suspend payment under the contract
		Decommissioning

Process charts showing decisions and actions can be found at Appendix 3.

8 Action Plans

Action Plans are used to support a developmental approach to managing poor performance, as opposed to a punitive one. A developmental approach recognises that mistakes happen and that everyone should have the chance to learn from them and to change in order to prevent reoccurrence.

When an Action Plan is required, it should be developed and agreed in partnership with the Service. Where there is support being provided by CCG staff, any action plans in place to support improvement will be included in the Council's action plan.

At this time, there may be a voluntary agreement to limit new placements with the service until agreed changes have been implemented or shown to have effectively resolved the original problem(s). Action Plans will be monitored and reviewed.

An Action Plan template be found at Appendix 4

9 Termination of Contract

A developmental approach may not always achieve the required improvements and concerns about performance may continue. If satisfactory performance is not re-established, if problems escalate or if further concerns arise it may become necessary to consider termination of a contract.

Action Plans will provide an audit trail demonstrating that reasonable time and support has been given to enable provider's to improve performance and that this has not been achieved.

Where evidence demonstrates that the provider cannot provide services at expected standards and as a result may prejudice the health, safety or wellbeing of a service user; or where evidence demonstrates that the provider cannot comply with, and is in breach of the terms and conditions of their contract with the Council and/or CCG then and it will be necessary to consider termination of a contract. The terms of the Contracts set out the mechanisms for this.

The Council's contract deals with termination at Clause 18 Accommodation And Service Agreement

The CCG's contract deals with termination at Module C Clause 32 Agreement For The Provision Of Social, Personal & Nursing Care For Adults In A Residential Setting

Termination may create the need to arrange alternative services for existing service users, possibly at short notice. The disruption this creates must be balanced against the Council's/CCG's duty of care to the people it supports.

The Contracts Officer will be responsible for:

- Co-ordinating the process with the involvement of staff from departments and agencies
- Ensuring that the service provider is notified of the actions to be taken
- Ensuring that other agencies are informed.

The Council and CCG will develop and maintain specific procedures for the termination of a contract and the moving of service users.

10 Appeals by Service Providers

Service Providers may appeal against decisions at any stage. Resolution of disputes will follow the procedure set out in the Contract that the Council and/or CCG has with them.

For Council Contracts:	Clause 22 Accommodation And Service Agreement
For CCG Contracts:	Module C Clause 26 Agreement For The Provision Of Social, Personal & Nursing Care For Adults In A Residential Setting

Throughout an Appeals process, the health, well-being and safety of service users remains paramount. The Council and CCG reserve the right to make temporary arrangements to ensure that service users are protected whilst disputes are resolved. Interim arrangements will be the minimum that are required to ensure service users' safety.

Appendix 1 Initial Assessment Of Concerns

Criteria		Assessment	Score
1	**What is the nature of the concern?**		
2	**How many people does the concern affect?**	All staff and service users	5
		A number of service users	4
		A single service user	3
		A number of staff	2
		A single staff member	1
3	**How long has it been since the service was last inspected by CQC or regulator?**	Never/ Don't know	5
		More than 2 years	4
		Within the last 2 years	3
		Within the last year	2
		Within the last few months	1
4	**How long has it been since the service was last subject to a monitoring visit?**	Never/ Don't know	5
		More than 2 years	4
		Within the last 2 years	3
		Within the last year	2
		Within the last few months	1
5	**Have there been previous isolated incidents?**	4 or more in the last 12 months	5
		No more than 3 in the last 6 months	4
		No more than 3 in the last 12 months	3
		None in the last 12 months	2
		None in the last 6 months	1
6	**Is there a history of underperformance?**	Judged to be underperforming in the last 6 months	5
		Judged to be underperforming at least twice in the last 12 months	4
		Not judged to be underperforming in the last year	3
		Not judged to be underperforming in the last 2 years	2
		No underperformance	1
7	**Is there a history of serious concerns about the service?**	Judged to be serious concerns in the last 6 months	5
		Judged to be serious concerns at least twice in the last 12 months	4
		Not judged to be serious concerns in the last year	3
		Not judged to be underperforming in the last 2 years	2
		No underperformance	1

8	**Is there any known concern about the service or provider?**	Significant public or internal concern	**5**
		Some public or internal concern	**4**
		A little public concern	**3**
		A little internal concern	**2**
		None	**1**

9	**What would be the impact of doing nothing at this stage?**	Possible death of or injury to a service user or member of staff	**5**
		Threat to wellbeing of a group of service users or staff.	**4**
		Threat to wellbeing of single service user or staff member.	**3**
		Organisational embarrassment.	**2**
		Little or no impact.	**1**

Appendix 2 Joint Risk Assessment Tool

A tool has been developed for use as an aid to assess the risk of harm through poor care. The tool may assist in making decisions about any action required to address poor standards of care. It should be used to assess the level of risk for a sample group of individual service users and whether any risk identified may affect other vulnerable service users within the same care setting.

Step 1

Using the risk grading tool below identify the impact of care issues for the individual(s) and the likelihood of this

Impact on Service User

Low	One-off issue, unlikely to have any long term affect on service user
Minor	Minor issue where adjustments to the care has minimised the impact on the service user
Moderate	Moderate concern that has had an impact on the service user but this can be resolved through adjustments to care and treatment
High	High impact on the individual service user that requires urgent review of care and treatment
Very High	Very high impact on the service user who requires immediate review of care and treatment

Likelihood of Re-Occurrence of Care Issue

Rare	One-off issue, unlikely to re-occur. Risk management and Control measures in place
Unlikely	Low risk of re-occurrence, Control measures in place.
Possible	Moderate risk of re-occurrence, limited risk management and control measures in place.
Likely	High risk of re-occurrence, Risk management and controls measures do not mitigate risk to individual
Almost Certain	Very high risk of re-occurrence. No risk management or controls in place. Evidence of poor practice.

To obtain the overall risk grade, locate the IMPACT and LIKELIHOOD levels from tables.
The intersecting row/column will produce the resultant risk level.

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Low 1	Low 1	Low 2	Low 3	Moderate 4	Moderate 5
	Minor 2	Low 2	Moderate 4	Moderate 6	High Risk 8	High Risk 10
	Moderate 3	Low 3	Moderate 6	High Risk 9	High Risk 12	Extreme risk 15
	Major 4	Moderate 4	High Risk 8	High Risk 12	Extreme risk 16	Extreme risk 20
	Very High 5	Moderate 5	High Risk 10	Extreme Risk 15	Extreme risk 20	Extreme risk 25

	1-3	Low risk
	4-6	Moderate risk
	8-12	High risk
	15-25	Extreme risk

Impact on other Service Users

Low	Not expected to affect other service users
Minor	May have a minor impact on other service users
Moderate	Moderate risk that care issues will have an impact on other service users
High	High risk that care issues will have an impact on other service users
Very High	Very high risk that care issues will have an impact on other service users

Likelihood of Potential Impact on Other Service Users

Rare	One-off issue, unlikely to re-occur. Risk management and Control measures in place
Unlikely	Low risk of re-occurrence, Control measures in place.
Possible	Moderate risk of re-occurrence, limited risk management and control measures in place.
Likely	High risk of re-occurrence, Risk management and controls measures do not mitigate risk to individual
Almost Certain	Very high risk of re-occurrence. No risk management or controls in place. Evidence of poor practice.

To obtain the overall risk grade, locate the impact and likelihood levels from the table.

The intersecting row/column will produce the resultant risk level.

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Low 1	Low 1	Low 2	Low 3	Moderate 4	Moderate 5
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	Major 4	Moderate 4	High Risk 8	High Risk 12	Extreme risk 16	Extreme risk 20
	Very High 5	Moderate 5	High Risk 10	Extreme Risk 15	Extreme risk 20	Extreme risk 25

	1-3	Low risk
	4-6	Moderate risk
	8-12	High risk
	15-25	Extreme risk

			A	B	C	D	E	F	G
	Domain	**Responsibilities for populating the Tool**	**Care Issues Identified (if no issues identified leave blank)**	**Impact on Service user**	**Potential Likelihood of re-occurrence**	**Overall Risk Grading for service user**	**Impact on other Service Users**	**Potential of Likelihood of re-occurrence for other Service Users**	**Overall Risk Grading for Other Service Users**
1.	Behaviour	**Health**							
2.	Cognition	**Health**							
3.	Psychological and Emotional	**Health**							
4.	Communication	**Health**							
5.	Mobility	**Health**							
6.	Nutrition Food – Drink	**Health**							
7.	Continence	**Health**							
8.	Skin including Tissue Viability	**Health**							
9.	Breathing	**Health**							
10.	Drug therapies and medication including symptom control	**Health**							
11.	Altered states of consciousness	**Health**							
12.	Pre admission assessment process	**Social Care Care Management**							
13.	End of Life Care	**Heath**							
14.	Infection Prevention Control	**Contracts Health Care Management**							
15.	Safeguarding	**Contracts Health Care Management**							

			A	B	C	D	E	F	G
	Domain	**Responsibilities for populating the Tool**	**Care Issues Identified (if no issues identified leave blank)**	**Impact on Service user**	**Potential Likelihood of re-occurrence**	**Overall Risk Grading for service user**	**Impact on other Service Users**	**Potential of Likelihood of re-occurrence for other Service Users**	**Overall Risk Grading for Other Service Users**
16.	Mental Capacity Act and Deprivation of Liberty Safeguards	**Contracts**							
17.	Record Keeping	**Health Care Management**							
18.	Complaints Management	**Contracts**							
19.	20. Access and Referral to Primary Care	**Health Contracts**							
21.	Governance and Management	**Contracts Health Care Management**							
22.	Therapeutic Activities including Social Activity	**Contracts Health Care Management**							
23.	Staffing	**Contracts Health Care Management**							
24.	Staff Training	**Contracts**							
25.	Environment and Health and Safety	**Contracts Health Care Management**							
26.	Other								

Step 2

Ensure any immediate action is taken to address any immediate high or extreme risks for the individual(s) service user(s).

Step 3
Review and collate the sample group assessments from step 1.

Identify below any mitigating factors that may reduce the levels of risk

Mitigating Factors that may reduce the risk (consider management, staffing, providers history of working with outside agencies, sustainability)	**Comment**

Continue on separate sheet if required

Please record any service user/carer views on their care and treatment.

Step 4
Consider collated assessments and any mitigating factors. Assess overall level of risk and any remedial action required.

ACTION PLAN

Risk Level	**Insert Tick**	**Action**
Low		Continue with standard monitoring and review by Local Authority and NHS Commissioners.
Moderate		Service provider develops and implements action plan. Increased monitoring and support by Local Authority and NHS commissioners
High		Service provider develops and implements action plan. Increased monitoring and support by Local Authority and NHS commissioners. Consider specific measures to manage service users safety in line with Local Authority and NHS Escalation plan e.g. managing as institutional safeguarding adults referral; involving regulators; meeting with residents and families; alerting primary care; suspension of placements.
Extreme Risk		Service provider develops and implements action plan. Increased monitoring and support by Local Authority and NHS commissioners. Apply specific measures to manage patient safety in line with Local Authority and NHS Escalation plan procedure for unplanned or potential care home closure e.g. in addition to action for “high risk”; planning for alternative care.

Form Completed by:	
Date, time and method of feedback to providers:	
Designation:	
Organisation:	
Telephone:	
E-mail Address:	
Date:	
Signature:	

Appendix 3 Flow Charts

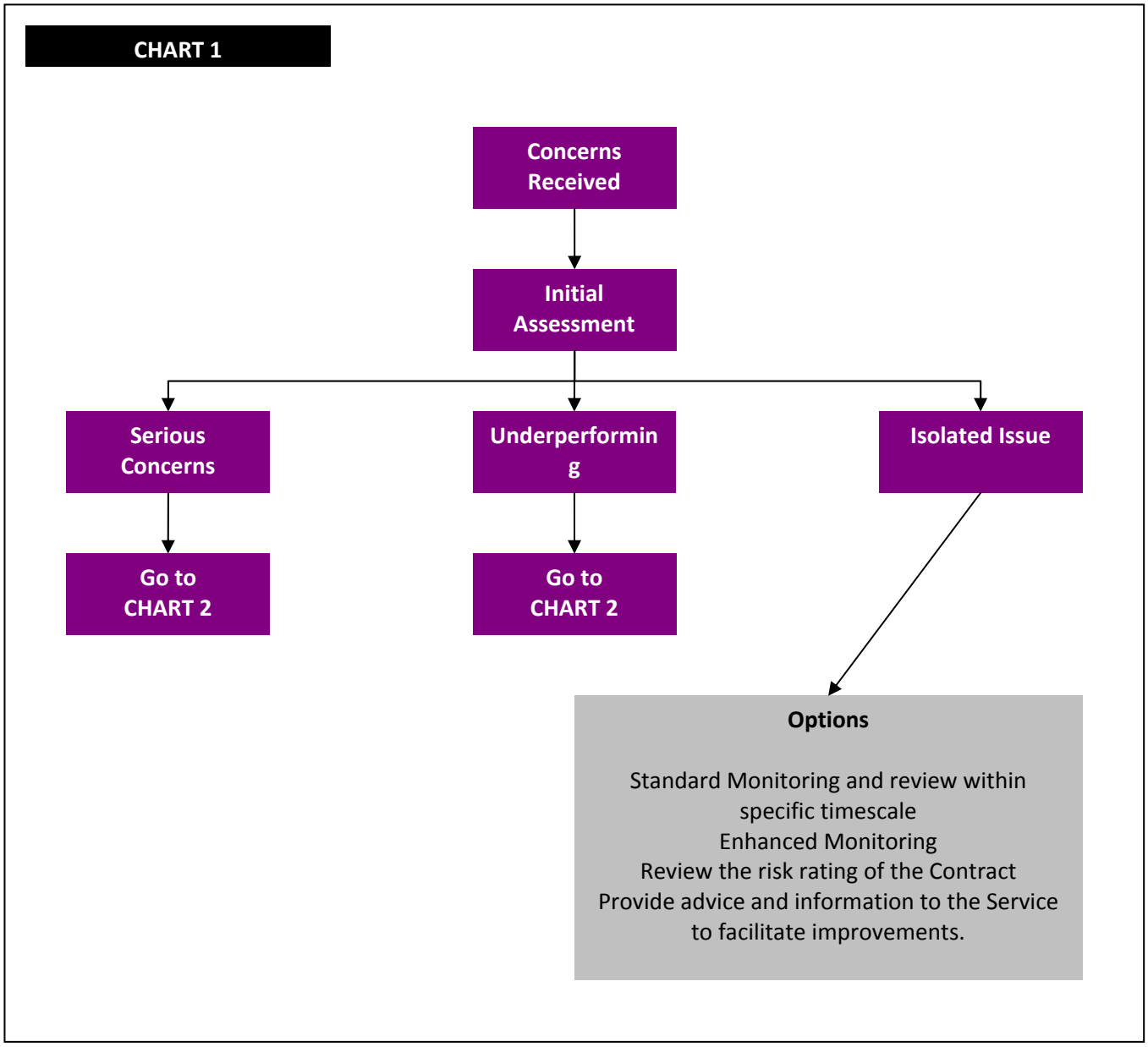


CHART 2

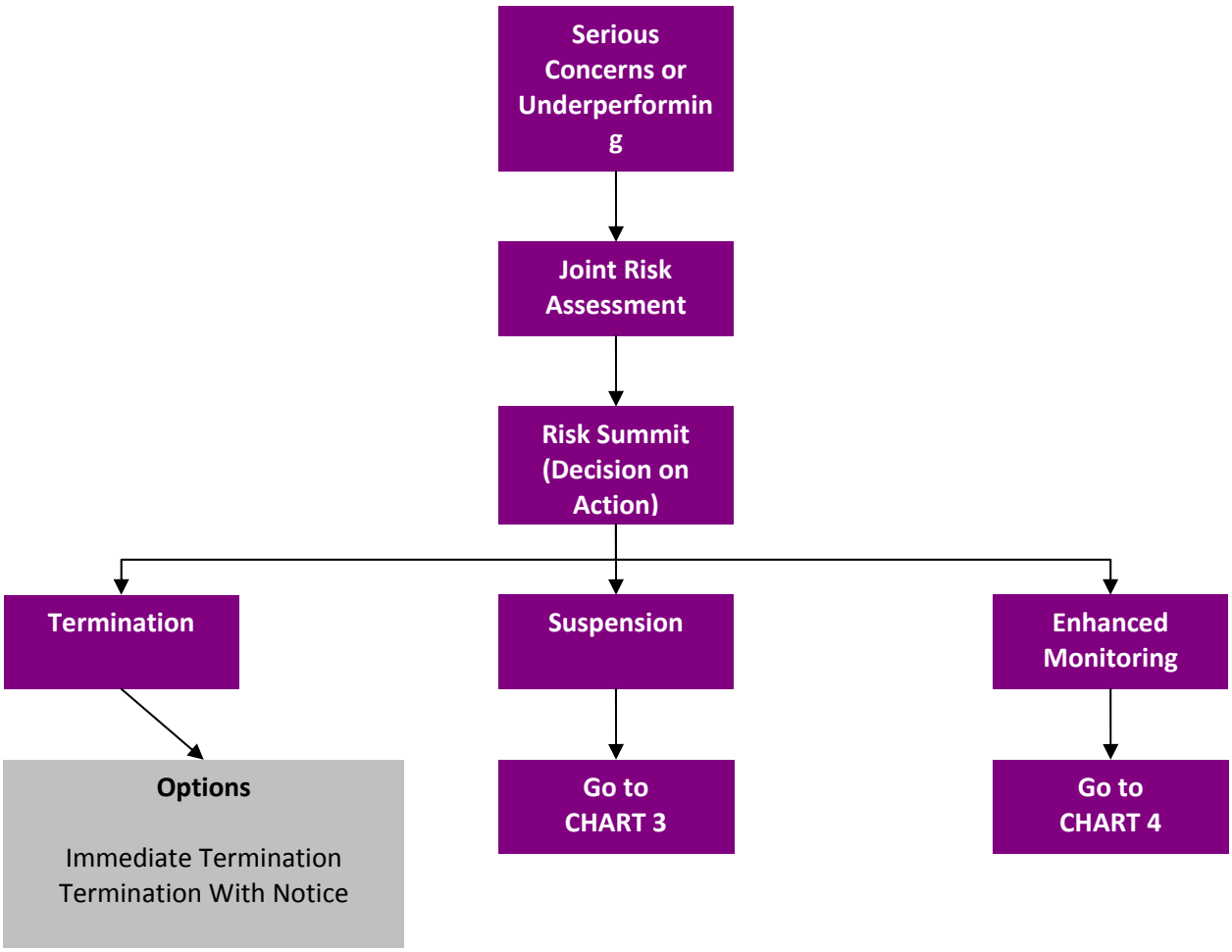

Serious Concerns or Underperforming
Joint Risk Assessment
Risk Summit (Decision on Action)
Termination
Suspension
Enhanced Monitoring
Options
Immediate Termination
Termination With Notice
Go to CHART 3
Go to CHART 4

CHART 3

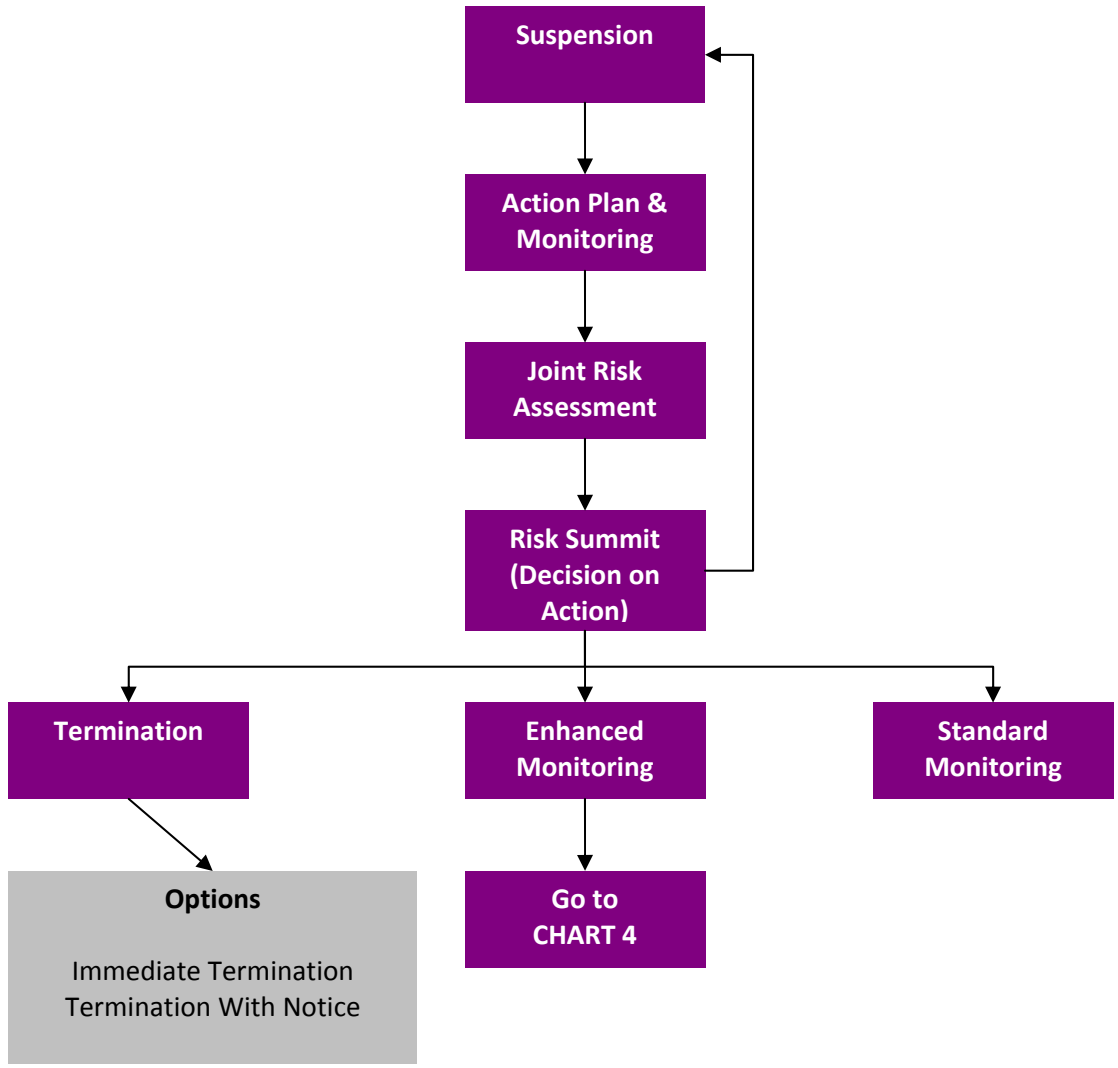
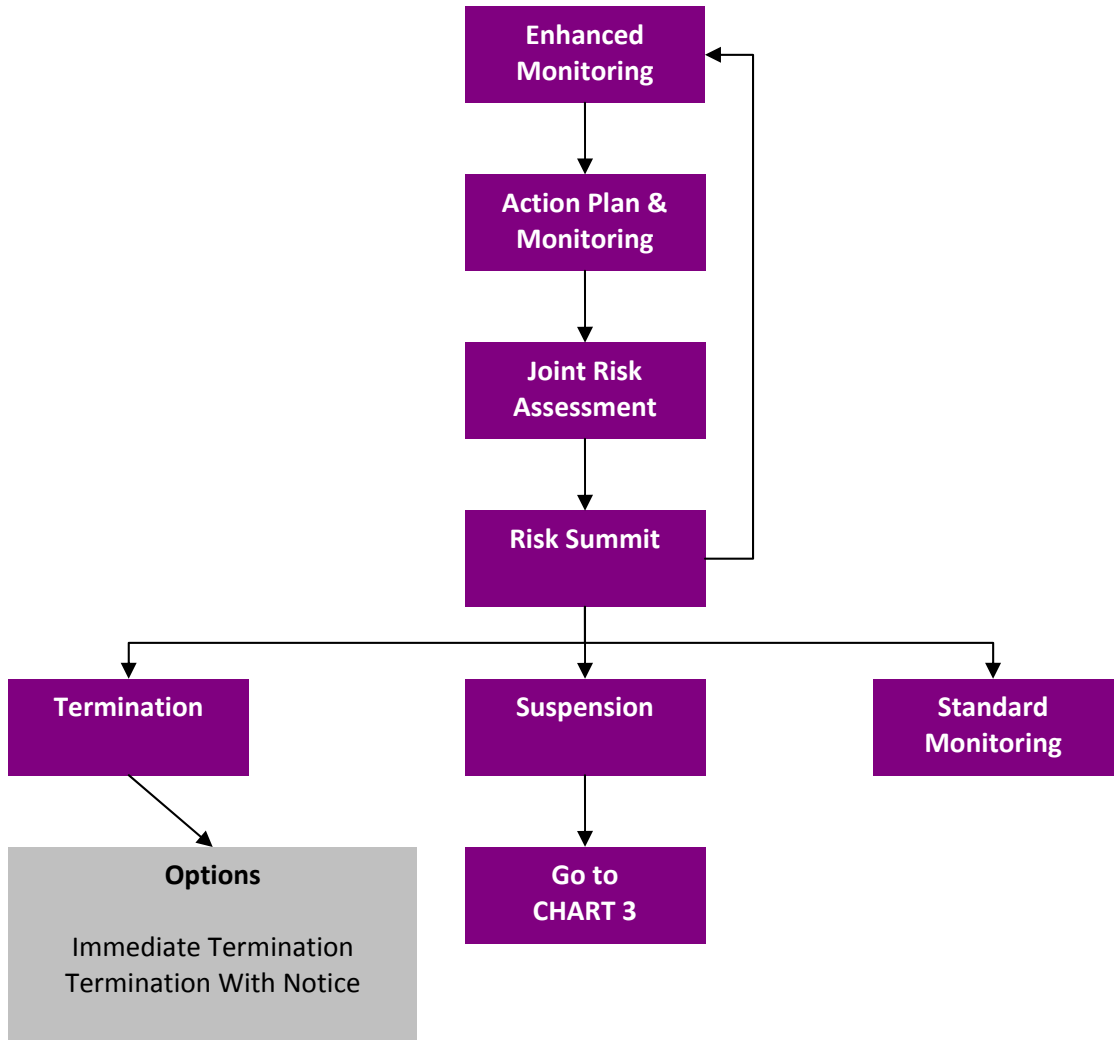

Suspension
Action Plan & Monitoring
Joint Risk Assessment
Risk Summit (Decision on Action)
Termination
Enhanced Monitoring
Standard Monitoring
Options
Immediate Termination
Termination With Notice
Go to CHART 4

CHART 4


Enhanced Monitoring
Action Plan & Monitoring
Joint Risk Assessment
Risk Summit
Termination
Suspension
Standard Monitoring
Options
Immediate Termination
Termination With Notice
Go to CHART 3

Appendix 4 Action Plan Template

Concern No.	**Nature of Concern**	**Action Required**	**Providers response**	**By Whom?** (Person Responsible)	**By When?** (Date)	**Completed By Due Date?** (Y/N)	**Means by which compliance will be measured and Next Step** (Carried Forward, or Changed & Carried Forward, or No Longer Required/ Superseded)
Source							

Appendix 5 Home Closure Plan

PREPARATION					
Action Number	**Due Date**	**Action**	**Responsible Area**	**Designated Person**	**Progress & Notes**
		Agree contract termination/default arrangements	Contracts Team		
		Prepare a list of vacancies	Contracts Team		
		Prepare a list of Blackpool funded residents, nok contact details, capacity, mobility needs, and whether advocate needed and assign workers.	Care Management /CCG		
		Prepare a fact sheet for residents and families detailing how to choose a care home or nursing home and information about any fees and contributions.	Care Management /CCG		
		Identify staff to be available for communication with residents and families	Care Management /CCG		
		Prepare briefing document for staff team involved in communication with residents and families	Care Management /CCG		
		Prepare press statement to include reasons for move and have approved by DASS, Portfolio Holder, and relevant CCG lead.	Care Management /CCG		
		Prepare a joint letter to residents and families to inform of action, process to be followed, and points of contact.	Care Management /CCG		
		Prepare letter to provider regarding notice/termination.	Contracts Team/CCG		
		Set up dedicated telephone line for residents and their families.	Care Management /CCG		
		Arrange transport for residents			

		Inform advocacy/IMCA services of intended action.	Care Management /CCG		
		Inform In House services to be ready in case staff are needed.	Care Management /CCG		
		Prepare packs of documentation for assessment process and issue to identified Social Work team.	Care Management /CCG		
		Assess all residents.	Care Management /CCG		
		Inform all out of area authorities of any affected residents.	Care Management /CCG		
		Assemble blankets, umbrellas, labels, and bags to transport belongings and medications.	Care Management /CCG		
		Provide list of vacancies to Care Management Lead.	Contracts Team		
		Hold readiness meeting	DASS		
		Finalise list of residents and whether capacity assessment/ best interests/advocacy.	Care Management /CCG		
		Complete assessments, care plans and risk assessments in readiness for new homes.	Care Management /CCG		
		Send letter to provider regarding notice/termination.	Contracts Team/CCG		
		Send letter to residents and families informing of action, process to be followed, and points of contact.	Care Management /CCG		
		Inform EDT of plans	Care Management		
		Inform CQC and SCBT	Contracts Team		
		Receiving homes to be asked to provide staff to facilitate introduction and welcome to the home.	Care Management /CCG		
		Arrange transport for resident moves and any specialist equipment to be transferred.	Care Management /CCG		

		Make appropriate arrangements for any pets.	Care Management /CCG		
		Respond to press queries	Contract Team		
		Allocated workers to visit home to explain decision pre transfer	Care Management /CCG		
		Check medication sheets and ensure that medications are appropriately packed to move to new placement. Check controlled drug records.	Care Management/CCG		
		Match care records to meds records and prepare them for moving to new home.	Care Management /CCG		
		Staff at office to contact relatives by telephone and brief them regarding situation and advise of relocations, and determine if relatives want to be present at the time of moving.	Care Management /CCG		
		Provide list of vacancies to residents and families.	Care Management /CCG		
		Provide residents and families with fact sheet detailing how to choose a care home and information about fees and contributions	Care Management /CCG		
		Provide residents and families with a contact to raise any concerns.	Care Management /CCG		
		Ensure belongings are safely packed to allow for planned transfer. Valuables and monies to be included.	Care Management /CCG		
		Provide receiving home with contact details to raise any concerns or issues.	Care Management /CCG		

Appendix 6 Suspension Plan

PREPARATION					
Action Number	**Due Date**	**Action**	**Responsible Area**	**Designated Person**	**Progress & Notes**
		Agree contract suspension	Contracts Team		
		Prepare a list of Blackpool funded residents, nok contact details, capacity, mobility needs, and whether advocate needed and assign workers to review.	Care Management /CCG		
		Identify staff to be available for communication with residents and families	Care Management /CCG		
		Prepare press statement to include reasons for suspension and have approved by DASS, Portfolio Holder, and relevant CCG lead.	Contracts Team/CCG		
		Prepare letter to residents and families to inform of action, process to be followed, and points of contact.	Care Management /CCG		
		Prepare letter to provider regarding suspension.	Contracts Team		
		Inform advocacy/IMCA services of intended action.	Care Management /CCG		
		Prepare packs of documentation for assessment process and issue to identified Social Work team.	Care Management /CCG		
		Inform all out of area authorities of any affected residents.	Care Management /CCG		
		Hold readiness meeting	DASS		
		Send letter to provider regarding suspension.	Contracts Team		
		Send letter to residents and families informing of action, process to be followed, and	Care Management /CCG		

		points of contact.			
		Inform CQC and SCBT	Contracts Team		
AFTER SUSPENSION					
		Respond to press queries	Contract Team		
		Allocated workers to visit home to explain decision pre transfer	Care Management /CCG		
		Assess all residents	Care Management /CCG		

Appendix 7 List of Residents

Name Of Home		**Anticipated Closure Date**	
Name Of Manager		**Type of Home**	Residential with/without Nursing

Surname	Forename	Gender (M/F)	DOB	Responsibility for Funding	Frameworki Number	Main Representative	Has Capacity Y/N	Requires Advocate Y/N	Mobility Needs

Appendix 8 Service User Key Contacts

A key contact sheet should be completed by the assessing worker for each resident that they assess.

Resident Name	
DOB	
Name of Worker Completing	

KEY CONTACTS						
Surname	**Forename**	**Title**	**Relationship**	**Address**	**Telephone Number**	**Additional Information**

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Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	**Delyth Curtis**
Date of Meeting:	**2 July 2015**

CHILDREN'S SERVICES IMPROVEMENT REPORT

1.0 Purpose of the report:

1.1 To inform the Scrutiny Committee of the work undertaken by Children's Services to allow effective scrutiny of the service.

2.0 Recommendation(s)

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

3.0 Reasons for recommendation(s):

3.1 To fully inform Members of the Scrutiny Committee on the day to day work of the Children's Services Directorate to allow effective scrutiny.

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

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

3.3 Other alternative options to be considered:

Not applicable

4.0 Council Priority:

4.1 The relevant Council Priority is

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Create safer communities and reduce crime and anti-social behaviour

5.0 Background Information

5.1 Children Social Care

5.1.1 The improvement plan continues to be a priority for Children Social Care. There is evidence that the authority is responding proactively and embedding good practice across the service supported by partners. The Department for Education (DFE) spent two days in June 2015 reviewing the progress made against the improvement plan. During this period the DFE representatives spoke to senior management, members, partners and front line staff in children social care and safeguarding with a focus on the improvement since the last inspection. The feedback from the DFE was positive and as an authority we await the outcome of whether the government will lift the improvement notice.

5.1.2 A key priority moving forward is to embed a Council wide response to **Corporate Parenting** and enhance the outcomes for our looked after children and care leavers. The Corporate Parenting Panel will continue to focus on priorities for looked after children and undertake its duties to this cohort of children in Blackpool. However in order to embed a council wide response a recent presentation has taken place with the Senior Leadership Team whereby leaders were asked to consider what their service could pledge to those children that, as a council, we have a shared commitment to. An induction to corporate parenting is planned prior to the commencement of the next Corporate Parenting Panel; along with a corporate parent conference in September 2015 to highlight the role of the whole council in undertaking its duties as corporate parents.

5.2 Child Sexual Exploitation (CSE) in Blackpool continues to be a focus of priority and improvement. This is overseen by the Blackpool Safeguarding Children's Board and is a standard agenda item along with quarterly reports to the board. There continues to be a Pan Lancs approach and standardised protocols which link to a Blackpool Action Plan overseen by the CSE Sub group. Blackpool Local Authority has come under scrutiny from a variety of agencies to understand the prevalence of CSE in Blackpool and we are presently undertaking a self-assessment to identify and review the gap analysis in order to be able to commission services to ensure the response to CSE both in terms of identifying, disrupting and prosecuting along with safeguarding victims is robust and fully embedded. The establishment of a Multi-Agency Child Sexual Exploitation (MACSE) meeting is underway which will further embed the knowledge of patterns and trends of Missing Children and CSE in Blackpool

5.2.1 A recent bid to become part of the "**New Belongings**" to support the Care leaver's improvement plan was successful and Blackpool is presently working with the project to support a continued focus on improving the service to care leavers.

5.3 Fostering Fortnight recently took place with activity related to championing the achievements of Blackpool's present foster carers and also highlighting to the community the need to increase in house foster carers in order to support those children who need this response in their local community. The activity included tea parties as recruitment events where several of Blackpool's own foster carers attended and spoke to people who had come along to find out more about fostering. There was a Long Service Award where all foster carers who have been with Blackpool for 15 years received a certificate. This event

was called 500 years of fostering because the 23 carers have completed a cumulative total of just over 500 years of fostering and on the evening of the 11th the Blackpool Tower was lit up in recognition of fostering.

5.4 Blackpool Safeguarding Children Board (BSCB)

5.4.1 BSCB and board partners continue to work closely together to strengthen partnership working. BSCB are currently focusing on strengthening performance information available to the board aimed at enhancing capacity to scrutiny and challenge.

5.4.2 BSCB are also working on the implementation of a bespoke neglect tool supported by the NSPCC. There are plans to initially pilot the bespoke neglect tool and then roll it out across all services delivering to children and young people across Blackpool. This new approach will enable professionals to recognise and assess neglect more consistently whilst also helping us to provide the right help and support to those families where it is most needed. There are currently 358 children on Child Protection Plans of those, 210 (58.7 per cent) have a category of neglect.

5.4.3 Blackpool Safeguarding Children's Board has published three Serious Case Reviews (SCR) since December 2014 on its website namely Child BR (Dec 2014), Baby Q (March 2015) and Child BT (May 2015).

5.4.4 In addition Blackpool Safeguarding Childrens Board will shortly publish a SCR in relation to Child BS age two years.

5.4.5 A further two Serious Case Reviews have been commissioned one in relation to a serious sexual assault and the other following the unexpected death of a young baby . A Concise Learning Review (as outlined in the North West Learning and Improvement Framework) has been commissioned to consider a case were Sexually Harmful Behaviour was prevalent.

5.5 Commissioning

5.5.1 Work is underway between Blackpool Council Commissioning, Public Health and Blackpool Clinical Commissioning Group to ensure that Commissioning work-streams are mapped and aligned. The following is complete:

- Mapping and compilation of a shared database of contracts across Adult and Children's across all service areas.
- Identification of suitable contracts where a lead organisation can monitor and commission with a view to reducing duplication of commissioned services and making best use of resource
- Process devised for sharing information, including commissioning reviews and intentions and for ensuring compliance with statutory obligations
- Processes are in place to share market intelligence, needs and informing the Joint Strategic Needs Assessment (JSNA).

5.5.2 Next Steps:

To consider a model for a revised structure and reporting for Social Care, Public Health and CCG commissioning to ensure economies of scale and best use of resources

5.6 School Improvement

5.6.1 **The new Ofsted Framework for Inspection**

Sir Michael Wilshaw released on June 15th, the new Framework that will be used to inspect maintained schools and academies (including Early Years), further education and skills providers .The new Framework will be used from September onwards. Four judgements of Outstanding, Good, Requires Improvement and Inadequate remain the same. There will be a new short inspection that will be used for existing Good schools that will last for one day. The following areas will be judged:

- Effectiveness of Leadership and Management;
- Quality of teaching, learning and assessment;
- Personal development, behaviour and welfare;
- Outcomes for children and learners;
- Effectiveness of Safeguarding (new judgment)

5.6.2 The progress of pupils will remain a key driver in determining each judgment.

5.7 Follow up Actions:

The School Improvement Service is currently realigning school categories to better support key developments outlined by Ofsted, particularly around outcomes for children, pupil progress, Schools moving to Outstanding, and the effectiveness of whole school safeguarding. This will require a restructure and a refocus of activity within existing teams.

5.8 School Inspections (March – June 2015)

- Montgomery: 10.4.15. HMI Monitoring visit stated effective progress
- Boundary Primary: 21.4.15. Moved from Good to Requires Improvement. HMI Monitoring visit on 11.6.15 stated Effective Progress.
- Hawes Side Academy: 7.5.15. Moved from Requires Improvement to Good.
- South Shore Academy: 18.5.15. Remained Special Measures
- Devonshire Academy: 20.5.15. Moved from Good to Requires Improvement.
- Park Special School: 27.5.15. Remained Outstanding
- Unity: 4.6.15. Awaiting outcome

5.9 Business Support and Resources

5.9.1 **Schools Forum**

The Schools Forum is the statutory body that oversees the use of school funding, notably the Dedicated Schools Grant (DSG) (c£103 million in 2015/16). It is consulted on the local authority formulae for the distribution of budgets to schools and nurseries, and makes decisions about the amount to be retained by the Council to spend on certain central support services to schools. Recent business of the Forum has included:

- A review of the banding system that is used to determine levels of funding for pupils in special schools. A move to a new system based on the one developed by Blackburn with Darwen Council is being progressed, as the methodology has been found to deliver an increased level of flexibility to link funding to the complexity of needs of pupils.
- A review of the charging of schools whose pupils access education provision at the Pupil Referral Unit (PRU). Concern has been raised about the increasing number of pupils in the PRU, and Schools Forum is evaluating options for the role of funding in creating appropriate incentives to enable schools to support pupils in mainstream settings.
- Consideration of options for the use of accumulated DSG reserves. Forum members are evaluating pressures across the whole school funding system (schools, high needs pupils and early years) in order to determine how one-off accumulated reserves can be best put to use to minimise future pressures.
- Performance monitoring of children's centres. The Schools Forum has approved the allocation of £1 million per annum for three years as a contribution to Council services from DSG. This funding has been notionally allocated to school based children's centres.

5.9.2 **School Profile**

The production of the School Profile has been accomplished, for both phases – Primary and Secondary. The Profile is a comprehensive document which encompasses a wide range of performance measures, cross referenced with an array of contextual data. From Reception to GCSE data, every educational phase is included, in addition to attendance data, geographical data and socio-economic data. The Profile has been produced in order to provide our schools (both mainstream and academies) to interpret their data for the purpose of self-evaluation, school improvement and to assess against Local Authority and national standards. Each School Profile is easy to read, highly informative and highlights information to each school by way of trend data, charts and thought-provoking correlations of data such as attendance vs attainment. The Profile will be deployed to schools before the end of the summer term which would provide an invaluable insight into schools' performance prior to the end of the academic year.

A high level version of this document has been created in conjunction with the School Profile – the Blackpool Education Profile. This Profile is a Local Authority edition which provides Children's Services Directors, Head of Service and School Improvement Officers with valuable data for the purpose of challenging schools on a wide range of educational and contextual influences.

Does the information submitted include any exempt information? No

List of Appendices:

None

6.0 Legal considerations:

6.1 Some of the areas of current and future work will require consideration of legal issues, options and potential impacts.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 Some of the areas of current and future work will require consideration of financial issues, options and potential impacts.

10.0 Risk management considerations:

10.1 There are some risks in the current system. These are being addressed by current or planned work.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None attached

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	9th July 2015

SCRUTINY ANNUAL REPORT

1.0 Purpose of the report:

1.1 The Committee to consider the Scrutiny Annual Report 2014/2015.

2.0 Recommendation(s):

2.1 To approve the Scrutiny Annual Report 2014/2015.

3.0 Reasons for recommendation(s):

3.1 To ensure the scrutiny process continues to be fully accountable and an important part of the democratic process.

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

At the end of each Municipal Year, a report is produced detailing the work carried out by the Council's Scrutiny Committees and Panels during the last year.

The report will be distributed to Councillors, key officers and external organisations with an interest in the work of Overview and Scrutiny.

Does the information submitted include any exempt information? No

List of Appendices:
Scrutiny Annual Report 2014/2015

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

Health Scrutiny Committee 2014/15

As Chairman of the Council's Health Scrutiny Committee during the 2014/15 Municipal Year, I am delighted to introduce a summary of the work that the Committee has been involved in during that period. The past year has continued to be a challenging one for the health service, both nationally and locally. The demands placed on the NHS have continued to increase and the way that certain services are provided are having to be radically redesigned in order to maintain a high standard of patient care within acceptable timescales. Examples of this are a greater provision of care being provided within community settings, redesigned patient pathways, particularly in relation to both health and social care provision and changes to acute care with a view to reducing non-emergency hospital admissions. The Health Scrutiny Committee has continued its involvement in an oversight role during these times of change, holding both the commissioners and providers of services to account in ensuring that a seamless service is provided, along with continuous improvement in patient care.

Blackpool continues to present some of the more unfortunate statistics in terms of health inequalities in England. This is borne out in Blackpool's 2014 Public Health Annual Report, which is focused upon lifestyle issues, such as the impact that smoking, alcohol, lack of exercise and unhealthy diets have on people's health. The Health Scrutiny Committee has a key role to play in ensuring that both service provision and preventative care is targeted to improve those health inequality issues that exist largely as a result of lifestyle choices, which are, to a large extent, preventable. During the last year, the Committee has been working closely with the Council's public health team in monitoring those priorities and the action being taken to address them. The Committee supports the Council's efforts in terms of greater regulation around alcohol advertising, tobacco sales and minimum pricing of alcohol, whilst recognising that education and cultural change are of even greater importance in that respect. Whilst on the subject of inequalities, I would like to specifically mention teenage pregnancy, for which in 2010, Blackpool had the worst statistics in the Country. Since then, the situation has improved dramatically and I feel that acknowledgement is due to all concerned who have worked very hard to achieve such improved statistics.

In last year's annual report, I mentioned the publication of the report by Robert Francis QC into the widely reported failings at Mid-Staffordshire NHS Trust. The report included a section that was critical of Staffordshire's health scrutiny function and at Blackpool, we took the opportunity to examine the report and apply the findings to the way that we conduct scrutiny here. As a result, our focus has become more concentrated on patient safety, quality and ensuring that patient complaints are properly dealt with. We work closely with the Clinical Commissioning Group in ensuring an adequate level of assurance amongst the providers of services. We also closely monitor patient experience reports on a regular basis, including complaints, particularly in relation to the providers of acute services.

Going forward into 2015/16, it is important that we continue in our role acting as the voice of the public in Blackpool in monitoring the commissioning and delivery of health services, to ensure that excellence in patient care continues. We must maintain our reputation as a valued critical friend and key consultee during times of change and reorganisations of valued services. I am confident that with the enthusiasm and effort of my colleagues and the continued cooperation of key stakeholders, that we will achieve those objectives and that health scrutiny will continue to play an important and influential role in serving the health needs of Blackpool's residents and visitors.

Finally, I would like to thank everyone involved for their cooperation and willingness in attending our Committee, in providing reports and answering questions.

Councillor Martin Mitchell.
Chairman of the Health Scrutiny Committee,
2014/15 Municipal Year.

Health Scrutiny Committee 2014/15, Key areas of Involvement:

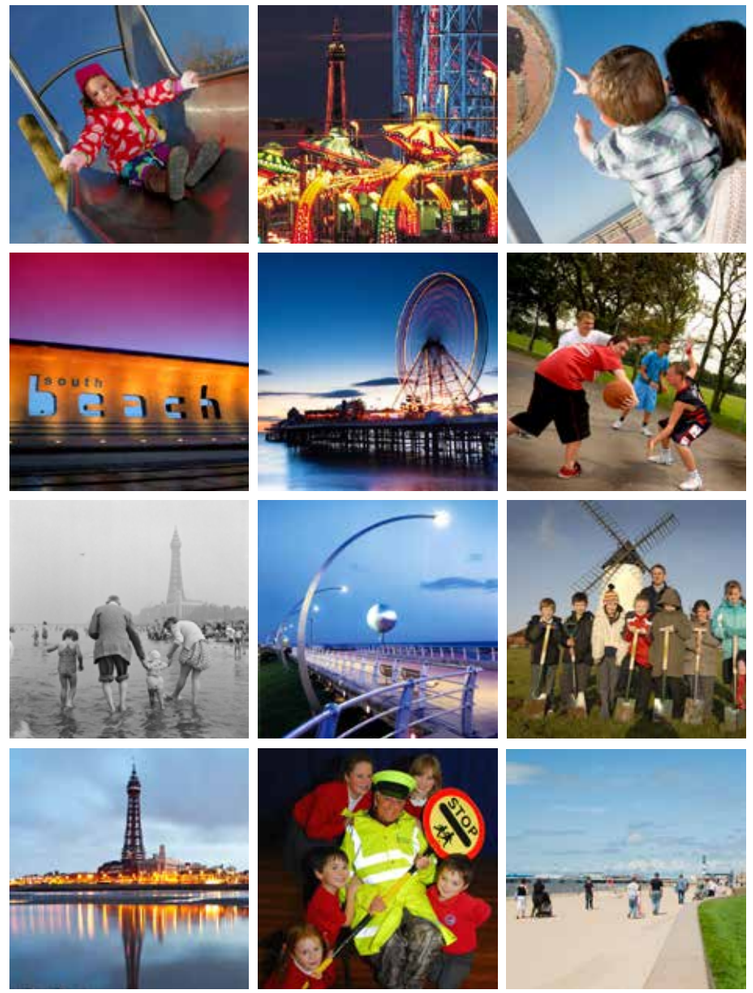
- Review and comment on the Blackpool Teaching Hospitals NHS Foundation Trust Quality Account
- Review and comment on the Lancashire Care NHS Foundation Trust Quality Account
- Review and comment on the North West Ambulance Service NHS Trust Quality Account
- Continued to monitor the planning and progress relating to the new mental health in-patient unit at 'The Harbour'
- Monitoring action plans at Blackpool Teaching Hospitals NHS Trust in relation to the Care Quality Commission Review and the 2014 Quality Summit
- Overseeing the plans and implementation of the Better Care Fund
- Scrutinising Immunisation programmes in Blackpool
- Scrutinising the work of the Health and Wellbeing Board
- Scrutinising recruitment levels and staff retention rates at Blackpool Teaching Hospitals NHS Trust
- Monitoring NHS dental services in Blackpool
- Scrutinising mortality rates at Blackpool Teaching Hospitals NHS Trust
- Monitoring of patient experiences and complaints at Blackpool Teaching Hospitals NHS Trust
- Overseeing the plans and implementation of Primary Care Co-Commissioning in Blackpool
- Close working relationship with Healthwatch Blackpool
- Working closely with Public Health on monitoring key areas of work around health inequalities
- Membership of the joint Lancashire Health Scrutiny Committee

If you want to know more, or have any suggestions for scrutiny, contact us in Democratic Services on Tel 01253 477213 or Email: scrutiny@blackpool.gov.uk.

J77563 0615

Scrutiny Annual Report 2014/15

Blackpool Council



Blackpool Council

I am pleased to introduce Blackpool Council's Annual Report on the work of Overview and Scrutiny for the 2014/15 Municipal Year. The report provides a snapshot of last year's activity within overview and scrutiny and highlights some of its key achievements.

The Council operates a Cabinet system where ten elected Councillors are responsible for making major decisions. Scrutiny is a key way in which the remaining Councillors, or Members, can improve the quality of life for Blackpool residents by holding decision makers to account and by scrutinising services and making recommendations for improvement.

Scrutiny in Blackpool in 2014/2015 was centred on a single Scrutiny Committee which took a lead role in both managing and developing the scrutiny process. It appointed six lead members to head up individual scrutiny reviews and undertake an overview of services, as appropriate, around the following themes:

- Health and Wellbeing and Adult Social Care
- Corporate Management and Resources
- Urban Regeneration
- Children, Young People, Schools and Children's Social Care and Equality, Diversity, Technology and Youth Employment
- Tourism and Culture and Highways and Transport
- Housing, Public Protection and Street Scene and Crime and Community Safety

The Scrutiny Committee appointed a number of standing scrutiny panels, which met on a regular basis to undertake the scrutiny of certain key functions. These include Education, Children's Services (safeguarding) and Outside Bodies (including Blackpool Economic Development Company, Blackpool Zoo and Blackpool Airport). In addition, a separate Health Scrutiny Committee continues to scrutinise health provision and health inequalities in Blackpool and the outcomes of that Committee form a separate part of this report.

During the last year, the challenges for local government in dealing with substantial reductions in funding have continued. This, coupled with public expectation that service levels will be adequately maintained across the Council has created something of a paradox and it is becoming increasingly difficult to maintain satisfactory levels of service provision against continuously shrinking budgets and resources. That is exactly what the Council has to do though and one of the main tasks of Overview and Scrutiny is to try to ensure that services are being prioritised accordingly. The Scrutiny Committee does that by regularly scrutinising performance against the Council's key goals and priorities. Scrutiny Committee members do not always see eye to eye with the decision makers, whether they be officers or cabinet members. When necessary we ask tough questions, hold those people to account and make alternative recommendations. All of that adds democratic value and credibility to the decision making process. Looking ahead, there will be a need to increase the emphasis and effectiveness of Overview and Scrutiny in relation to both Adult and Children's safeguarding. Together with education, these are key issues, both locally and nationally and it is considered vital that scrutiny plays a key part in ensuring the safety and wellbeing of Blackpool's most vulnerable groups of people. I am confident that with the engagement and enthusiasm of my colleagues, that Overview and Scrutiny can respond to the challenges ahead and demonstrate what scrutiny can do in terms of both its contribution to the democratic process, as well as adding value to the overall aims and objectives of the Council.

I am standing down as a Councillor at the end of the 2014/15 Municipal Year and would like to thank everyone who has made contributions to the scrutiny process during last year. I would also like to pass on my best wishes to whoever succeeds me in the role of Chairman of the Scrutiny Committee.

If you would like to know more about the work of scrutiny at Blackpool then please get in touch. Contact details for Democratic Governance, who support the scrutiny function, can be found at the end of this report.

Councillor Sylvia Taylor
Chairman of the Scrutiny Committee
2014/15 Municipal Year

Scrutiny Committee 2013/14; Key improvements and achievements:

- **Community Safety Partnership**
  This Review Panel met on a six monthly basis. During the course of 2014/2015, the Panel considered in depth performance information on the priorities of the partnership, information relating to drugs and alcohol substance misuse, a briefing on the changes to the Anti-Social Behaviour legislation, an update on burglary information and the Community Safety Landscape across Lancashire.

- **Education**
  This standing Review Panel was established to undertake scrutiny of education matters including consideration of school performance information and Ofsted Inspection Reports. The Panel meets on a regular basis at schools across Blackpool and prior to each meeting receives a tour of the school utilised as a venue.

  During the course of 2014/2015 the Panel has considered performance information from a number of schools and detailed information regarding schools causing concern and the Register of Support. The Panel challenged what actions were being undertaken to improve standards in those schools causing concern. The Panel also considered the progress that had been made on the actions identified in the Blackpool School Improvement Plan.

- **Outside Bodies**
  The Panel was established to scrutinise the performance and strategies of companies owned or part-owned, by the Council. Over the course of 2014/2015, the Panel has scrutinised Blackpool Zoo and Blackpool, Fylde and Wyre Economic Development Company.

- **Children's Services**
  This standing Panel meets on a regular basis with the objective of ensuring that the Council maintains an appropriate, sustainable focus on the scrutiny of Children's Services. The Panel has considered Children's Services budget monitoring information and provided challenge to officers on the reasons for variances from the budget. It has scrutinised performance information, challenging officers on the actions taken to improve services.

- The Panel has also considered the Improvement Plan for Children's Social Care and challenged the progress that was being made in putting the recommendations contained in the Improvement Plan into practice, as well as examining the detailed proposals for the work still to be undertaken.

- **Bathing Water**
  The Scrutiny Panel was established to consider how the quality of Blackpool's bathing waters could be improved in light of the revised Bathing Water Directive, which came into effect in 2015. The final report of the Panel was considered and approved at the June 2013 Scrutiny Committee meeting and a recommendation was approved that the Panel would continue monitoring progress and consider future bathing season water quality results.

  In light of this recommendation, the Panel met with officers from the Council, United Utilities and the Environment Agency and received the most recent water quality results and detailed plans relating to the work those organisations had planned, in order to improve bathing water quality. The Panel considered that a great deal of work was being undertaken in response to the more stringent standards of the revised directive.

- **Budget Consultation**
  Contributed to the Council's budget consultation process as follows:

  a) Held a meeting of the Scrutiny Committee to which all non-Executive Members were invited to attend.

  b) A meeting of the Finance and Audit Committee was held to which representatives from the Trade Unions were invited to attend. This meeting was chaired by the Finance and Audit Committee Chairman.

  c) A meeting of the Finance and Audit Committee was held to which representatives from the National Non-Domestic Ratepayers were invited to attend. This meeting was chaired by the Finance and Audit Committee Chairman.

- **Other areas of work monitored by the Scrutiny Committee on a regular basis:**
  - *Child Poverty Framework*
  - *Customer Feedback report*
  - *Performance management / priority reporting*
  - *Adult Services / Safeguarding adults*
  - *Flood Risk Management and Drainage*
  - *Grants to the voluntary sector internal audit*

Call-In Sub-Committee

If a Councillor thinks that a Cabinet Member or the Executive has made a wrong decision, they can ask them to think again. This process is known as Call-In. When a decision is called in, it is firstly considered by the Call-In Sub-Committee, which has been appointed by the Scrutiny Committee for that purpose. The Call-In Sub Committee then decides what action to take, against the following set criteria;

a) No further action (in which case the decision can be implemented immediately)

b) To refer the decision back to either the Cabinet Member or the Executive for reconsideration

c) To refer the decision to full Council

During the period of this report, the Call-In Sub-Committee considered 1 call-in request, which resulted in no further action being taken.

Report to:	**Resilient Communities Scrutiny Committee**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	2nd July 2015

SCRUTINY WORKPLAN

1.0 Purpose of the report:

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

2.0 Recommendation(s):

2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.

2.2 To approve the Scrutiny Review Checklist

3.0 Reasons for recommendation(s):

3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 **Scrutiny Workplan**

The Scrutiny Committee Workplan is attached at Appendix 12 (a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.

Committee Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

5.2 **Scrutiny Review Checklist**

The Scrutiny Review Checklist has been revised and is attached at Appendix 12 (b) for the Committee's approval. The Committee is recommended to place an emphasis on the priorities and performance of the Council when considering requests for scrutiny reviews.

The checklist forms part of the mandatory scrutiny procedure and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 12 (a) Resilient Communities Scrutiny Committee Workplan
Appendix 12 (b) Scrutiny Review Checklist

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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RESILIENT COMMUNITIES SCRUTINY COMMITTEE WORKPLAN 2015/2016	
2nd July 2015	Council Plan ADULTS - Adult Services Overview Report - Thematic Discussion: Quality and Residential Care CHILDREN - Children's Services Improvement Report HEALTH - Blackpool Teaching Hospitals Foundation Trust – Patient Experience - Healthwatch Roles, Responsibilities and Attributes of Scrutiny Members Scrutiny Review Checklist Scrutiny Workplan
24th September 2015	CAF Complaints Annual Report ADULTS – Adult Services Overview Report CHILDREN – Children's Services Improvement Report - Thematic Discussion: Child Sexual Exploitation HEALTH - Blackpool Clinical Commissioning Group report - Public Health report (details tbc) THIRD SECTOR – Tbc Scrutiny Workplan
5th November 2015	Council Plan – Performance Monitoring - Communities ADULTS – Adult Services Overview Report - Thematic Discussion: Tbc CHILDREN – Children's Services Improvement Report HEALTH – Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC maternity inspection Scrutiny Workplan
10th December 2015	ADULTS – Adult Services Overview Report CHILDREN – Children's Services Improvement Report - Thematic Discussion: Fostering and Adoption HEALTH - Blackpool Clinical Commissioning Group report - JSNA and Joint Health and Wellbeing Strategy THIRD SECTOR – Promoting the use of volunteers Scrutiny Workplan
4th February 2016	Council Plan – Performance Monitoring - Communities ADULTS – Adult Services Overview Report - Blackpool Adults' Safeguarding Board Annual Report - Thematic Discussion: Tbc CHILDREN - Children's Services Improvement Report

	HEALTH - Blackpool Teaching Hospitals Foundation Trust Report - Public Health report (details tbc) Scrutiny Workplan
17th March 2016	ADULTS – Adult Services Overview Report CHILDREN – Children's Services Improvement Report - Children and Young People's Partnership Annual Report - Thematic Discussion: Education (Children Missing Education/Attendance/NEET/Looked After Children/Pupil Premium) HEALTH - Blackpool Clinical Commissioning Group report - Quality Accounts Scrutiny Workplan
12th May 2016	Council Plan – Performance Monitoring - Communities ADULTS - Adult Services Overview Report - Thematic Discussion: Tbc CHILDREN – Children's Services Improvement Report - Blackpool Children's Safeguarding Board Annual Report HEALTH - Blackpool Teaching Hospitals Foundation Trust Report - Quality Accounts Scrutiny Workplan

SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny:

The list is intended to assist the relevant scrutiny committee in deciding whether or not to approve a topic that has been suggested for scrutiny.

Whilst no minimum or maximum number of 'yes' answers are formally required, the relevant scrutiny committee is recommended to place higher priority on topics related to the performance and priorities of the Council.

Please expand on how the proposal will meet each criteria you have answered 'yes' to.

	Yes/No
The review will add value to the Council and/or its partners overall performance:	
The review is in relation to one or more of the Council's priorities:	
The Council or its partners are not performing well in this area:	
It is an area where a number of complaints (or bad press) have been received:	
The issue is strategic and significant:	
There is evidence of public interest in the topic:	
The issue has potential impact for one or more sections of the community:	
Service or policy changes are planned and scrutiny could have a positive input:	
Adequate resources (both members and officers) are available to carry out the scrutiny:	

Please give any further details on the proposed review:

Completed by: **Date:**